

A RESOURCE FOR THE CLINICAL YEARS 2018-2019



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Congratulations on finishing your pre-clerkship years!

The transition to Clinicals is quick and can be daunting. This handout will provide tips on how to succeed on each rotation, how to study for each shelf exam, and suggest resources that will best prepare you.

In general, for every rotation, it's important to dress professionally, talk professionally, act professionally, and most importantly prepare your work professionally. This advice sounds so clichéd probably because it comprises the very essence on how to succeed third year—and it is easier said than done. To facilitate this, think of yourself not as a student, but as a vital, professional member of the team even though it may not always seem that way. Whether you become an essential member really depends on your performance and it starts by believing you are essential. I cannot tell you how many times a medical student picked up on a finding no one else did, or came up with a diagnosis that ended up being correct. Think independently!

Here's a great secret: just sounding like you know what you're talking about makes an impression, but that only lasts so long. You need to study about the diseases of your patients and think out your presentations in depth beforehand.

In short, it's about confidence. Here's a great secret: just sounding like you know what you're talking about makes an impression, but that only lasts so long. You need to study about the diseases of your patients and think out your presentations in depth beforehand. On the other hand, even well-prepared presentations will often fall flat if you do not sound confident. In short, believe you are essential and professional and act like it.

Also, always being on time, having a pleasant attitude, smiling, offering help, go a long way and these are small things anyone could do with just a little effort. In addition, genuinely showing an interest in learning and in your patients, and graciously accepting criticism will put you a few more tiers up the ladder of success. It's easier to accomplish these things when you are less concerned about impressing your attending and your grades, and more concerned about your patients and your development during third year in becoming a great physician. You will perform better when your focus is in the right place! You will be less nervous, more pleasant, and exude more confidence.

Some general practical advice before we break it down by rotation:

Link to all clinical portals: hsir.swmed.edu

When paging or texting residents, the unsaid rule is to always contact the lowest level resident, usually the intern (rarely, the R2)

Common duties for med students:

- Retrieving outside hospital medical records (find a information release consent form, fill it out, write STAT underlined at the top, have the patient sign it, fax it to the outside hospital with a return fax number). If it's your first time, ask a nurse politely if they can help you out.
- Fetching new data (meds, history from family members, etc) from the patient that may have been missed on first encounter with the resident or in the ER.
- Finding tools/equipment the resident needs for a procedure: supply closets and nurses will help you out!
- You are NEVER expected to fetch a resident/fellow/attending's personal items such as coffee, food, jacket, purse/backpack.

Ask for feedback! Don't be afraid of this; the residents and attendings expect it!

Be nice to all staff (nurses, aides, techs), they have all been doing their jobs a lot longer than you have and can be huge helpers and teachers on how to get your clinical duties done

If you feel that you are being mistreated, email your clerkship director immediately!

This is part of their job description and they truly care about your well-being!

In general, for all shelf prep, the 4 practice CCSSA exams for each rotation (IM, OBGYN, Psych, Peds, Surgery, and Neurology) are very helpful and can be found here: <https://nsas.nbme.org/home>.

Each exam is \$20 and questions are very similar to the shelf with some questions repeated verbatim.

UWorld for Step 2 CK is also another must for shelf exams. It can be tricky to decide when to purchase this and activate it, as you will also want to use it for when you take Step 2. If you purchase for a year, you can always extend your subscription on a monthly basis.

Ambulatory

Clerkship Co-Director: Heidi Roman, MD (heidi.roman@utsouthwestern.edu)

Clerkship Co-Director: Adrian Salazar, MD (adrian.salazar@utsouthwestern.edu)

General: 6-week outpatient clerkship

- You will have two days a week with a primary IM and Pediatric preceptor
- Other days will be filled with various adult and pediatric subspecialty clinic experiences
- At least one half-day and all weekends guaranteed off ☺

Grading Honors/Near Honors/High Pass/Pass/Fail

- Primary Preceptor evaluations: 25% for IM, 25% for Pediatrics
- IRAT Quizzes (from select didactic sessions): 10%
- Med-Hub Procedure/Case Logs: 10%
- Patient Write-Ups: 15%
- Oral Presentation: 15%
- Extra Credit: Wellness Activities, Team Spirit, Professionalism

Didactic Experiences 2 half-days per week (Tuesday & Friday Afternoon, Mandatory sessions)

- Team and case-based learning structure
- Primary and Preventative Care focused
- IRAT quizzes over pre-reading material for certain lectures. Typically 3 or 4 selected lectures will have a quiz, and it will be clearly listed on D2L. Pre-Reading Materials is on D2L. Be sure to read and prepare, as these quizzes are 10% of the final grade.

Team Based Learning

On the first day of the rotation, you will be in a group of 5-6 other medical students for lectures and certain team based activities. Team activities include:

- **2-3 physical exam** sessions led by master physicians. These will be at various locations, the furthest you would travel is to the VA. Check your schedule for when/where to meet your facilitators.
- **Wellness Activities:** While these may change, they have included: **Team Debates, Poetry Slam** (group artistic presentation relating to an art piece on campus), and **Nutrition/ Cooking Class**
- **KOTRishT (Knights of the Roundish Table) Project:** Groups will create an evidence based write-up regarding a patient scenario that could be encountered in a primary care ambulatory setting.

Wellness: This clerkship is designed to give you a little reprieve from the rigors of the wards, and there are many activities that you can participate in to make yourself whole (optional unless stated otherwise).

Art of Observation Session at the Meadows Museum (required): Learn about “focused looking” and dig deep about certain art pieces.

Book club: book chosen from a poll by students, group meets at the end of the rotation

Pet Day: At a local park (no pet required for attendance)

Fitness Activities: Spin Class, Zumba, Running Group, Yoga

Mindfulness & Meditation Session

New Activity! Creativity and participation is strongly encouraged, so if you have an idea for a new activity or would like to lead one of the above, reach out to the course directors early.

Exams

No SHELF for this course. However, if you have taken your family medicine rotation previously, you can elect to take the family medicine shelf following your ambulatory rotation. The family medicine shelf is typically very broad in scope (and considered most difficult by some), so it may be advantageous to delay this shelf until you have more rotations under your belt. Topics include internal medicine, pediatrics, ob/gyn, and basic surgery.

Resources

MedHub will contain your daily schedule, including preceptors and didactics. D2L will contain details about your site (including location-which can be all over Dallas) and weekly schedule for didactics and reading materials. **Check D2L regularly.** **Clerkship Director Emails** at least weekly with scheduling and lecture topic updates. Read these.

Family Medicine Shelf

The exam content is described under Clinical Science Disciplines at <http://www.nbme.org/Schools/Subject-Exams/Subjects/Exams.html> Take the exam seriously as you would any other shelf. Resources include:

Case Files Family Medicine:

Basic topics in family medicine covered via a series of short cases, with a few questions with answers at the end of each case. It's worth knowing that the Family Medicine Clerkship at UTSW has a few copies of this book that they let students borrow during the rotation if they give them back at the end.

NBME Practice Exams: The NBME added two new practice exams specific to Family Medicine. These 50 question exams will give you a good feel for the content and timing of the real shelf. Be sure to learn from what you missed or had trouble with on these exams, as topics and questions may be repeated. If you can't identify why you missed a question, you can often find an explanation online.



AAFP Board Review Questions: Students need to become a member of the AAFP to gain access, but membership is free. There are over 1000 questions designed to teach facts for the Family Medicine Boards, so they are a little more comprehensive than is required for the shelf. Great review for the family medicine in general. **ABFM Exam Prep App** sorts these questions by organ-system groups for a more focused review.

Online MedED Videos: Great short videos that explain pathogenesis, clinical presentation, and treatment of a range of diseases. Videos are free, but the outlines and texts require a fee. There is no specific family medicine section, but the Family Medicine Clerkship provides a list of recommended videos for the SHELF like hypertension, coronary artery disease, URI, etc. This is a resource that most UTSW students use. Highly recommend.

PreTest Family Medicine: This is solely a question book containing 500 questions and answers with brief explanations. The questions contained are something of a blend of Qbank-style questions (seem to be designed to teach you a particular fact) and board or shelf- style questions (patient vignette followed by something along the lines of, —what’s the best next step in management?).

Step-Up to Medicine Ambulatory Section: Decent review of outpatient medicine.

UWorld: No specific family med section, but you can use every discipline to get a broad feel for how the shelf may be.

FM Cases: 40 interactive virtual patient cases, like CLIPP cases. \$75 for a 90-day subscription, but the Family Medicine department reimburses.

USPSTF Guidelines Flashcards: These guidelines for recommended screening will absolutely appear on your SHELF. These simply need to be memorized (what disease, what test is used to screen, and who needs screening).

Tips for Succeeding

Drs. Salazar and Roman will tell you everything you need to know to do well on the rotation and are very clear about expectations. Tips include:

Establish expectations with each preceptor. Do this on the first day you are with them, as you would any rotation. Every site will be different, and every doctor will have varying expectations. You will likely be at this site for 6 weeks, so work with your preceptor to find ways to actively contribute to patient care (seeing patients independently and presenting, practicing taking vitals and doing med recs, helping with EMR documentation, etc.). If you are clear with them about what you want to get out of your experience and they are open with you about what you need to do, everything should run smoothly.

Be Professional: Be on time and enthusiastic to help. Ask how you can contribute to patient care. If you present, *always give an assessment and plan with your patient presentations*. Even if you are way off with the diagnosis and treatment, it will help you think about the patients and will be a more productive

Follow up with your preceptors on past patients. Read about their conditions and refine your plans even after the clinic day is over. Follow-up on testing results or subspecialty referrals for patients you saw. You may discuss these cases via email, or on future clinic days you have with your attending. It will make you more involved in patient care and be very impressive.

Be Engaged. Do the required readings, participate in the didactic sessions, and be an active member of your clinical and didactic teams. Be a good sport, even if the activities are not your “style”.

As with family medicine, think about preventative medicine. A useful app may be the AHRQ ePSS, which allows you to enter certain patient characteristics and will tell you the USPSTF guidelines for screening. Being in pediatric clinics, also think about developmental milestones and vaccination for each patient, as this is a good opportunity to reinforce these concepts.

Do your best formal patient write-up. The template/examples given for your patient write-up are great guidelines, but you can use your own style. These are involved write-ups. Look up other materials and articles that will help support your

assessment and plan, and mention them in the write-up with appropriate citations. Creativity is appreciated.

Do a great, but brief, formal presentation. Pick a topic that relates to the patient you did your write up on. This needs to be a topic loosely related to outpatient care. Be sure to practice multiple times, and feel free to be creative about your topic and style (PowerPoint NOT required). The directors are serious about the time restrictions. *Do NOT go over your time limit!*

Family Medicine

Clerkship Director: Zaiba Jetpuri, DO (zaiba.jetpuri@utsouthwestern.edu)

Assistant Clerkship Director: Tamara McGregor, MD (tamara.mcgregor@utsouthwestern.edu)

Clerkship Administrator: Carolyn Lindeman
(carolyn.lindeman@utsouthwestern.edu)

General Information

4 week rotation, all spent usually at a single site

Housing is provided for Tyler and Waco sites. If you have children you will generally not be sent to these sites – but you need to let the clerkship administrator KNOW if you have any limitations in going out of town. Housing will NOT be provided at the Austin site.

All other sites are local and thus housing is not provided



Lectures

Site-dependent

DFW Metroplex sites – Tuesday afternoon lectures at UTSW or JPS

Grading

50% Clinical Evaluation: these will be completed by both attendings and residents whom you work with. At certain sites, you can choose which attendings and residents fill them out; at others, the clerkship will assign these people to you.

30% NBME Shelf Exam

15% Formal Patient Presentation

3% Formative Feedback Form

2% Interprofessional Communication Module

Clinical Sites (subject to change!)

Austin

#Austin Regional Clinics. 1 attending you will work with – Dr. Kravitz.

Takes 1 student at a time. More of a mid-aged/ older patient population. **You will be expected to find your own housing**

Bedford

#JPS Northeast Health Center: ~30 minutes from UTSW. You will work with 1-3 attendings. Takes 1 student at a time. You will be expected to drive to UTSW or JPS for didactics once a week. TCOM medical students will be rotating there as well

Dallas

#Methodist Charlton Family Practice Residency Program. ~20-25 minutes from UTSW. You will work with several different residents and some faculty. Takes 1 student at a time. You will be expected to drive to UTSW for didactics once a week.

#Southwest Family Medicine Associates. ~10 minutes from UTSW. You will work with 2 different attendings. Takes 2 students at a time. You will be expected to drive to UTSW for didactics once a week. Private pay patients. Has in-house lab, pharmacy, research, wellness clinic and urgent care.

#UT Southwestern Family Medicine Residency Program at Parkland. You will work with several residents and occasionally an attending. Usually 4- 6 students are assigned to this location. Underserved population. Uses Parkland EPIC EMR.

- o 3 weeks of clinics where you will typically work with a different resident in the morning and afternoon. When working with residents, you will present to attendings and will work with an attending in direct patient care a few times during your rotation
- o 1 week of community medicine where you will experience other family medicine experiences such as homeless shelter, women's shelter, mental health illness court, others

#UTSW Family Medicine Residency Program at Texas Health Dallas/Presby. ~15-20 minutes from UTSW. You will work with 3 different attendings and residents. Takes 1 student at a time. You will be expected to drive to UTSW for didactics once a week. Uses UTSW EPIC EMR.

#UTSW Family Medicine Medical Practice at the UTSW Professional Office Building. You will work with several different faculty. Usually 1-2 students assigned to this location but sometimes this may be mixed with the Residency Program site. More of a mid-aged/older patient population. Uses UTSW EPIC EMR.

Fort Worth

#John Peter Smith (JPS) Family Practice Residency Program. ~ 40 minutes from UTSW. You will work with several residents and occasionally an attending. Usually 4- 6 students are assigned to this location. Underserved population. You will be expected to drive to UTSW or stay at JPS for didactics once a week

- o 3 weeks of clinics where you will typically work with a different resident in the morning and afternoon. Occasionally you will be with an attending. Several half days will be at a sports medicine clinic in Arlington where you will work with fellows in more of a shadowing capacity.
- o 1 week of inpatient medicine. This is more like internal medicine wards with rounding and presenting patients to the attending

#Baylor Community Care Fort Worth ~40 minutes from UTSW. 1 attending you will work with – Dr. Vilaythong. Takes 1 student at a time. More of a mid-aged/older population, underserved community. You will be expected to drive to UTSW or JPS for didactics once a week. You only have viewing access to the EMR.

Mansfield

#Mansfield Primary Care Doctors ~40 minutes from UTSW. 1 attending you will work with – Dr. Soederbaum. Takes 1 student at a time. Mostly middle aged population. You will be expected to drive to UTSW or JPS for didactics once a week.

Plano

#Village Health Partners: 30-40 minutes from UTSW. 2 Attendings you will work with on alternating weeks. Takes 1 student at a time. You will be expected to drive to UTSW for didactics once a week. You will have EMR access.

Richardson

#UTSW Family Medicine Richardson Practice: ~30-35 minutes from UTSW. 4 Attendings you will work with, no residents. Takes 1 student at a time. You will be expected to drive to UTSW for didactics once a week. Patient population is mostly adult, half acute care, half long term follow up. You will see about 5 patients on your own each day and present to attendings, and write 2-3 notes. Uses UTSW EPIC EMR.

Tyler

#UT Health Tyler Family Medicine program: 80 miles southeast of Dallas with housing for 4 students. There is one 2 bed/1 bath apartment and two studio apartments located on the campus, a 2-3 minute walk from the clinic building. Takes 4 students at time.

- o 3 weeks of clinics where you will typically work with a different resident in the morning and afternoon. Occasionally you will be with an attending.
- o 1 week of inpatient family medicine on the same campus. This is more like internal medicine wards with rounding and presenting patients to the attending
- o You only have viewing access to the EMR.

Waco

#McLennan County Family Practice Residency Program: 100 miles south of Dallas with housing for 2 students (one 2 bedroom-2 bathroom apartment in Hillcrest, about 10-15 minutes away from the clinic). Work with residents and attendings. Takes 2 students at a time.

- o 3 weeks of clinics where you will typically work with a different resident in the morning and afternoon. You are assigned a “team” of residents, so you get to know them well and work with the same ones throughout the month. You will also spend a few half days in both procedures clinic and Waco area community clinics
- o 1 week of mornings on inpatient family medicine. This is more like internal medicine wards with rounding and presenting patients to the attending. You do not get computer access for this part, but the residents are helpful when it comes to labs, imaging, etc. Because you do not have access, you do not write notes. You will return to outpatient clinic assignment in the afternoon.
- o The Family Health Center serves a very diverse patient population, including both the insured and uninsured. They provide a wide array of services including obstetric & gynecologic visits, dermatologic procedures, and all pediatric & adult medicine visits.
- o A typical day runs from 8-5 with an hour lunch break. During the inpatient week, your day starts earlier, anywhere between 6:30 and 7 am.

How to Succeed on the Rotation

Try to get to know your site before you go. Students’ experiences on the family medicine rotation are very different depending on the site you’re assigned to, and

what you're expected to do may be very different. It's worth finding someone who did the rotation where you're assigned and picking their brain a bit.

Ask your resident what you can do to help them. This is related to asking about your site ahead of time; different sites and different residents may have very different expectations and/or preferences for what the ideal student role looks like. Some will want you to see every one of their patients before they see them and write brief notes on them all, others will prefer that you only see certain patients and write certain notes, while still others will you prefer that you only see patients with them and may not want you to write very many notes at all. Just ask.

Brush up on your preventative medicine. This is useful knowledge to have in general, but is particularly important on family medicine, where prevention is key. Use the USPSTF guidelines (provided on a card at the beginning of the rotation) and spend the time learning about all the screening tests out there, the frequency with which you should offer them to patients, etc, and then remember to include that information in your presentations and notes—your residents and attendings will definitely notice.

Be assertive. A lot of procedures happen on family medicine and you're often welcome to watch or assist if you ask. Depending on your site, you may see a wide variety of procedures ranging from Pap smears to laceration repairs to small excisional biopsies. If you feel like you aren't hearing about any procedures happening, ask—it may be that there's a separate procedure clinic or room, or that a different resident is performing the procedures.

Study hard. This Shelf can be one of the most challenging as it encompasses the entire breadth of medicine from pediatrics to ob-gyn. Don't let a relaxing rotation lull you into complacency. Study hard! Students who take the clerkship at the end of the year find the Shelf to be easier as they have already studied a broad range of topics. Don't expect the exam to focus on outpatient care. Expect a lot of musculoskeletal and geriatrics, practice guidelines, USPSTF preventive recs...

Presentation: Choose your patient and begin working on your presentation early. Pick a common topic like COPD or DM. You will need to make a power point with handouts. Sounds more stressful than it really is, but it is time-consuming (~3-5hrs) so don't try to do it all the night before.

Study Resources for Shelf

Case Files Family Medicine: Basic topics in family medicine covered via a series of short cases, with a few questions with answers at the end of each case. This is the resource that most students use, and it's worth knowing that the Family Medicine Clerkship at UTSW has a few copies of this book that they let students borrow during the rotation if they return them at the end.

Step-Up to Medicine Ambulatory

Section: You should already have this for internal medicine. Great (brief) review of outpatient medicine.

Aquifer FM Cases: Formally known as FM Cases, like the CLIPP cases, if you purchase your own subscription, the Family Medicine department reimburses this



AAFP Board Review Questions: Students need to become a member of the AAFP to gain access, but membership is free (get membership before you start the rotation if you can!) There are over 1000 questions designed to teach facts and they are a little more comprehensive than is required for the Shelf. Explanations are not as great as those found in U-World, but still a strong questions bank. Great review for family medicine in general.

PreTest Family Medicine: This is solely a question book containing 500 questions and answers with brief explanations. The questions contained are something of a blend of Q-bank style questions (seem to be designed to teach you a particular fact) and board or Shelf- style questions (patient vignette followed by something along the lines of, —what’s the best next step in management...)

NBME: Practice shelf-style exam for you to take and review.

INTERNAL MEDICINE

Program Co-Directors: Dr. Reeni Abraham (214) 648-0579; Dr. Stephanie Brinker (214) 648-0623

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General

4wks of Parkland Gen Med Wards or 4wks of Parkland Hospitalist

4wks of VA Gen Med Wards, Presbyterian Gen Med Wards, Methodist Gen Med Wards, or Clements Gen Med Wards

Grading

Clinical Evaluations = 60%

- o Honors = 100
- o High Pass = 90
- o Pass = 80
- o Only attendings' evaluations count toward grades

Formative Feedback Passport - 2% (completion grade: by the fourth week of the clerkship, you must enter three pieces of formative feedback given by a resident, attending, or patient then indicate plan for incorporation on the next block. Form is on MedHub.)

H&P = 4% (completion grade)

TOTS = 4% (attendance/participation grade)

NBME = 30%

- o Minimum NBME score to pass = 57
- o No minimum NBME score to obtain A

Final Grade reported as Honors (≥ 91), Near Honors (≥ 86), High Pass (≥ 81), Pass (≥ 75)

Must complete diagnosis logs and evaluations to receive final grade



For your white coat

- o Must: Stethoscope, penlight, Pocket Medicine, Cell phone with Uptodate, Extra Pens
- o Many students like to download epic/haiku on their phones – may need to call IT to help set it up
- o Some attendings may ask you to carry a reflex hammer and tuning fork.

Call

- Parkland Wards – call every fourth day, students typically leave by 2100
- Parkland Hospitalist – Every weekend off
 - o Will work on a project during rotation (poster presentation or clinical vignette)
- VA Wards – call every fourth day, students typically leave
 - by 2100
 - o Short call on post-post-call day (3 admissions for the team before noon)

- Presbyterian Wards – call every fifth day, students typically leave by 2100
- Clements University Hospital Wards – Ward teams will take a 24 hour call for admissions q4 with the exception of the Eisenberg service which admits daily on a drip system Monday through Friday. Students will rotate taking the “day” and “night” shifts of the call days.
- Methodist Wards – call every fifth day, one student will stay overnight each call day

Recommended Daily Routine

1. Start by scanning patient vitals, weights, I/Os, blood sugars, imaging, EKGs, and labs for the past **24hrs**.
Record vital as ranges. If anything is outside normal limits, record when.
2. When reading notes, check A&P for all MD notes, look at PT/OT notes for “Clear for DC” specifically, social work notes vital for knowing where patient will go after discharge, nursing notes should be skimmed for anything out of the ordinary (patient was agitated).
3. Should check Manage Orders tab to see if any new meds/consults/orders placed. Also a good idea to check Chart Review -> Labs to see what labs need to be drawn/in progress (it will say in progress if drawn, if not then it has not been drawn – can be helpful to call nurse in the mornings to get process underway)
4. Check the MAR – important to check for anything not taken/given and why, as well as how much of a PRN med they got.
5. Jot down anything you want to make sure not to forget to ask patient, then go.
Always listen do a brief chest, heart, abdominal, and peripheral pulse exam. If there are skin findings (i.e. cellulitis, foot ulcer) turn the lights on – better to inconvenience patient briefly and get good PE.
6. Talk with Intern/Resident about plan – it can be tough in the mornings when they are busy, but ideally on rounds when you present the plan you don’t want the intern stepping in and giving an entirely different story.
7. Try to write skeleton of note before rounds to organize your presentation. Be careful about how much is auto-populated **in your note** – as a medical student attendings like the more that is manually put in and like to avoid unnecessary fluff. You never know when the attending might read a note, so it is good to have all of them be at least solid.
8. The attending usually rounds around 9:00 or 10:00 at most sites with the team. Make sure that you know everything about your patients (labs, medications, plan, etc.). It’s always a good idea to briefly review the plan for your patients with the interns/residents before rounds. Also, read about the medical problems so that you can answer any questions.
9. Attend conferences at noon and then help your intern/resident with any unfinished tasks (calling consults, getting medical records, etc.) before leaving for the day.
Remember that these are also your patients and you should take ownership for them.
10. On call days, you will interview admitted patients and typically write up 2 full H&Ps and present at least 1 new patient that day or post-call. You will typically carry 2-4 patients at all times.

H&P Feedback

- You will be asked to turn in an H&P to each general medicine wards faculty for feedback. Sometimes it is ambiguous which H&P they will look at, so try to make sure each one is quality – focus on the assessment portion and providing a great differential and thought process.



Shelf Studying

- *Books that have been used*
 - **Step Up to Medicine**
 - MKSAP Internal Medicine Essentials for Students Case Files Internal Medicine
- *Question Books*
 - **USMLE UWorld for Step 2 CK**
 - MKSAP for Students 5
- *Anki*
 - Zanki 2.0 recently came out
 - Bros Step 2 also has been out – not as great quality as Bros for Step 1 was

Pearls

1. It is difficult to find time to study throughout the clerkship – important to be realistic in choosing resources. One book, getting through UWorld IM, and option for Anki should be the goal – Anki does allow for more studying throughout the day while in the hospital. Getting through **UWorld** is most important though!
2. Know your patients extremely well. Make sure to read the last outpatient note from an IM/Family doc, and then the last outpatient notes from relevant subspecialties (i.e. last Cards clinic note for your CHF patient).
3. It is a good idea to reference literature if possible – it does not necessarily have to be printed out, although it can be if you feel strongly. Attendings generally like best being able to reference large randomized control trials more than that 18-patient paper – use **wiki journal club** early and often to really impress your attending. General rule of thumb though is that if you're going to mention a major trial, make sure to have read it and pay attention to inclusion criteria and the outcome they were actually measuring.
4. In general, know the basics for other students' patients on your team. This does not mean find articles on their patients or look up their vitals, labs, etc. but just generally know their diagnoses – this allows you to actively learn about a larger number of patients/diagnoses (which helps for shelf prep) and keeps you more engaged during rounds.
5. Internal medicine attendings like broad differentials, your thoughts and reasoning behind them, and what you're going to do to work up, diagnose and treat. Use resources like Up to Date to come up with possible etiologies, diagnostic modalities, and treatment plans. When you present your patients, stick to the format for H&Ps and progress notes.
6. Within the first day or two with each new attending, ask what his or her expectations are for presentations and write-ups. Then, after the first week or so, you can ask for any feedback on things to improve upon.
7. Practice your physical exam. If your patient has a murmur or other physical finding, listen to it every day!
8. Volunteer to help draw blood, put in Foleys, and draw blood cultures. You may also get to do LP's, ABG's, femoral sticks, thoracenteses, and paracenteses. These are great experiences!

9. At the VA, do not assume that just because something is ordered that it was actually done (including patients getting medicine, imaging, or food). You should always follow up on orders to improve patient care.
10. The VA uses a different computer system, called CPRS, which can be less user friendly than EPIC. Take the time to practice the first couple of days - information is hidden all over the place and unless you actively search (and ask your residents and interns) you may never find it.

Make your intern's and resident's jobs as easy as possible. Always have a positive attitude and help the team when you can (get records, check in on patients, make phone calls to radiology, microbiology, family members, etc.).

Neurology



Program Director: Mark Agostini, MD (mark.agostini@utsouthwestern.edu)

Clerkship Administrator: Pattie Pipes (pattie.pipes@utsouthwestern.edu)

General Information

- 4 week rotation, generally split up on 2 two-week services (see below)

Lectures

- Generally 1-3pm Wednesday afternoons and 12-2pm Friday afternoons, but check the calendar on Medhub or D2L to be sure
- Be sure to grab lunch beforehand!

Grading

- 60% clinical evaluation: if you have a total of two attendings (one for each two-week rotation), the grades from the two will be averaged. If you have more than one attending during either two-week rotation, the better grade of the two will be used to average with the grade from the other two-week rotation.
- 10% observed 100 point quantitative neurological exam
- 30% NBME shelf exam

Clinical Sites

- Parkland: Two weeks of general neurology and two weeks of stroke (occasionally students have also been placed on the epilepsy unit for two weeks if there is an over flow of students)
- Zale: Two weeks of general neurology and two weeks of stroke
- CUH/Children's: Two weeks on each, both are consult services
- Dallas VA Medical Center for the entire 4 weeks

How to Succeed on the Rotation

Do the neuro exam--over and over and over. This is really what the neurology clerkship is all about—learning to do a good neuro exam and learning to diagnose and treat some common/basic neurologic diseases. Try to do as much of the exam as you can with your patients, even if you've already seen them six times and you know their cerebellar function is intact. Obviously it won't always be practical to do a full neuro exam on every patient every morning, but do what you can just for practice's sake, and absolutely do a full exam on any new patient. If you didn't explicitly test something, be sure to make that clear in your presentation and your note (don't write, —strength 5/5 in all four extremities if you didn't actually test it; write what you actually observed, i.e., —moves all four extremities equally).

Know your patients. Read, even if it's just 5-10 minutes on UpToDate, on whatever your patient has each day. It's amazing how much your attendings are impressed when you mention that you —came across something in your reading on this patient or their disease, and it really doesn't matter if you were reading UpToDate or JAMA.

Teach your colleagues. If your patient has an interesting disease or a strange presentation or is taking a rare drug, etc, look it up and share what you learn with your teammates. It is always helpful to reference the literature to show you are reading. This will both make you look like a rockstar who reads on his/her patients and help your teammates (including your attending!) learn about something they may not have come

across. Printing off an article or study for the team to see can also be helpful and make you look like you went the extra mile.

Be assertive. If there's a procedure happening, ask if you can watch; if you've already seen it, ask if you can assist or even do the procedure with assistance. On neurology, lots of people get to do lumbar punctures if they ask! In the same vein, ask if you can observe endovascular procedures (e.g. coil embolism for aneurysms) or go over video EEGs with an epileptologist in the EMU (epilepsy monitoring unit) just to get a feel for what that's about. It's not going to make you an EEG expert but you'll learn something and in particular it will help you learn to distinguish epileptic seizures from nonepileptic seizures ("functional neurologic disorder"), which is generally a helpful skill. Also, be aware that most residents see patients in clinic one day or half day per week; if you're interested, I recommend you ask your resident if you can go with them to clinic one day to see patients with them. It's a very different experience from inpatient neurology, so it's nice to see, plus you'll learn a lot about the basic maintenance of common (and sometimes very rare) diseases, which is not something that inpatient will teach you very well.

Write notes on your patients. On some rotations, attendings/residents won't always explicitly tell you to write notes, but that is absolutely still your job and a critical part of your learning, even if the resident writes a note for every patient on the service every day. To succeed create a differential diagnosis do not just give one option. Also when creating your problem list ensure you list each problem the patient has and address it. They may be here for a stroke but they also have electrolyte abnormalities, diabetes, and an infected amputation.

Be enthusiastic. This is related to reading on your patients, which will demonstrate that you are enthusiastic and committed to their care. In the morning, on rounds, during procedures, etc, remember that this is a learning opportunity that so many people would love to have. Take advantage of it.

Study Resources for Shelf

Blueprints Neurology: A nice, brief overview of basic topics in neurology written in textbook format. Also includes 100 questions with answers at the end.

MKSAP 15 and 16 Neurology: Similar to Blueprints in format. Also includes 100 questions with answers at the end. Some students feel that these questions resemble the shelf questions more than the Blueprints questions, others disagree. Many students will use both resources as there are small gaps in what each covers.

Step-Up to Medicine Neurology Section: You should already have this for internal medicine. Great review of the medicine aspects of neurology.

Case Files Neurology: Basic topics in neurology covered via a series of short cases, with a few questions with answers at the end of each case.

Uworld Qbank: In the 2015 version, there are 171 neurology questions covering many basic topics. For the most part, these questions are designed to teach you a particular fact, but aren't so reminiscent of the questions you see on the shelf exam. Some students prefer to learn via these questions instead of reading a text, however. Regardless of whether or not you use a text, it's critical that you spend a good amount of time doing practice questions in some format (at the back of one of the textbooks above, PreTest, or Qbank) in order to be fully prepared for the shelf. The general recommendation is 2 weeks of reading followed by 2 weeks of questions; do whatever works for you, but make sure to allow for at least several days of practice questions.

PreTest Neurology: This is solely a question book containing 500 questions and answers with brief explanations. The questions contained are something of a blend of Qbank style questions (seem to be designed to teach you a particular fact) and board or shelf-style questions.

Neurology Hanbook: This is an item sold for ten dollars by the neurology department and is very helpful on the rotation for having all the resources to perform the neuro exam. For example, it contains the entire NIH stroke test including a picture of a scene the patient will need to describe.

NBME and AAN Practice Exams: Especially helpful if you haven't had many clerkships. Check out the neuro D2L site for links.

OB/GYN

Program Director: Dr. Mary Jane Pearson (maryjane.pearson@utsouthwestern.edu)

Clerkship Coordinator: Kimberly Loggins (Kimberly.Loggins@utsouthwestern.edu)

General:

- 3 weeks of Obstetrics
- 3 weeks of Gynecology
- Additional: 2 days of ambulatory clinics, 2 nights of overnight call in OB, 1 night of OB/GYN emergency (OGES) department

Outpatient Clinics:

- Round the morning of with you team
 - Maple Clinic – will get to see patients and perform pelvic exams/pap smears
- Sonography units at UTSW or Parkland
- Private General ObGyn or subspecialty offices in a variety of locations on campus or off campus – primarily a shadowing experience

Inpatient Gynecology:

- Most students are assigned to General Gynecology services at Parkland. Some students are assigned to Gyn Oncology services, at either Parkland or Clements Hospital (you can email and request this).
- Contact your team, if on the General Gyn services, (fourth year resident or third year resident) via pager/text on the Sunday before you start on Monday (on Monday afternoon for those starting Gynecology first).
- Round times vary based on the team's schedule. Your R3 or R4 will tell the team when to round the night before. Most inpatients are on the 8th floor at Parkland.
- Your days will be spent either in scheduled surgeries (mostly hysterectomies), or at gynecology clinic seeing follow-up patients, pre-op patients, or new patients referred to gynecology clinics.
- Read up on the ACOG guidelines for **abnormal uterine bleeding**, it will help you in the clinic.

Obstetrics

- Attend and assist in deliveries and c-sections. **Red** = high risk resident patients. **Green** = low risk resident patients. **Blue** = midwife patients. **Yellow** = C-sections. **Pink/purple** = private patients. You do not see any private patients, patients on the board with the phrase NO STUDS (that is no students), or patients with IUFD (intrauterine fetal demise) they will be designated on the board and with a dove on their door.
- You can scrub in to most c-sections (and btw you team you need to cover all) unless the patient has HIV or HepC. Then you can observe, but not scrub. Some teams may not want you to do even that, so ask.
- When you first arrive to L&D, do your long scrub (so that you are ready if a CS gets called).
- There is a four-day cycle which alternates through the following:
 - L&D East: routine labor and delivery patients; work with certified nurse midwives and resident team here, however can still go to c-sections
 - L&D West: high risk labor and delivery patients; work with your resident team.

Ask team, however can do 2 hour progress notes to help board doc (don't do two in a row for the same patient).

- OR day: scheduled Csections with your team
- Education day/ Maternal Fetal Medicine Clinic
- Rotations on OB Triage Unit and Maternal Fetal Medicine Clinic are woven into the four-day rotation; your individual schedule will outline this.
- There will be 2 assigned call night on L&D West from 6:15 PM – 8 AM. You are excused from duties after you leave after rounds that morning.
- **Pearl: Do not hide or spend too much time in the medical student room.** Only use it for eating lunch and not much else. If you want to stand out and make a good impression spend time outside of the resident room and follow all residents (doesn't have to be your team) into patient rooms to help with exams, ultrasounds, and anything else they may need. This way you are helpful, interested, and will get to learn a lot.

Lectures:

- Every Wednesday morning 0700-1200. May round with team before depending on their preference.
- Lectures start with departmental grand rounds at the medical school at 0700; the remainder of your lectures are clerkship students and PA students only.

OB/Gyn Note:

- **For OB patient: Always start with Age/G's and P's/EGA by EITHER LMP and "X" week sono or redated by "X" week sono and reason for visit**
- **For Gyn patients: Always start with Age/G's and P's/LMP and contraception, then reason for visit**
- Always ask about future birth control and breast-feeding in the postpartum patient Look up Hep, RPR, HIV serologies on all patients, OB or Gyn
- Post-op C-sections: write POD1 (post-op day 1): note PO intake, flatus, bowel movement, fever, hypotension, breastfeeding, and clean / dry / intact bandage.
- For vaginal deliveries: write PPD1 (postpartum day 1): note PO intake, fevers, hypotension, vaginal bleeding, and breastfeeding.
- Always note hematocrit trend – antepartum versus on arrival versus PPD1 etc

Grading:

- 20% OB evaluations
- 20% GYN evaluations
- 10% Ambulatory evaluations
- 20% clerkship specific OSCE exam
- 30% NBME exam

For your white coat:

Pen, Stethoscope, penlight, Case Files

Books/Resources

- Case Files Ob/Gyn
- Blueprints Obstetrics and Gynecology
- APGO UWorld online questions and corresponding YOUTUBE videos (amazing)**
- UWorld questions on Ob/Gyn
- PreTest Obstetrics & Gynecology/USMLE Easy
- Textbook: Beckman's Obstetrics & Gynecology

Pearls

- Golden Rule #1 of OB at Parkland – One student scrubbed on EVERY C-section. They will not come get you/notify you, but they will note your absence. Rotate with your teammates. Yellow is the color on the board of patients who have been called for a C-section. Offer to close the skin and let your resident teach you to suture if you don't know already. They might want to “start” by anchoring the suture for you and you can do the rest!
- Introduce yourself to the scrub tech (ask to pull your gloves and gown for them to help) and anyone else in the room. They will help you get oriented and if you establish a good relationship will help you through out the cases. This is good to do on all surgical rotations. Help with anything that needs helping: transferring the patient, holding the patient while they do the epidural, bringing in the bed at the end of the case, in GYN setting up the stir-ups, and so on.
- If you hear STAT section called over the intercom, run like heck to get into the operating room and stand somewhere you can watch (pull gloves and a gown so you can self-gown/glove as soon as the baby is out—they will usually let you help finish the case). Well worth the effort to witness one of these if you can! Just take care not to get in the way, and be sensitive to the appropriateness of you scrubbing in if things go poorly.
- Have fun delivering babies. Just jump in there and get after it - although, how much you do may depend on when you do the rotation (i.e. earlier in the year, the Interns want to do lots of stuff). If you show willingness and enthusiasm you will get to do a lot. Midwives are helpful for getting to do vaginal deliveries. Don't just show up for the delivery—get to know the patient and help her push when she's complete-complete. You will learn a lot!
- When not delivering a baby on Labor and Delivery follow the 1st year residents (called board docs) around for exams. You will learn a lot more this way and may get to do a little more. Offer to write progress notes on some of the high risk patients on West—as long as they don't need a cervical exam you can do everything and save your intern some time.
- Midwives – they're the people who can teach you a lot and help get in deliveries. Midwives have a deep and extensive bag of tricks for vaginal deliveries—watch and be amazed. They also do BEAUTIFUL lac repairs—be sure to ask them to talk you through what they're doing!
- When on L&D East the midwives expect you to help coach the patients along when it comes time to deliver. Every time you work with a different midwife, they may expect you to watch a delivery with them first before they will let you do the delivery. Treat the midwives with respect, they do thousands of deliveries per year and they know their business. It is important that you go introduce yourself before the patient has started pushing (but don't let this stop you—ever—if a patient comes in from triage pushing. Gown up and help deliver that baby!!!!).
- When to study: on Gyn, if you're benign gyn, usually only one med student scrubs into each scheduled case so you may have a 2-3 hour period each day where you can read. On clinic days, it's too busy. On L&D, there may be “breaks” on days the patient(s) you're following aren't making much progress, so in between c-sections and patient checks, try to do some APGO questions or read a Case File or two.
- Other days it's just BABY BABY BABY so study when you can =)
- Hours: most notes should be in by 0630, so backwards plan how long you need to come in to see all your patients and write notes by then. On OBGYN, the residents addend your note so your exam and A/P will be in the official record! Do your best to make it a great note and save your intern some time! Never neglect contraceptive counseling—do your part to make sure our patients have access to LARCs. It's a tragedy when someone misses a postpartum tubal because of a copy-paste error (most note template have “desires future fertility” as a default) so ALWAYS MAKE SURE THIS IS ACCURATE
- Clinic: WISH clinic is uber-busy. Offer to see patients ahead of your resident. If you feel comfortable, write the progress note and have it signed for your resident to addend. If you do a

good job it will save them lots of time. Offer to “check out” the patient with the attending as well, good practice for you and an opportunity to learn/impress

Pediatrics

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Clerkship Coordinators: Jennifer Rogers and Anthony Lee
Email: peds.clerkship@childrens.com (*preferred general email*)
Phone: (214) 456-2729.
Location: 3rd floor, Bright Building, Children's Medical Center, E3208.

Course Expectations

- A. Students are expected to be present for:
- a. **Wards** (*4-week rotation divided into 2 weeks General Pediatrics and 2 weeks in Subspecialty Pediatrics ward services*)
 - i. Patient care activities
 - ii. Attending rounds
 - iii. Short call
 - iv. All lectures and teaching conferences for the week assigned
 - b. **Nursery Week**
 - i. Newborn Care Unit
 - ii. Labor and Delivery
 - iii. WIC lactation center
 - iv. All lectures and teaching conferences for the week assigned
 - c. **Emergency Medicine/Child Advocacy/Self Study Week**
 - i. ED patient care activities for assigned shift
 - ii. Report to Child Advocacy day as assigned
 - iii. Self-Study day to be done completing Aquifer Cases and misc. self-study prep.
 - iv. All lectures and teaching conferences for the week assigned
- B. Students are expected to complete the following assignments:
- a. 1 – Pediatrics Advanced Clinical Exploration (PACE) case submission
 - b. 8 – Aquifer online case modules completion
 - c. 26 – Procedures in pediatrics logged on MEDHUB
 - d. 1 – Reflective writing assignment
 - e. 2 – Detailed patient write-ups
 - f. Complete an observed H&P during one of your ward rotations

More detailed information will be presented to students regarding assignments on first day orientation for rotation.

- C. Students are expected to complete the following Children's IT and Campus Access requirements:
- a. **IT Requirements:**
 - i. Ensure you have access in EPIC EMR and can access the orders tab.
 1. You will not have access to this tab if you do not complete training module.

- ii. Prior to rotation ensure you have access to the CMC logins. Email will be sent prior to rotation to ensure you call the help desk. Please do so.
- b. Badge:**
 - i. Badge access will be given to all students prior to rotation.
 - ii. Ensure you have the right badge number on record.
 - 1. A replaced badge is not automatically updated in CMC badge log and therefore follow up with peds.clerkship@childrens.com detailing your new badge number to update in CMC files is needed.
 - 2. Any replaced badge will not be automatically updated in CMC system if clerkship is not notified then access to CMC campus will not be possible.

Clerkship Conferences

- MS Noon Conferences – didactic conferences held from 1230-1330 throughout the week. All inpatient, ED and nursery assigned students are expected to attend.
- Chief Resident Conference – didactic conference held every Tuesday throughout the rotation lead by a chief resident held from 0830-0930. Only inpatient assigned students attend.
- Hospital Wide General Conferences
 - UTSW Multidisciplinary Conferences (*MDC*) – held Tuesdays from 1200-1300. All inpatient/ED/nursery assigned students are expected to attend.
 - Grand Rounds – held Wednesdays from 0800-0900. All inpatient/ED/nursery assigned students are expected to attend.
 - Friday Morning Report – held every Friday from 0830-0930, only inpatient assigned students attend this conference.
 - MDC and Grand Rounds do not meet for the months of June, July, and August.
 - Food is provided for MDC and Grand Rounds. All other conferences you are to provide your own meal.

Evaluation of Students

- Wards
 - Supervisory Sr. Resident and Attending(s) on ward will evaluate your performance.
 - Both ward rotations will submit their evaluations(s) of your rotation.
 - All evaluations will be submitted via MEDHUB to include a grade.
 - Some wards may have more than 2 evaluations depending on faculty schedules.
 - Evaluations are graded on the average of all the submitted evaluations.
- ED and Nursery
 - Evaluations will be obtained for your performance in both disciplines.
 - The grade is a pass/fail for this portion of the rotation.
 - All evaluations are submitted via MEDHUB.

Exams

- Two exams are given at the end of the pediatrics rotation.
 - Written Case Exam (6% of your final grade)
 - Written Case Exam will help show us your rationale in cases presented outside the scope of multiple choice questions. We would like to see how you work through the case vignettes presented.
 - Scheduled on the last Thursday of the rotation at 0900.
 - The exam will consist of **3 questions**.

- **Question 1** - One of the questions will ask you to determine some fluid calculations for a pediatric patient, and possibly explain your rationale.
 - **Questions 2&3** - The other two will be case scenarios like the cases from the team-based learning conferences. You will likely be asked to identify your differential diagnosis for a common pediatric complaint and walk the reader through a thought process on how you would approach further evaluation of said complaint.
- Board shelf examination is on the last Friday of the rotation and is 30% of final grade.

Grading

- A. A grade for the pediatrics clerkship rotation is calculated from the ward rotations, examination scores (Case Exam & Shelf) and an engagement score.
- a. Breakdown of percent toward grade
 - i. Inpatient Service (50%)
 - ii. NBME Exam (30%)
 - iii. Engagement Score (20%) – *Case exam score is factored into this percent.*
 - Case Exam (6%)
 - Aquifer Cases (8%)
 - 2x -TBLs (6%)
 - b. Minimum NBME score to pass – EPC 56
 - i. 56 is the minimum to pass the rotation even if your performances on the clinical portions are satisfactory.
 - c. Minimum NBME score to receive honors - EPC 77
 - i. 77 or higher score is needed to earn honors consideration combined with your inpatient performance scores. NO curves are given in this rotation.
 - d. Grading Scale
 - 91-100 = Honors
 - 86-90 = Near Honors
 - 81-85 = High Pass
 - 75-80 = Pass
 - 74 and below = Fail



For your white coat:

- Stethoscope, penlight, lots of stickers, immunization chart, developmental milestones chart, Sanford guide, pediatrics handbook (*Pocket Pediatrics*, *Pediatric pearls: the handbook of practical pediatrics*, *Pediatric Acute Care*)

Recommended Reading Websites and Books

Practice Questions

- [USMLE World](#)

Pocket Guide

- [Harriet Lane Handbook: A Manual for Pediatric House Officers](#)

Study Guides

- [BRS Pediatrics \(new edition available Sept 2018\)](#)



- [Blueprints Pediatrics](#)
- [Case Files Pediatrics](#)
- [Pediatrics Pretest](#)

Notes

Pediatric Admission H&P

There are a few things on a Peds history that aren't included in adult medicine or are especially important.

HPI: Sick contacts (daycares are germ central), flu shot?

PMH:

- Birth History (prenatal, L&D, condition at birth, complications)
- Nutrition
- Developmental history (ask about milestones)
- Immunizations
- Previous health (allergies)

FH/SH: Daycare, pertinent family history (esp. allergies, asthma), exposure to smokers/pets

PE: VS (head circumference, height, weight, percentiles); Evaluation of development

Daily Note

- Option to use Notewriter: Medical Student Progress Note.
- You will need a calculator for drug dosages and I/O rates.
- Follow the SOAP format.

KEY THINGS TO INCLUDE:

- **Urine output (calculated in cc/ kg/ hour)**
- Infant nutrition (kcal of formula/kg/day)
- Stool output if excessive
- Pediatric Nutrition:
 - o Regular infant formula: 20 kcal/oz
 - o Premie infant formula: 24 kcal/oz
 - o Nutritional requirements for infants: 110-130 kcal/kg/day

Abbreviations

AFSF: anterior fontanel soft/flat

Rtxn: retraction

TM: tympanic membranes

OP: oropharynx

WDWN: well developed, well nourished

FROM: full range of motion

HDS: hemodynamically stable

SORA: stable on room air

Approved abbreviations for CMC can be found on their website under the HIM department.

Developmental Milestones (1-12 months)



1. Social smile
2. Vocalize
3. Head control (no head lag)
4. Hand control (hold toy)
5. Roll over (back to front)
6. Sit alone
7. Crawl
8. Prehension (thumb/forefinger)
9. Pull up to standing
10. Walk with support
11. Stand alone
12. Walk alone

VS Normal Ranges:

Newborn - HR 100-180; SBP 50-70; RR 40

6 months - HR 100-160; SBP 59-119; RR 24-40

Toddler – HR 80-110; SBP 66-126; RR 22-30

History-taking tool to use in all adolescents (especially those who present for overdose)

H – Home

E- Education and Employment

A- Activities

D- Drugs

S- Sexuality

S- Suicide and Depression

Pearls

1. Get a routine down for H&Ps, the SOAP note, and doing the problem list by systems (Example: CV, Resp., Renal, FEN [Fluids, Electrolytes, Nutrition], GI, Hepatobiliary, Heme-Onc, Infectious disease, Endocrine, Neuro, Pain, Social, Lines (as in IV's), Other.)
2. When in doubt, use your intern/resident's format. Fluid and nutrition status is much more important in kids than you will see in adults on your medicine rotation. Be sure to calculate input (IV, formula, PO liquids) as well as output (urine, ostomy) in cc/kg/day or cc/kg/hour for urine output. Calculate calories taken in for patients on formula. Also calculate any weight gain or loss and record the new weight, as it may affect drug dosages.
3. Improve your knowledge on growth and development by asking age appropriate development questions during any exam. For example, when a 15-month-old child comes with an earache, ask what words he can use and whether he is able walk alone.
4. Talk to the child as well as the parents during the exam and use age-appropriate words.
5. Keep in mind that the differential diagnosis varies greatly by age.
6. Physical exam pearls
 - Lung, heart, and abdomen first. (On lung exam, listen in front -often more helpful than back.)
 - Save the ears toward the end (Tell the child, "I'm looking for [peanut butter/Barney/birds/whatever] in there.)
 - Pin the head against a surface (mother's chest, table, etc.) to look at an ear. Always insufflate.

- When the kids cry, look at the mouth and do the mouth exam.
 - Let the kids do the tongue depressing if they're old enough.
 - A gloved finger works well to pacify a crying baby, and you can check the suck reflex at the same time. For neonates, this is also a good time to check for a cleft palate.
 - Jangling keys or other small object can also distract babies and toddlers while you examine.
7. For the shelf exam, start reading one or two resources early and then do as many questions as you can in your spare time. In addition to UWorld, Lange Q & A Pediatrics and/or Pretest was helpful for the shelf.
- formula: 24
kcal/oz
p Nutritional requirements for infants: 110-130 kcal/kg/day

Abbreviations

AFSF: anterior fontanel soft/flat

Rtxn: retraction

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HDS: hemodynamically stable

SORA: stable on room air

Psychiatry

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General

- 3 weeks at 2 different sites:
 - o Bass Faculty Clinic (Addiction)
 - o Bass Faculty Clinic (General Psychiatry)
 - o Bass Faculty Clinic (Geriatrics)
 - o Children's eating disorders (Legacy) * not available every rotation
 - o Children's Inpatient
 - o Children's day treatment (subject to faculty availability)
 - o Clements university consults
 - o Parkland Consults
 - o Zale-lipshy
 - o Psych emergency room
 - o Parkland inpatient psych (17 west)
 - o Metrocare at Samuell (Dallas)
- Or 6 weeks at 1 site
 - o Presbyterian (outpatient/consult experience only)
 - o VA consults
 - o VA diamond
 - o VA diamond/trauma
 - o VA gold
 - o VA inpatient
 - o VA PCMHI
 - o VA silver
- Plus one psych ER call shift from 4-10pm during the rotation unless in ED or Parkland consults.
 - o 4pm to 10pm with minimal breaks
 - o Can be slow at times but at other times exciting because the pathology is very acute.

Lectures:

- Every Tuesday and Thursday afternoon, there are small group lectures and discussion groups. Attendance is mandatory. Evaluations will be sent to students from MedHub. The topics are varied, important to know clinically, and typically occur on the shelf exam.
- At the beginning of the rotation, there will be several group-based learning activities and individual (iRAT) and group-based (gRAT) quizzes. Individual performance is worth 1% and group performance is worth 3% of your final grade

Grading:

- Honors = 92-100
- Near Honors = 89-92
- High Pass = 82-88
- Pass = 76-81
- Fail = <76

- Faculty uses a grading rubric for determining a numerical score in their clinical assessment of medical student performance. Must make 58+ on clinical evaluation to pass clerkship.
- If a student receives a 70 or lower in any of the items related to Communication Skills and Professionalism, their evaluation may be brought before the Psychiatry Medical Student Education Committee to determine if the student will pass the course.
- **Ward Grades are based on individual points** from each part of the evaluation, not simply the Honors/Pass/Fail.
- One presentation within the first 2 weeks (discuss with attending for topic)
- 8-10 page formal write-up due at the end of week 4. Ensure that you start collecting information about a patient you would like to write-up as early as week 1-2, the main goal of the write-up is getting a comprehensive patient history and mental status exam and putting thought into the differential diagnosis. Examples provided on Moodle.

Sites:

- Bass Faculty Clinic (Addiction)
 - o Patients with Chemical and Behavioral Addictions and co-occurring psychiatric disorders
 - o Work with three different Attendings (Dr. dela Cruz, Dr. Spencer and Dr. Wakhlu)
 - o Monday through Friday from 8 AM to 5 PM.
 - o Morning lectures/article review twice a week for 1.5 hours with Dr. Wakhlu – reading beforehand
 - o Students typically begin by observing faculty and progressing to independently interviewing and formulating diagnoses and treatment plans
- Bass Faculty Clinic (General Psychiatry)
 - o outpatient clinic that focuses on mood disorders and addiction.
 - o Students see and evaluate both new and returning patients. They run interviews, come up with diagnoses and treatment plans, and follow up with patients by phone when needed.
 - o Monday through Friday from 8 AM to 5 PM.
 - o Morning lectures/article review twice a week for 1.5 hours with Dr. Wakhlu – reading beforehand
- Bass Faculty Clinic (Geriatrics)
 - o Mental health conditions in older adults and neurocognitive disorders in some younger adults.
- Children’s eating disorders (Legacy)
 - o Children and adolescents from 5-18 years of age suffering from feeding and eating disorders.
 - o Work with attendings directly and fellows
 - o Individual, family, group, and milieu therapy are emphasized and the programming focuses on diagnosis, medical stabilization, family-based treatment, and effective use of coping strategies.
- Children’s Inpatient
 - o Patients having a combination of medical and psychiatric disorders from 3-17 years of age.
 - o Work with attendings directly and fellows
 - o Medical students also have the option visit the eating disorder program at Legacy and the autism treatment program at UTSW for additional exposure.
 - o The focus of this site is on children, adolescents, and their families, so the other sites matched with this rotation will necessarily provide an exposure to the full spectrum of adult psychopathological disorders (ie Parkland, Zale).
 - o Hours are usually 8AM - 5:30PM

- Children's Day treatment
 - o Intensive outpatient treatment focused on improving behavior that is structured like a school.
 - o Students help run daily check-in/sign-out reports with children and their parents, perform intakes on new patients (H&Ps), discuss patients in rounds, and can attend group and individual counseling/therapy sessions.
- Clements university consults
 - o Provide psychiatric consultation to patients on non-psychiatric (medical, surgical, and obstetrical/gynecological) floors
 - o Wide variety of disorders- depression, anxiety, pre-existing psychiatric illness such as Schizophrenia and Bipolar disorder, substance use disorders, delirium, dementia and capacity evaluations.
 - o The resident and student round daily on the patients. Attending rounds, which are mandatory, occur 5 times per week.
 - o In addition, attending faculty often work directly with students on their interviewing techniques and their understanding of psychosocial issues of patient care.
 - o The student, with supervision by the psychiatry resident, will be responsible for performing and writing-up initial consults as well as documenting follow-up visits.
- Parkland Consults
 - o Evaluate hospitalized inpatients whose primary team orders a psych consult.
 - o Work with Dr. Jenkins, Dr. Ewell, or Dr. Pershern.
 - o Hours are usually 8AM-5PM depending on consult load
 - o See lots of medicine/surgery issues along with psychiatric issues
- Zale-lipshy
 - o Lots of exposure to ECT. You become very familiar with Hamilton Depression Scale and Mini-Mental Status exam.
 - o Rounding on patients required on the weekend, but this is split between your classmates.
 - o A good inpatient experience and friendly people
- Psych emergency room
 - o Monday to Friday 7am to 3pm.
 - o Fast paced- average 20-40 patients a shift
- Parkland inpatient psych (17 west)
 - o Good for those interested in psychiatry as a specialty.
 - o Round early but get off early.
- Metrocare at Samuell (Dallas)
 - o MetroCare is a community psychiatric clinic for Dallas County. Patients are often funded by North Star
 - o No psychiatry residents. Lots of one-on-one time with the Attending.
 - o See patients independently and present assessment and plan to attending.
 - o See mostly follow up visits, occasionally new evals.
- Presbyterian (outpatient/consult experience only)
 - o Good if you are interested in learning a little about psychoanalysis.
 - o Can ask to sit in on group therapy, art therapy, etc.
 - o FREE lunch daily in doctor's dining room (sans lectures).
 - o 6 weeks at this site

VA hospital: assigned to 2 different teams for 3 weeks each. Hours: 8AM to 5PM. National holidays off.

- VA consults

- An evaluation and liaison service for inpatient consults on the medical, surgical, ICU, CLC and SCI units, as well as the ED
- You will likely be in a room with other medical students and therefore need to be proactive in reminding attendings to notify you of new consults and following up on active patients. It is highly recommended you set up Skype and remind attendings to add you to the skype messages.
- VA diamond
 - A general and multi-disciplinary mental health service providing outpatient care of Veterans having a wide variety of MH conditions.
- VA diamond/trauma
 - A specialized team providing treatment for PTSD including Vietnam vets, OEF/OIF veterans, women veterans, and victims of military sexual trauma.
 - Students on the Diamond/Trauma rotation also rotate one day per week with the MHICM (Mental Health Intensive Case Management) service, which works with chronically mentally ill veterans that may include home visits
- VA gold
 - An outpatient service for substance use disorders treatment, which includes rotation in the methadone maintenance clinic and the residential rehabilitation unit 5NSA.
- VA inpatient
 - A general inpatient psychiatry team involving acute psychiatric care.
 - The units have a combined total of 34 beds.
- VA PCMHI
 - An outpatient service that serves as the intake point for patients new to mental health or new to this service at the Dallas VA.
- VA silver
 - A geriatric psychiatry service, which has a mix of inpatients daily, outpatients during clinic several days/week, and occasional inpatient consults.
 - You will learn how to conduct cognitive screening/testing on this clerkship.

Notes

- The daily progress notes should follow the SOAP format. In lieu of the physical exam, include the findings on the mental status exam.
- Mental Status Exam
- Appearance: grooming (well-groomed, disheveled), behavior (cooperative, uncooperative), emotional facial expressions, attentiveness, alertness.
- Motor: any notable tics or gestures such as hand wringing, psychomotor retardation, gait abnormalities
- Speech: rate, rhythm, volume, amount, articulation, spontaneity
- o Mood: how the patient describes how she is feeling
- Affect: what the examiner observes about the patient's emotional state
- o Sensorium: consciousness, orientation, memory, attention/concentration
- o Thought process/thought content: logical, tangential, loosening of association, hallucinations, suicidal/homicidal ideations, etc.
- Somatic Function: sleep, appetite, energy, sex

Books

- **First Aid for Psychiatry**
- **Case Files Psychiatry**
- **UWorld questions on Psychiatry**
- **Appleton & Lange Psychiatry (Q&A)**
- **DSM-V** (available via Psychiatry Online through the UTSW library system)

Surgery

Program Director: Dr. Rohit Sharma (rohit.sharma@utsouthwestern.edu)

- *Office Hours:* Monday 3 – 6PM

Associate Clerkship Directors:

- **Rachel Wooldridge, MD** (rachel.wooldridge@utsouthwestern.edu)
- **Alan Dackiw, MD, PhD** (alan.dackiw@utsouthwestern.edu)

Clerkship Administrators:

- Gertrude Steward (gertrude.steward@utsouthwestern.edu)
- Alexandria Wibben (Alexandria.wibben@utsouthwestern.edu)

General:

Everyone gets 4 weeks in general surgery, vascular surgery, surgical oncology, colorectal, trauma/EGS, or pediatric surgery, with no call. You typically can split up weekends with the other student(s) on your service on this portion of the rotation.

The remaining 4 weeks may include: 1) 2 blocks of two week electives or 2) a 4 week rotation. Choices include general surgery, trauma/EGS, ambulatory, transplant, thoracic, orthopedics, plastic, ophthalmology, endocrine, ENT, urology, and ophthalmology.

- Trauma: One student with trauma shears is to remove patients' clothing, another to write down physical exam findings and history as resident calls them out, another to get the ultrasound for the FAST exam and clean up after. One student in OR if any cases go up.
- EGS: Team-dependent but generally one student in the OR, another waiting in the lounge for the next case, and one student with the 2nd year resident for consults.
- Other Specialty weeks: Varies from specialty to specialty, but will spend some days in clinic and the rest in the OR. Show genuine interest in their specialty and be assertive about helping with procedures/cases.

Lectures:

Lectures are held every Wednesdays with the following schedule:

- 0800 – Student Lectures (E6.222)
 - 1300 – Simulation Activities (E6.222)
- *Each service may have special conferences on various days that you are expected to attend

Grading:

Clinical Evaluations = 60% (30% from each 4 weeks)

- Honors = 100
- High Pass=93
- Pass = 85

NBME = 30%

- minimum score of 57 to pass
- minimum score of 78 to receive an “A”

Skills Lab Training=10%



*Must pass all components (clinicals & NBME) to pass the course

Overall Grade Breakdown:

- Honors = 90.2 – 100
- Near Honors = 85.5 – 90.19
- High Pass = 78.90 – 85.49
- Pass = 70.00 – 78.89
- Fail = <70.00



For your white coat:

- Stethoscope, pen light, trauma shears, wound dressing supplies (tape, 4x4s, extra packing supplies, suture removal kit). If you notice your team having to go to the supply room for the same supplies multiple times, be proactive and carry some of that item around.

Books/Resources

- **PESTANA REVIEW - A MUST READ! (read this twice, it's short and the HIGHEST yield resource)**
- **De Virgilio Surgery Casebook: detailed explanations and lists differential. Good to review specific cases before the OR.**
- **OnlineMedEd – videos**
- **UWorld Surgery Questions**

Other Resources if interested

- NMS Surgery Casebook
- Case Files Surgery
- Surgical Recall, Blackbourne (good for OR pimping)
- UWorld IM GI, Critical Care, Renal, Pulm, and Cardiology Questions
- Pretest Surgery

Advice:

Surgery Progress Notes: (copy a template from previous medical students or your residents)

Subjective: include the answers to the following questions: Pain control? Pooping? (if no, passing gas?) Peeing? Eating? Walking? (Ambulating out of bed to restroom v. down the hall is an important detail), out of bed to chair? This is not much information, but know everything about it. Check the MAR, review nursing notes, and check with the nurse about how the patient is doing.

Objective: include a brief physical exam, VS, in and outs (I&Os), labs, etc. Record drain output and appearance. Comment on what their wound looks like. To do this, you —take down the dressing (peel back tape but leave wound covered with gauze). You will —redress the wound after the residents look at it. DO NOT take down **surgical dressings** until told to do so

Assessment: Brief statement: This is a ___ year old ___ who is POD (post-op day) # ____, s/p (status-post) ____, who is doing well post-operatively.

Example: This is a 44yo Hispanic woman who is POD#1 s/p lap chole who is doing well post-operatively and her pain is well controlled.

Surgery Post-Op Check:

(done 4-6 hours after surgery in SOAP format). Be sure to mention procedure (s/p appy, chole, etc.). Include pain control; level of consciousness; vitals, including I&Os (urine output and surgical drains); brief physical exam; any pending post-op studies.

Rounds:

Consolidate daily labs and vital signs for all patients on your service onto one sheet. (This job should be divided among the students on your service). You'll likely round with your Attending once a week, if that. You'll usually pre-round on your own patients and then round with your team after that. Teams are usually an intern, a 2nd year, a 3rd year, and a 5th year "chief" that runs the service. Your 5th year resident may be absent on rounds, but will be there for virtually all surgeries. Rounds without the attending are very short and very focused; your notes should be very short, too, with only the important facts. If your presentations feel too long to you and you're getting cut off before finishing, they probably are. Ask your intern for advice on where to make them more concise.

Pearls:

1. Three rules of surgery
 - a. BE ON TIME (set multiple alarms if needed)
 - b. HAVE A POSITIVE ATTITUDE (it's as important as getting all answers right)
 - c. DON'T WHINE
2. Ask your residents and attendings early on what their expectations are. Seek feedback from residents on how to improve your morning presentations (particularly on specialty rotations)
3. ALWAYS ANSWER YES when someone asks if you would like to do something. If you are not comfortable doing it, say "yes, I would love to, but could you show me how to do it this time so next time I can do it on my own."
4. A student must be scrubbed into each case. So watch the "Grease Board" for the color changes the indicate when your patient is in pre-op and when they are ready for the OR.
5. Be helpful in the OR:
 - a. FIRST introduce yourself to everyone and anyone who will listen, especially the circulating nurse and the scrub nurse
 - b. Go into the OR early and be there to help them if needed.
 - c. The scrub nurse will be your BEST friend so be willing to learn and listen to them. Often they will teach you the name of the instruments or the sutures.
 - d. Ask before doing anything (especially at the beginning, as to not step on toes). For example, ask "is it a good time to grab my gloves?"
 - e. Ask the circulating nurse or anesthesia if you can go grab the bed at the end of the case
 - f. Help transfer patients from OR bed to patient bed
 - g. If the residents are tying knots, have the scissors ready. Ask "how long do you want your tails?"
 - h. Learn to hold traction with gravity and NOT muscles – no matter how string you are, you won't be able to hold traction by muscle for 8-10 hours
 - i. DO NOT ask questions at inappropriate times.
6. Pay attention to potential post-operative complications on your patients – the vast majority will have an uncomplicated course, but if something seems out of ordinary, think about what could be happening. Often, asking fellow students on your team or your intern what they think is a good way to approach this.
7. State vitals: temperature and I/Os are the most important. Also check drain output if applicable.

8. On trauma/EGS, it is imperative to work well as a team. Divide responsibilities, communicate well, and have fun!
9. If you are told to go home, GO HOME!
10. **Eat when you can, sleep when you can. Never stand when you can sit, never sit when you can sleep. And don't MESS with the pancreas!**

PIMPING:

1. IF YOU DON'T KNOW THE ANSWER TO EVERY QUESTION, IT IS OKAY.
2. Know the surgeries you are scrubbing in on before surgery. If possible, read about the disease and the anatomy.
 - a. In the OR, anatomy is what you will be pimped on the most!
 - b. Other information to know by heart:
 - i. patient's history and how it relates to the case
 - ii. indications for surgery
 - iii. planned surgery – laparoscopic versus open
 - iv. common complications of surgery – structures that could be injured
3. Some questions (particularly on specialty rotations) are designed to gauge your knowledge.
4. If you don't know the answer don't say "I don't know", say "I don't know, but I would guess (blank) and state your reasoning". Your attending/resident like that you are thinking about it.
5. Demonstrate your knowledge! Ask intelligent questions about your cases. Particularly ask about controversial topics in literature rather than just facts. This is a great way to deepen your understanding.

Scholarly Activity

Co-Director: rene.galindo@utsouthwestern.edu

Co-Director: philip.shaul@utsouthwestern.edu

Coordinator: Amanda.arista@utsouthwestern.edu

General

- 12-week research rotation, expected to work on project 40 hours per week
- May be undertaken at one time or split into block
- Students are responsible for finding a mentor and project, along with acquiring any required IRB approval, prior to the start of the rotation
- Scholarly Activity Tracks
 - Basic Research
 - Clinical & Translational Research
 - Community Health
 - Global Health
 - Medical Education
 - Quality Improvement

Grading

- Pass/Fail
- Mentor evaluation → 60%
- Final Summary → 40%
 - 5-10 page write up, due on the last day of the rotation,
 - Format like research article (should include introduction, methods, results, and conclusions)
 - Students who split their project across multiple blocks will need to submit a 1-2 page interim summary at the end of their first block

Didactic Experiences

- Didactic requirements vary depending on your research track
- Everyone will have to attend IRB training prior to starting their project
- Topics include suggestions for research poster design, using Endnote, etc.
- Those completing projects out of town are not required to attend

Exam

- No exam! Enjoy your evenings and weekends!

Resources

- UTSW Library: <http://library.utsouthwestern.edu/main/>
- Research Services:
<http://library.utsouthwestern.edu/main/portals/jpull2.aspx?6428§ion=PopServices>
- Ask a reference question:
<http://library.utsouthwestern.edu/main/portals/jpull2.aspx?2369§ion=PopServices>

- Endnote Portal: <http://library.utsouthwestern.edu/main/portals/jpull2.aspx?3246§ion=PopServices>
- Ovid Portal: <http://library.utsouthwestern.edu/main/portals/jpull2.aspx?812§ion=PopServices>
- Topic Search Request: <http://library.utsouthwestern.edu/main/topicsearch.aspx>

Tips for Succeeding

- Identify a mentor and project as early as possible.
- Find a project that excites you. When it's just you and your computer for 12 weeks straight, you'll be much happier if you find the subject matter interesting and meaningful.
- Submit your IRB at least 2 months prior to your scholarly activity start date, the approval process is very slow and a lack of approval will prevent you from getting started.
- Set realistic goals for yourself and your project. For example, if it is a DIY project and you hope to complete the entire thing in three months, a small, retrospective study will likely be your best bet.
- Make a schedule for yourself with daily and weekly goals. Many people work from home, which is great, but the lack of structure can make it hard to be productive.
- Look around for upcoming conferences at the beginning of your scholarly activity block. Most conferences have abstract deadlines that are 6+ months prior to the conference itself.
- Be a go-getter. This sounds cheesy, but it can be easy to feel like your floundering or waiting around for things to happen due to the lack of daily structure and the slow-moving pace of research. Things will fall through the cracks if you don't stay on them, so don't be afraid to ask questions and politely check in to make sure everything stays on track.

Step 1 Prep Course and Studying

Course Director: Dr. Arlene Sachs (214)648-9590

Administration: Carol Wortham (214)648-6463

Student Academic and Support Services Student Academic Support Services (SASS)

\$1.200

Email: arlene.sachs@utsouthwestern.edu; carol.wortham@utsouthwestern.edu

General

Dedicated Step 1 study time takes place sometime during the C1 period. There are some minimum requirements to pass the course which provide structure to the six-week period. Additional preparation advice is found below.

Grading

In order to receive a P grade you must do the following

1. Submit a personal study calendar to SASS by first day of the course period
2. Take a minimum of three practice tests
3. Complete weekly progress surveys from SASS by due date
4. Sit for Step 1 by course end date
5. Pass Step 1

Additional course notes

The Step-1 Prep Course will be introduced during the fall/PC3 semester. SASS offers Calendar Clinics prior to the start of each course period to review course requirements, share calendar samples and assist students with development of their personal plans. Students may also meet with Dr. Sachs for personal guidance at any time during their Step-1 preparation.

Preparation advice

Study Materials

1. First Aid for the USMLE Step 1
2. UWorld for Step 1
3. Pathoma
4. Sketchy Medical
5. NBME Comprehensive Basic Science Self Assessments (CBSSA)

These five resources are the most commonly used resources for Step 1 preparation, with over 70% of the class using each one. These study materials are time-tested and should form the foundation of your study program. You can consult the Step 1 survey from the Student Affairs D2L/Moodle page to see the exact breakdown and the percentage of students using other resources. The NBME self assessments are the gold standard for practice tests and UWorld self assessments are also very similar to the actual exam. With such a high percentage of students using these five resources, they are considered “required reading” to do well on Step 1.

It is easy to get bogged down in too many study materials during dedicated Step 1 study time. You should focus on mastery of the above resources before adding additional study aids. Some students

use additional resources prior to dedicated study time. This can include non-UWorld qbanks and flashcard based programs like Anki.

A note about Sketchy Medical: New Sketchy material continues to be created. Sketchy Micro and Pharm were used by the Class of 2019 to prepare and were found to be extremely helpful. SketchPath was not yet available. You will need to consult the Class of 2020 Step 1 survey and talk to students in the class ahead of you about the utility of new Sketchy material. Whatever Sketchy material you do use, try to watch the videos for the first time before dedicated study time. The videos can be very time consuming and many students are not able to watch all of them during their six week study period.

Study Calendar

A study schedule provides needed daily structure and direction as you study full-time. It can also help you stay on track to make sure you get through all of your material. Calendar examples can be found in the SASS office. Use the following tips to help you create a schedule:

- Students typically study 10-12 hours a day, 6-7 days a week for 6 weeks
- It's easier to stay focused if you have a specific amount of material to get through in a day
- Schedule 2-3 passes of First Aid
- Calculate the number of UWorld questions you need to complete each day
- Don't forget to budget time to review UWorld question sets
- Plan when you will take your practice tests (at least three)
- Most students plan a break day the day before their test with little or no studying
- Schedule time to exercise each day

Pearls

1. **Focus on test taking skills** - One of the biggest gains in your score can be achieved by improving your ability to do Step 1-style questions. Treat each UWorld practice set as if it were the real thing to avoid getting into bad test taking habits. After each question set analyze why you missed a question to see if it was a lack of knowledge, or if you went too fast, didn't consider every answer, missed a key piece of information etc...
2. **Ask for help** - If you are worried about anything during Step 1 studying, please reach out to Carol Wortham and Dr. Sachs. They have helped countless students through difficult situations and will know how to help you
3. **Plan time to review UWorld questions** – Much of the benefit from UWorld is derived from reviewing questions afterwards. There is a treasure trove of information and explanations and you should try to read all of it. In the beginning, plan on reviewing both the questions you got correct and incorrect, all of which will take more time than the actual question set itself. It may take 3 to 4 hours per 40 question block during your first two weeks.
4. **Consider taking two back-to-back tests** - Test taking stamina is vital for Step 1. Each practice test (NBME or UWorld) is only about 60% of the full Step 1 exam. Consider taking two practice tests in the same day in order to build up your stamina, or follow a practice test with q-bank blocks to simulate the Step-1 experience (7 hours of testing plus one hour of break time).
5. **Don't neglect biochem** - It can be easy to neglect biochemistry, microbiology and pharmacology. These subjects often require brute force memorization and many people put them aside in favor of studying the organ systems. Don't leave these points on the table. If your score has plateaued this might be a good way to increase it.

6. **Find a good place to study** - Think about how you study and find the best place to prepare for Step 1, be that in the library, a coffee shop or your parents' basement. No matter where you study, you will need to minimize distraction from friends or family.
7. **Don't neglect yourself** - Don't neglect your body during Step 1 preparation. Include exercise in your study schedule so that you will do it each day. Eat healthy meals, get enough sleep every night, shower and get presentable each day.
8. **Find a study partner** - Going 6 weeks without human contact is not recommended. Find someone with whom you can study, or at least someone you can talk to about your successes and failures.
9. **Try to review your study materials before dedicated study time** – It can be stressful to come across brand new information during your Step 1 study period. Consider familiarizing yourself with First Aid and watch the Pathoma and Sketchy videos prior to dedicated study time.
10. **Don't freak out if your first practice test score is really low** - Many people have a low score on their first practice test. These people are the ones who see the biggest jump between their first score and their actual test.