

# Med 3 Basics

Information and strategies to help  
navigate your transition from  
Med 2 to Med 3

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# Who is Who? – Dual Roles and Responsibilities

## Patient Care Team

- Attending Physician
- Residents & Fellows
- Interns
- Other licensed providers: nurses, pharmacists, OT, PT, and the care team
- Clerks (Medical Students)

## Medical Education Team

- Med 3-4 Director
- Clerkship Director
- Med 3-4 Manager
- Education Coordinator
- Medical Student

# Who is Who?

- Med 3-4 Director - Dr. Mary McIlroy
- Med 3-4 Manager –Richard Shafer
- Clerkship Director – varies with clerkship – this person is in charge of clerkship experience and assigns grades
- Education Coordinator – administrative, works with clerkship director
- Attending Physician – clinical head of the patient care team to which you are assigned
- Residents & Fellows
- Interns (post-graduate year 1 – they were students last year)
- Nursing, PT, OT, Pharmacy or any member of the care team
- Clerks (Medical Students) – that will be you!

# Dual Responsibilities & Roles

- **Patient Care**

1. Learn your role on the team and that team's style.
2. Learn about your patient and learn about their illnesses.
3. Be adaptive and flexible.
4. Be eager, be on time, and be reliable.
5. If you don't understand a finding – ask (refer to item one on the list).
6. Learn to ask appropriate questions which includes asking the appropriate person.

- **Education**

1. Each and every clerkship is equally important.
2. Reading is fundamental.
3. Attendance must be accounted for.
4. An Education Coordinator can be your best friend in the world in Med 3.
5. Each department has its own policies which will be clearly defined.
6. NBME subject exams are important.

# Change in Structure

- In Med 3 academic authority lies with the clinical department.
- Following established guidelines, each department develops its own curriculum.
- Only a department can issue a grade. Each department must provide clear standards for its policies, and there is a uniform appeals process

# Why do we take NBME subject exams?

1. Subject exams were instituted by student request.
2. Clerkship performance is multifaceted. Subject exams test knowledge; clinical performance evaluations additionally assess skills, interpersonal relationships and attitudes
3. The exams are excellent preparation for USMLE, Step 2 CK and give an idea about how one compares to students on a national basis

# Predicting success in Med 3

- The more information you are able to absorb during the first two years will aid in the leap to clinical thinking. A synergy must occur that enables you to sort through a medical history, help form a differential diagnosis and develop a management plan. Active, practical learning in the first 2 years of school allows this leap to occur quicker and easier for most students.
- Anecdotal information indicates successful CAPS performance predicts better adaptation to direct patient care.

# What is Med 3?

- 8 weeks Internal Medicine
- 8 weeks Surgery
- 8 weeks Pediatrics
- 6 weeks Obstetrics and Gynecology
- 2 weeks Clinical Skills
- 4 weeks Family Medicine
- 4 weeks Selective (chosen from a set list)
- 4 weeks Neuroscience
- 4 weeks Psychiatry



# Why are there so many rules about Med 3?

- All courses in Med 3 are required
  - To protect our accreditation they must be taught by our faculty
- To meet LCME standards
- To meet your prerequisites for residency
- To ensure your ability to obtain licensure
- To ensure each student has equal opportunity for a quality education.

# Scheduling

- Clerkships are designed to be taken in any order.
- Preferencing allows more comfort for students as they prepare for residency.
- Most students get the majority of their choices.
- Personal issues may for the first time play a factor in your selection

# Food for thought

- You may not want to schedule your desired residency choice first. You may want to get your clinical feet under you. You may not want to schedule it last in case you have a change of heart.
- Med 4 scheduling usually happens around the beginning of February, you may want to preview your preferred specialty before scheduling.
- Letters of recommendation for residency are usually stronger from later rotations because the writer can speak to your ability to make a differential diagnosis and set up a management plan.

# Other Considerations

- Surgery, OB, and Internal Medicine are very time intensive. Your Family Medicine may involve a long commute or living off-site for a month.
  - What are your family obligations? Getting married? Having a child?
  - How are your circadian rhythms?
  - Are you a fast starter and then wind down, or do you need a slow start to build up energy to do your best?
  - Do you need to group the time intensive rotations together, or do you need to alternate?

# Where do I start?

1. Take a deep breath. No matter how your third-year schedule turns out you can still apply to your choice of residency if you meet the other criteria.
2. When you schedule you are only building a shell. Choosing hospitals (except NCH) and services comes much later.
3. Pick 3 items that are really important to you and structure your preferences accordingly.

# New Facts for your Class

- September grades can no longer be included on the MSPE. You will still be able to get a letter of recommendation from that rotation.
- There will be no Scramble for unmatched students. There will be a managed mini-match called “SOAP”. Yours will be the second group through the program.
- Applications will go out in mid-September; MSPE’s will go out in October.
- Finding a residency position outside the regular match will become extremely difficult (This is my personal prediction)

# Maximizing your Clerkships for Match

- Take inventory of the work and the people as you progress through each clerkship.
  - Remember housestaff represent your life in training - Attendings represent your life in your career.
- Keep a record of the services you worked on, your attendings, your residents and a brief note about what you liked best about the clerkship and what you liked least.
- I'm sure "there's an app" for that somewhere

# When Things go Wrong

- Don't give up on a specialty that you've dreamed of all your life because of one bad experience. Take the time to analyze if the problem was the work or if it was personal. If the problem was personal, you owe yourself another opportunity to try the specialty in another location or with another team before you decide.
- Do not allow yourself to be abused in any way. Mistreatment is not acceptable. Although it rarely happens – if it does – it needs to be reported. Meeting with the clerkship director or a dean would be your first step.



# Exploring Specialties not in Med 3

- Use resources:
  - The AAMC Careers in Medicine web site has step-by-step instructions on how to research specialties
  - The College of Medicine Student Life Career Advising web site has listed individuals who have volunteered to be career champions to advise students who may be interested in their specialty.
  - If you want to find someone who practices in a specialty for which OSU doesn't have a training program, contact me, and we will find someone with whom you can talk

# The Adventure Really Begins

- Regardless of your schedule order, allow yourself to enjoy working on all of the services and let your patients teach you.
- You are going to work very hard, but on certain days you may feel more valued than you ever have in your life.
- During the third year we watch medical students grow into doctors, and it is a wonder to behold. The anxiety of applications, interviews, and ultimately the match finish the process, but there is a moment in the beginning of the fourth year where one can see that the student is prepared for the next level of training.

# In summary

- In 3<sup>rd</sup> year students move primarily to direct-patient care.
- Curricular and grading control is governed by the departments.
- All courses are required and must be taught by our own faculty.
- Order of clerkships is a personal preference. Most students choose not to take their area of interest first or last. Many try to work the currently-preferred rotation in before Med 4 scheduling to reinforce their choice. Personal energies should also be considered.
- For the most part, letters of recommendation should not be requested until the middle of the year unless the student had an extraordinary month, or had a good month with the Family Medicine doctor. Never refuse a letter if one is offered.
- At the initial scheduling students will only be choosing the outline of their schedule. Choosing individual hospitals and services is handled separately through the departments.
- Make your plan based on you, hope you get it, and if you don't you can still get your preferred specialty if you otherwise qualify.
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