Gold Humanism Honor Society
Guide to Clinical Clerkships

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Gold Humanism Honor Society

Guide to Clinical Clerkships

Written by the Class of 2017

Gold Humanism Honor Society Members
How to Mentally and Emotionally Survive Med 3

Med 3 year will be the most physically and mentally exhausting in your life. You will be spending long hours in unknown settings, with a knowledge base less than that of many of the people you are working with. You really need to make sure you are taking care of yourself during this time. When there is time to sleep, you need to sleep; when there is time to eat, you need to eat; and when there is time to sit, you need to sit. Don’t try to be a hero, remember that it’s a marathon not a sprint. Always try to stay positive on your rotations, even if things seem to be going in a negative direction, remember that no rotation is longer than 4 weeks, so there is always a light at the end of the tunnel. Also, remember to take time for yourself. You’ll need to study a lot, but that doesn’t mean you have to do it every night. Take time to do the things you enjoy when the time presents itself. You won’t have much free time, so you’ll have to take advantage of it and do so! The happier you are mentally, the better you will perform on your rotations. Don’t forget to confide in your friends, many of your classmates will be going through the same physical and emotional struggles, so talk to them. This will not only help your own mental state, but it will allow you to check on your friends and make sure they are doing well too. If you ever feel that things are moving too fast or getting too hard for you, talk to someone! It will happen, 3rd year is a major transition and many people feel extremely overwhelmed during the first ring especially. Reach out to your friends, family, or people at the college of medicine, remember that everyone is here to support and don’t ever forget that.

Ward Behavior

One of the first things I can give you advice on about ward life is to never be scared or intimidated! This is so very important, everyone understands that this is some of you first experiences in these fields and they want to help you. Never be afraid to ask questions or try something new, these are often the best ways to learn about the field.

While on the wards the best thing you can do to help your team and look good in the eyes of you evaluators, is to simply be there. Be available whenever they need something done or when they have a question about one of your patients. This means making sure you arrive on time everyday and staying late on a lot of days, but it will look fantastic in everyone’s eyes that you are taking an active interest in wanting to help the team.

Remember to be nice to everyone you meet, especially the nurses, as they can often provide crucial information about how your patient was overnight. The nicer you are to people, the more likely they are to help you and this can become a huge advantage to you during rotations.

Always come prepared about your patients, read up on their conditions and don’t be afraid to read up on the conditions of those who you are not following on your service because you will often get pimed about their conditions as well.

Lastly, have confidence!!! I cannot emphasize this enough. You need to believe in yourself no matter what you are doing, you know far more than you realize and by exhibiting confidence, people
will trust you more and give you more to do. Carry yourself with pride and respect, then the people will show you that respect back.

Book Suggestions and Study Tips

It can be very hard to study each and every night after the long days at work. One of the suggestions I have for you is to set goals up for each week that you want to accomplish in terms of chapters in a book or numbers of questions. This will give you more flexibility to spend more time one night studying and less on the nights when your fatigue is higher. By doing this it will also prevent you from neglecting studying early in the ring and falling behind for the late portions of the ring. Do NOT wait until the end of a ring and try to cram for shelves, they cover too much material to try and accomplish this. It can beneficial close to Assessment Week to take some of the practice shelves offered by the NBME, they give you a very good idea of how questions on the shelf will appear.

**UPSMN**: IM-Step Up To Medicine, IM Essentials (especially the questions as I felt they reflected the type of questions seen on the IM shelf well), UWorld QBank; Psych-First Aid Psychiatry, Pre-Test Psychiatry, UWorld QBank; Neuro-Blueprints Neurology, Finseth Review, Pre-Test Neuro, UWorld QBank

**UPRSN**: Surgery-Pestana’s Surgery Notes, NMS both the casebook and textbook, Surgical Recall (this is excellent for pimp questions in the OR, but not so great for shelf studying), UWorld QBank; OBGYN-Blueprints OBGYN, Pre-Test OBGYN, UWorld QBank

**UPWP**: Family Med: AAFP Question Bank, Pre-Test Family Med, Case Files Family Med; Peds: BRS Pediatrics, Blueprints Pediatrics, Case Files Pediatrics, UWorld QBank

SARA ADELMAN

How to Mentally and Emotionally Survive Med 3

1. Don’t stop the things you love, or hanging out with the people who fill you up! Third year is more like a job, so start now at balancing your life and you’ll be better at it as you move through your career. That last set of questions can wait…guacamole night with friends is much better for the soul!

2. Be flexible! Remember that everyone is different, yes even some residents and attendings are not going to gel with you right from the get-go. A lot of your energy in 3rd year is going into managing interpersonal relationships and group dynamics, and this changes every 2-4 weeks as your assignments change. Be aware of how you can fit into their team dynamic, and what your role is. Don’t drain emotional energy on worrying about what they think of you, work hard and that will shine through!
3. Have someone to talk to. You may be there when a patient you’re invested in finds out their cancer has spread, you may be involved in a code, or see a patient you’d been taking care for three weeks not make it through surgery. These are not light things, and you need to have a safe space to process them, so know who that person is for you and don’t be afraid to talk it through. You’ll do a lot of internal processing third year, but some things need to be worked out with a trusted friend.

### Ward Behavior

1. Worry about you, and only you. Be mindful of trying to “shine” above other classmates, this strategy is obvious to the residents and attendings and does not leave a good impression. Work hard because you want to better yourself and your education.

2. Be early. Even showing up 5 minutes early means you’re definitely not late, and you care enough to make sure you’re on time. This goes a long way.

3. Always be willing to push yourself. One of the best pieces of advice I got for third year was ‘try to be the intern’. This gave me the mindset to take ownership of my patients and contribute to the goals of the team.

4. Don’t forget at the end of the day you’re taking care of actual patients. Work hard for them, and take time to get to know them and their families. You’d be amazed at how much they appreciate medical students because we can give them more time/attention than residents or attendings.

5. Treat each rotation like a job, this will make you stand out and also help you figure out if you want to do it for the rest of your life or not.

6. Remember, we are privileged to be in the position we are! Don’t take it for granted that a patient is letting you put an a-line in or trying out a new physical exam skill. These are vulnerable positions for patients, and we need to treat them with the utmost respect.

7. The nurses know everything, befriend them and your life will be so much easier.

8. Seek out feedback, most times they won’t offer it. If you seek it out, you look proactive and you’re getting feedback, win-win!

9. If you don’t know the answer to a question, its ok to say so! Just go find it and be ready to come back and share what you found with the team.

10. Read to teach the team. If there’s a management question your team is dealing with, go look it up and find out something to share with them, you may end up teaching them something they didn’t know.

### Book Suggestions and Study Tips

- Family Med: Pretest, AAFP website topics (questions were ok, more resident level – but the topic webpages were really helpful), CaseFiles
- Peds: UWorld, Emma Holliday-Ramahi ppt, Pretest, CaseFiles
- Surgery: Pestana, UWorld, Emma Holliday-Ramahi ppt, IM UWorld questions (GI/pulm/renal), Surgical Recall (great for pimpping prep)
- OB/GYN: UWorld, uWISE questions, Blueprints
- Neuro: Finseth Review, UWorld
- Psych: Lange Psych Q&A, First Aid Psych, UWorld
- IM: UWorld, IM Essentials, Step up to Medicine, Emma Holliday-Ramahi ppt

IAN BAKK

How to Mentally and Emotionally Survive Med 3

Part 2 “feels” much different than part 1. You are learning by doing, interacting with a myriad of personalities among your patients, residents, and attendings, and consequently being left vulnerable to criticism and awkward situations. For me, this was time of enormous personal growth. I think the secret to surviving and hopefully thriving is maximizing the good, minimizing the bad, and forgetting the ugly.

The Good - You will never feel more comradery with your classmates. There a sense of “we are all in the this together”. Your classmates will likely be having the same feelings of inadequacy and/or uncertainty. Maximize this time by becoming fast friends with your classmates you may not have known before. Some of the best nights I had in medical school were grabbing a couple drinks after a surgery rotation with some new friends.

Meeting genuinely interesting patients is another good. Humanize your patients by learning something non-medical and unique about them. During my oncology rotation, we were challenged by our senior resident to report a fascinating social fact about each of our patients. In a service where nearly all of our patients had terminal prognoses, this made sure we were treating people and not diseases.

The Bad – criticism. If there was ever a time to be open to criticism, this is it. During part 1, much of the feedback you’ve gotten from your peers is either half-baked or skin-deep. During part 2, you will almost definitely get criticism that seems unfair and you will be tempted to disregard it. Perhaps some will be unfair. But try to bury your pride and make real changes in your presentations, medical knowledge, patient interactions, and notes. Find value in authentic feedback and even seek it out! It reflects well on you if you actively seek help and criticism. Here’s a random quote that I feel cuts to the heart of it.

“The trouble with most of us is that we would rather be ruined by praise than saved by criticism” – Norman Vincent Peale
The Ugly – Lousy residents, attendings, patients. Every once in a while, I would get really ticked off by a rude resident, an insufferable patient, and even an attending that embarrassed me. Hopefully these things, especially the latter, don’t happen to you (if the latter happens, please talk to a Dr. Lynn, Dr. Davis, or a ring leader). But if it does, do you best to move on. Vent to your friends, punch a punching bag, say a prayer—do whatever you need to do get over your frustration, and then move on. Frustrating people are always going to be everywhere you go. Don’t let them consume you.

Ward Behavior

Dress well. First impressions mean a lot to your patients and your colleagues. Dressing well and standing up straight sends the message that you are serious, professional, and confident.

Figure out how to download Micromedex and UpToDate on your phone. Try to learn during rounds when you are not presenting.

If you want to be an all-star, use http://wikijournalclub.org/wiki/Main_Page to look up landmark clinical papers in different disciplines.

Get IHIS on your devices when at OSU. You can keep be useful by keeping a meds list open of each patient or looking at outstanding orders.

Book Suggestions and Study Tips

Rather than list books which I’m sure others will do a better job of than I, here are some study pearls.

Decide if you study better with questions or text. Pretest offers great question books (with explanations) and Blueprints tends to offer really good texts (with questions at the end).

Get UWorld. However, realize it’s questions are very medicine-centric. Its questions are not representative of the shelf for surgery, ob-gyn, psychiatry. The medicine questions are likely more helpful for the surgery shelf than the surgery questions.

If you see internal medicine in your future, or at least an intern year in medicine, consider getting pocket medicine (a little purple book). This is a concise resource that is jam packed with helpful stuff for the wards and your tests.
Welcome to the most amazing and fulfilling year of your medical school journey! You’re finally going to start what you came for when you decided to be a doctor. This year will be one of the most challenging, exciting, and possibly scariest part of medical school – but I promise you that if you approach it with a positive, humble attitude and a huge desire to learn, that you will excel and make the most out of it. I have loved every part of 3rd year and although I went into it having an idea of what I wanted to do eventually, I found that the best way to approach each and every rotation was to ask myself if I could see myself being this kind of doctor. Every rotation has something for you to learn no matter what specialty you end up choosing, and going in with that mentality is crucial for you to get the most out of each experience. You will work very long hours, but those hours will be enjoyable if you go in with a positive attitude every day.

Third year can be a very difficult year emotionally. I can still remember the names, the faces, and the conversations I had with two of my patients who died while I was part of their care team. And I can still remember hiding in a restroom crying and sobbing when my beautiful 90-year-old patient started crashing and was nearing death. You will experience many of these heartbreaking moments, and it’s ok to have those feelings. It’s ok to cry, you don’t have to build a wall to protect yourself from these feelings – these are the feelings that make you a caring human being and will make you compassionate physician throughout your career. With each of these difficult experiences, you just learn how to accept things without breaking down as much, but the most challenging part for you will be to not become indifferent. So yes, if you cry, if you bring these thoughts/memories home, it is completely normal. Write down your feelings and talk to your best friend about them. Take care of yourself, go to the gym, treat yourself out to a nice dinner whenever you can. You deserve it! Catch up with your friends who are in other rotations, and please do not isolate yourself.

Ward Behavior

1. **Be respectful:** To everyone (nurses, janitors, PCAs, doctors, etc.) and towards every medical specialty. We are all working together taking care of patients. No one is above anyone, and no medical specialty is better than the other even if you hear bashing from some jaded people. We all depend on each other.

2. **Be humble, ask for help:** You are the newest member in every team and only with time will you know how to integrate yourself to be more useful. It may be frustrating initially, but if you are humble and have a desire to learn, people will want to help you out and let you do things.

3. **Help out in any way:** Always ask if you can help out with anything. Bring warm blankets, get the bed, grab stuff they are asking for, bring crackers/juice/ice for the patients, fax papers, help pick up trash after a procedure. This is NOT “scut work”, this is being a member of the team and helping out in whatever way possible. You will feel happier with yourself that you are useful in some way.

4. **Be confident:** You may feel like you are a fly in the wall, but you are not. Let me remind you that you are paying to be here and the doctors know that. Know your place, but always ask questions.
when the timing is appropriate. This is your year to ask anything you want no matter how dumb it is. If you don’t now, when will you? You are here to learn. Always ask to do things (blood draw, IVs and learning how the tubing works, injections, change dressings, remove staples, suture), the worst they can say is no - this is not the time to be shy. If you don’t become comfortable now with all these things, when will you? The more you do, the more useful you will be to the team and they will appreciate your efforts. Once I became comfortable placing IVs after several nurses let me observe them and supervised me, they would just continue letting me place them, draw blood, and start fluids without supervision – this allowed me to learn and it gave them time to do other things for the patients. Be humble – you may think that this is a “nurse” job, but if a nurse can’t get an IV, you bet that once you are a resident they will call you next. Drawing blood and placing IVs are basic skills that everyone should know. Students often want to place A-lines and central lines without even putting a needle into a human vessel. Your job is to learn the basics first and be comfortable. A busy nurse will always appreciate your help now as a student and later on as a physician. And don’t forget to pick up your trash after every procedure – Your mess? You clean it up!

5. **Nurses are awesome.** There may be times you may have a rough encounter with some people, but it’s probably just a couple bad apples. Most nurses are so wonderful and willing to teach you as long as you are humble and ask to help or for help. They are a very friendly and hard working bunch who make our lives much easier.

6. **Learn people’s names and be kind:** It really does go a VERY long way. When you greet a nurse or a PCA by his/her name on a daily basis, you build a relationship. They will then be more comfortable around you, help you out in whatever you need, and be willing to teach you!

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**Book Suggestions and Study Tips**

Do UWorld throughout all 3rd year.

IM: Step Up to Medicine. UWorld Qbank, IM Essentials Qbank

Neuro: Case files for Neuro, Pretest for Neuro. Finseth review is the best.

Psych: First aid for Psych

Pediatrics: BRS Pediatrics, Case files for Peds, Pretest for Peds, UWorld.


Surgery: Pestana, NMS surgery, UWorld

OBGYN: Blueprints, UWise questions
ALEXA COFFMAN

Congratulations on finishing LSI Part 1! You’re about to start something entirely new, and it’s so different and exciting but a huge transition. You suddenly have to wake up early, the hours are long and exhausting, and you can’t be at home in sweatpants anymore. Furthermore, it’s hard to know if you are succeeding on the wards or studying well for shelf exams before you take them. There will be days that drain you. My biggest advice is to take care of yourself. Exercise, watch a lot of TV, go out with friends, make dinner, bake cookies, and go to bed early if that’s a priority. Once you get over the adjustment, you will likely find that third year is amazing and so much more fun than LSI Part 1. You will see and learn new things every day. You will make a positive impact on your patients and their families. You will finally feel like a physician. Enjoy the experiences!

Book Suggestions and Study Tips

I recommend reading about your patients each day, even just for 10-30 minutes in a textbook or on UpToDate.com. I also recommend getting a one-year subscription to UWorld and going through those questions for each service and before each shelf exam.

Surgery: Definitely Dr. Pestana’s Surgery Notes. I read Pestana before quizzes and two times before the shelf, as well as the UWorld questions twice, and that was perfect. I also used NMS Casebook during the ring and it was great, but that was probably overachieving.

OB/GYN: Blueprints, uWise online questions (free through ACOG, details given in UPRSN), and UWorld. I also really liked the Hacker and Moore textbook (available on HSL website).

IM: Questions from UWorld were the foundation of my studying. I occasionally read IM Essentials textbook on my patients (available through ACP website, details sent in UPSMN, and comes with great online questions). I didn’t like Step-Up to Medicine; it was mildly outdated and I didn’t like the format, just personal preference. Pocket Medicine is great to have in your pocket while on IM rotations.

Neurology: Finseth Review (a PDF sent to you in UPSMN) and UWorld. I liked Blueprints as well but Finseth (read 3x) was more than sufficient for me.

Psych: I read First Aid for Psych twice and went through UWorld questions.
How to Mentally and Emotionally Survive Med 3

3rd year is awesome because you are finally applying everything that you spent the last 2 years learning! However, there are times where things can get overwhelming. Lots of things can be frustrating - it could be a service that doesn’t interest you, a particularly harsh attending, or an overwhelming patient load. Just remember that you are not the first M3 to survive this year and you will not be the last. Keep your head down and push through the adversity.

Ward Behavior

First and foremost, remember that you are the lowest person on the totem pole as a med student. Showing respect to everyone you encounter (residents, nurses, surgical techs) will go a long way. People notice and you will be well liked because of it. Take feedback with a good attitude and then make sure that you incorporate that feedback in a way that is noticeable.

Remember that most people will grade you based on whether you are respectful and show enthusiasm for learning. No one cares if you don’t know an answer to a question, so don’t beat yourself up over it. NEVER lie if asked about patient history or lab values that you don’t know - this is the easiest way to get yourself into big trouble.

Lastly, if a resident tells you to go home early, never say “are you sure?” Say thanks, grab your stuff, and go. You will have plenty of time to learn in the coming years.

Book Suggestions and Study Tips

Try to study an hour a day (this is more realistic on some rotations than others). If you have free time during your rotation, grab a book and read. Staying on a steady study schedule will pay dividends when the shelves roll around.

The best resource in general is Uworld. Do all the questions pertinent to the rotation you’re on. Also, take a practice NBME to prepare for each shelf.

Neuro
-Blueprints was a good resource

Psych
-first aid for psych. You can read it twice during your rotation pretty easily

IM
-UWORLD is the best. If you finish all the questions (and study the answers closely), you will be well prepared for the shelf. Use Step up to medicine to fill in weak spots
Gina Ferris

Hey, Class of 2018 – CONGRATULATIONS! You are finally about to embark on one of the most challenging, intriguing, and worthwhile years of your career. You have been waiting for this opportunity for a long time, and let me tell you – it is going to be worth it! The opportunity to see and learn about patients is like no other. You will get to know your patients more than you ever thought you could; you will care for them, you will laugh with them, you will hurt for them. You will grow as a person and you may be surprised by the end of the year how much you have learned. Entering your clinical years can be a bit overwhelming at first, but the class above you, like always, is going to be there to help you through it. Here are a few tips to help start that off.

- **Always arrive on time** – Being punctual is important, and arriving early is even better. Give yourself ample time to see your patients and have a good plan before rounds. Never ever say (or put yourself in a position when you have to say) that you didn’t have enough time to see one of your patients.
- **Work as a team, especially with your classmates** – You will be paired with other med students on most rotations; embrace this! Work with your classmates and help make each other look good. Try to arrive at the same time. Figure out IHIS together. Make suggestions, share information. And please never step on others’ toes. For example, if the question wasn’t directed at you, then don’t answer it. Your team will appreciate that you can work with your peers in a mature manner, because that is what you will be doing for the rest of your career.
- **Try to study, even when you’re tired** – This may be the hardest one. Med 3 is busy, and after a 10-12 hour day the very last thing you want to do is study, but chances are you will thank yourself for it later. I always tried to get in about an hour each day, give or take. If I couldn’t do that, then even 15 minutes helped. The best thing you can do is read about your patients, every day. I promise you will remember the condition better if you have a face to put with it!
- **Have fun**! – This is the most important one. Med 3 is hard, but there’s also so much good as I hinted at above. This is your opportunity to see a million different things. If you are on a rotation that you don’t quite like, try to embrace it as much as possible. There’s always something to learn, and there are always patients to talk to and learn about their story. And, it’s good to remember that this experience is for YOU. It is for your education, and it is also
the beginning of the experience that will mold you into the physician you are going to be. Be happy for this opportunity 😊

Book Suggestions and Study Tips

- UWorld questions throughout all rotations. Try to get past the sticker shock and get yourself a one-year subscription early on. I got mine in June of Med3 so that the end of my subscription would fall close to when I was thinking of taking Step 2. If it ends up being later, you can pay a small fee to extend the subscription month by month, if needed.
- OBGYN: Blueprints, UWise questions
- Surgery: Pestana, NMS Casebook
- Pediatrics: Case Files, Blueprints
- Family medicine: Case Files, AAFP questions, Cardio and Ambulatory sections of Step Up to Medicine
- Internal Medicine: Step Up to Medicine
- Neurology: Finseth review, Blueprints
- Psychiatry: First Aid for Psychiatry

KASHIKA GOYAL

How to Mentally and Emotionally Survive Med 3

My biggest fear of Med 3 was definitely the fear of the unknown. Initially everything feels overwhelming—new material, new locations, new people. But you’ll be surprised how quickly everything becomes routine. After the first 2 weeks of your first ring the novelty of 3rd year begins to wear off and you fall in to a groove. For me, the hardest part of 3rd year has been giving equal time to my personal life and my work life. It’s easy to focus all of your efforts on rotations, grades and patients but it’s a hard act to maintain. My best advice is to identify things in your life you want to prioritize, and do just that. Make them a priority. There will always be one more chapter to read, but 3rd year is an important time to realize the things outside of medicine that keep you ticking. Whether that be friends, family, a loving partner or just your hobbies. Keep some time for yourself, and those who you love, and I promise the long, grueling days at the hospital seem more bearable.

Ward Behavior

Your goal with each rotation should be to function as a productive and contributory member of your team. 3rd year has made me realize how much of a team sport medicine is. When it comes to working with residents, your goal should always be to take things off of their plate. Residents are busy people, so taking a few extra minutes to follow up on lab values, touch base with a patient’s relative or grabbing those outside records can make a big difference in their day. You will often be rotating with fellow med students, and we all know that 3rd year can be tough. There is no benefit in sinking a classmate or making them look like a dud on rounds by snatching a question asked by an
attending. Work together, use each other as a resource. People will notice not only your performance in terms of presentations, notes, patient interactions but also how you treat your colleagues. Most importantly, be interested. Whether you’re rounding or in the OR, come prepared and ask questions. Even if you’re not the biggest fan of your current rotation, my fiancée and I live by the motto, “we can do anything for two weeks.”

**Book Suggestions and Study Tips**

I am a huge fan of the slow and steady idea. Each night, take an hour or so and read a chapter from one of your many reading guides on your current rotation. This not only makes your reading applicable to patients you are seeing, but breaks the process of studying up. Questions are a great check of understanding. I would recommend buying Uworld at the beginning of 3rd year and answering all of the questions for pertinent rings. NBME offers practice shelf exams, definitely worth the money.

OB/Gyn: Ob/GYN Blueprints, ACOG question bank

Surgery: NMS case review, Pestanas. Not a ton of resources that I felt were great.

Pediatrics: Blueprints, Casefiles, and Pretest Questions.

Family Medicine: Casefiles, Step Up to Medicine preventative medicine chapter, Pretest Questions, AAFP Qbank.

Neuro: Fineseth Review, Blueprints

IM: IM Essentials, Casefiles

Psych: First Aid for Psych

**Tiffany Graves**

**How to Mentally and Emotionally Survive Med 3**

The 3rd year of medical school can be mentally and emotionally EXHAUSTING, especially in the beginning. I felt like I was going to take an exam every single day because I was constantly being “pimped.” This questioning from attendings and residents can be stressful because many of us are afraid to be wrong and we don’t want to look like idiots. However, what will make your experience as a Med 3 less stressful is to NOT look at each day as one where you have to pass a test or prove yourself. Think of it as a full day of lectures, without the lecturing of course. Each day on the wards or in the OR is a day for you to learn, not get every question right (as lovely as that sounds). Remember, your attendings and residents will ask you questions not to see how smart you are, but to see what you don’t know so that they can teach you. It’s ok to be wrong.
Ward Behavior

Before starting 3rd year, the #1 piece of advice I got from upperclassmen was: “always act engaged in whatever rotation you are on even if you hate it.” This sounds so easy, but honestly, it’s harder than you think. It takes a lot of energy to fully engage in something you don’t enjoy. My advice for times when you are on a less-than-desirable rotation is to choose a goal to accomplish each day or week. These goals can be big or small. Being able to check off your goal at the end of each day or week can be rewarding and will give you the push you need to get through that rotation. Also, this will ultimately help you grow as a student and this will not go unnoticed by you attendings and residents.

Book Suggestions and Study Tips

- #1 Tip: Start UWorld Qbank on Day 1 or as early as you can for each rotation. There are over a thousand IM questions, so if your goal is to get through all of the questions during your IM/Neuro/Psych ring, I suggest doing 5-10 questions per day when you are not on an IM rotation and doing more when you are on an IM rotation.
- Internal Med: Step-up to Medicine is good for referencing but I thought it was too dense to read through daily. UWorld was my main resource for IM.
- Neuro: Finseth Review
- Psych: First Aid for Psychiatry Clerkship
- OB/GYN: focus on the uWISE questions (you will be given access to them). They are good at helping you identify gaps in your knowledge. Blueprints is also very helpful.
- Surgery: Pestana (try to read it at least twice) and NMS surgery casebook
- Pediatrics: Board Review Series (BRS) Pediatrics and Blueprints

Suman Gupta

How to Mentally and Emotionally Survive Med 3

CONGRATULATIONS on making it this far! It’s a little weird to give advice since I’m still figuring 3rd year out. I found 3rd year to be vastly different from my first two. The great thing was being able to work with patients and finally get a taste for what I came to medical school for. What I didn’t realize was how academically challenging and emotionally draining it could be. I constantly felt like I didn’t know enough and that everyone else knew more than me. But everyone feels this way; you’re not alone. I also came to realize that asking “stupid” questions when they came up really helped my learning (as opposed to writing it down on a random sheet of paper and forgetting to look it up later). It was also emotionally exhausting to work with different people every week or so and make a good impression. Without fail, it would take me until half way through the 2nd week on a rotation to get the hang of it, and by that time I only had a couple days left. My advice for this would be to just be yourself and forget that these people are evaluating you (I know I know, easier said than done). If
you can approach 3rd year with an “I’m going to learn as much as possible” attitude instead of “I need to make a good impression and do well on shelves” attitude, you’ll be a lot happier. Also, if there’s something cool you want to see or help with, go ahead and ask if you can. Don’t get too bogged down in scut work. In fact, it’ll show you’re taking ownership of your education and being engaged. 3rd and 4th year is really the only time you can just learn and see all the exciting parts of medicine without any responsibility.

Other tips to make your life better:

- Get enough sleep! (I can’t stress this enough. Really try to get those 7-8 hours of sleep every night when you can. It makes everything less stressful.)
- Eat! (Keep a snack or power bar in your white coat pocket for those 6 hr marathon rounds.)
- Drink water! (There’s been many a day where I realize at 2pm I haven’t had water all day and chugging some water gets rid of my developing headache.)
- Pee when you have to. (No one will care if you quietly leave to use the restroom and return 4 minutes later.)
- Find a study buddy to study with once or twice a week. (Sure, you might spend some of the time chatting, but 3rd year can get lonely and tiring. Having those study and dinner plans with a friend you love both keeps you on track and feeds your soul.)

Ward Behavior

- Be on time and check in with the others on rotation with you to decide on an arrival time. It sucks showing up an hour after the other person on your first day.
- Dress professionally.
- Every rotation is different, so ask what the expectations are for medical students. I found this to be a very awkward conversation at first, but I enjoyed rotations so much more when I knew what was expected of me.
- Work with everyone on the team, including nurses. They can give you a lot of information about your patients!
- Sign outs and hospital courses are always useful things a medical student can do.

Book Suggestions and Study Tips

Give yourself a week or two off at the start of each ring, but then start some studying early on in the ring.

IM – UWorld

Neuro – Uworld, Blueprints, Finseth review

Psych – First Aid for Psych, First Aid for Step 1 psych pharm section, Uworld
JOSEPH HAYEK

How to Mentally and Emotionally Survive Med 3

Transitioning from staring at a computer screen to interacting with patients and colleagues all day can be intimidating, but it can be an incredibly enjoyable experience. Go in with the mindset that you will do your best to learn and be helpful, and the rest will fall into place! Continue to study a little bit each day. You'll thank yourself later when you have a week before the shelf exams and you're not having to cram. Also make sure to meet your personal needs, like eating right, sleeping enough, and exercising. You'll wonder how you'll have time to do all these things, but do your best to fulfill your needs and you'll have a much better experience.

Ward Behavior

Positive attitude all the way. If you come in with a smiling face and a positive attitude, you'll feel better, your team will feel better about you, and your patients will love you (for the most part). You're not expected to know everything, so try not to get flustered if you're asked questions you don't know the answer to, but definitely offer to look it up and stay engaged! If you have downtime, ask your residents if there is anything you can help out with.

Book Suggestions and Study Tips

All: use Online Med Ed and UWorld Qbank when applicable
Surgery: Pestana's and IM UWorld Qbank questions (focus on GI/renal)
Ob/Gyn: Blue Prints and UWise Qbank
IM: Online Med Ed
Neuro: Blue Prints and the review document OSU gives out
Psych: First Aid
Family Med: Case Files and PreTest
Peds: BRS

Study a little bit every day, and I would recommend going over the Qbanks and Online Med Ed videos at least twice. I found those to be the most helpful. Don't overload yourself with materials because that'll stress you out. Pick main resources for each shelf exam and focus on those.
Congratulations on completing LSI Part I!!! The first two years of medical school were really about building your knowledge base and this next phase is going to be about applying the material you just mastered into clinical practice. One of the challenging parts of Med 3 is balancing being a hard working medical student on the wards and allocating enough time to your studies. Right now you’re used to spending most of your days studying, but as a third year student you’ll spend 10-12 hours working and will need to find time in your day to learn about your patient’s case and study for shelf exams. One of the most important things to do is create a study schedule! Unlike med 1 and 2 year where Vitals was pre-populated for us, it’s your responsibility to create a study schedule. So my advice is figure out what materials you want to use early and create a schedule to help keep you on track. Also download U-World on your IPAD or phone; there will be plenty of times when you have some downtime and can knock out a few questions while on service!

Med 3 year is amazing but can be extremely exhausting as well. You’re up ridiculously early, on your feet most of the day whether rounding or in the OR, and working on the weekends. So when you have some free time enjoy it and do the things you love. You’ll need that mental break before going back into the rotation so take advantage of those moments when you have some downtime.

One of the best parts of third year is meeting and working with people from your class who you may have never really engaged with during your first two years. Some of the best friendships I have now are from my third year. So don’t get disappointed if you’re on service with someone who you’ve never spoken to before. It will be an amazing opportunity to meet someone new, learn from them, bond over an incredible experience, and it can be the beginning of a lasting friendship so embrace it.

**Ward Behavior**

- Never be late! If you are expected to be somewhere at 6am show up 10 minutes early.
- On the first day of your rotations always ask your attending to go over expectations and later in the rotation ask for feedback.
- Spend time with your patients and know their story well. You’ve done an excellent job when you know your patient and their case better than anyone else on the team.
- Always be willing and ready to help your residents (especially the interns) at any moment whether it’s following up on a consult or writing hospital courses.
- Be a team player and help out your fellow medical student; you guys are in this together.
How to Mentally and Emotionally Survive Med 3

Congratulations on finishing your pre-clinical years and battling the beast that is STEP1! If you've come this far, chances are you're ready to tackle all that is Med3, whether you believe it or not. This coming year is going to be both physically and mentally challenging, but it really is a lot of fun, and the experiences you will have will make all those hours of studying worth it! You'll get to talk and meet new people every day, and you'll learn tons about patient care on a daily basis. Just let it all soak in! Remember that you will not be going through this alone--reach out to your friends and family, share your experiences and regularly set aside time for yourself to recharge.

Ward Behavior

1. Be professional and treat everyone with respect.
2. Ask your resident and attending about their expectations for you at the beginning of the rotation as it may change per service. Even when you are done with your assigned duties, ask how you can help and seek out opportunities to do so (checking in on your patients in the afternoon, getting records, doing hospital courses). This means staying attentive to what your residents are doing, being available and checking in…
3. Be the expert on your patients. When there is down time, read through their chart to understand their pertinent history.
4. Work as a team. For most rotations you will be with other students, so communicate and help each other out! Don't answer questions that are directly to someone else. Don't hog responsibilities that are delegated for another student.
5. Smile and be present!!! Nobody likes a moody and tired-looking med student. During rounds, even if it's not your patient being presented, listen and participate. Ask questions.
6. Treat every rotation as if you will be doing it for the rest of your life, even if you have no intent of pursuing it! Even if you don't want to be a surgeon, be interested, scrub in and participate as if you have every intent to. You will get so much more out of it this way.

Book Suggestions and Study Tips

Try to do a little reading every night. It doesn't have to be hours and hours, because likely you'll be tired, but try to read something every night. I think the most efficient way to is to read about what medical problem or disease your patients have--that way not only will you be helping your patients, but you will be equipped to answer any pimp questions asked of you and are more likely to remember what you read!
PRISCA KIBE

How to Mentally and Emotionally Survive Med 3

Third year will be a new experience in many ways, One that I am so excited for you as you get to go into. If you ask those ahead of you, you will hear different versions of what the year holds. One thing everyone agrees on is that it will be different and even though it's busy will be a fun filled year. You get a sense that this is a year where you will feel that you are finally getting to “do what you came to medical school for.” You will be able to clinically apply all the LSI 1 knowledge finally. Can you believe it! I found that interacting with patients always made my days no matter what else was going on. Their stories and experiences always made an impact on me and my perspective on the medicine career as well as life in general. Time will be a challenge in that you will not have the ability to plan which clinic you want to go to and when you would like to be there as was the case in the first two years when it came to classes. You will need to be 100% involved while in rotation, find time to study and also time to care for yourselves. Don’t forget yourself as this will impact all the other parts of the year that are important. As far as rotations are concerned, for the most part you will have a great experience. However some days may be challenging. Regardless of which of the two a particular day brings, always show your interest. I found people are generally very keen to teach and make sure you get the most for your time if you show that you are interested. Some rotations you will be quite eager for and others not so much. I found that looking at all rotations as opportunities helped me a lot. For ones that I was not sure I was interested in, I looked at them as opportunities to see as many things as possible that I may never see again, and give me the ability to in future relate to what my patients will be going through should I have a patient that will be coming from or going to go through those experiences. For those of you who hate dressing up, you can rest assured that it is not so bad and actually you will miss it when on surgery you are in scrubs most of the time. Finally don’t get stressed out ahead of time. It is kind of like being in pain; you have to get ahead of it or its takes much longer to reign in. Find time to distress. Talk to others in your group and ahead of you. Don’t bottle up when faced with difficult situations. Relax and let this be a fun filled learning opportunity.

Book Suggestions and Study Tips

PWP – Cap 12 in Step-up to medicine, Blueprints peds, MKSAP U world question, AAFP questions and NBMEs.

UPSMN – Step-up to medicine, Blueprints neuro and First aid Psych, U-world, Pretest Psych and NBMEs

OB and Surgery – Blueprints OB, NMS surgery, Psetana’s surgical note, U-wise, U-world and NBMEs
How to Mentally and Emotionally Survive Med 3

- Third year is a big change from the first two years of medical school, and sometimes it can be hard to adjust. You go from having the freedom of live streaming/podcasting in your pajamas every day to spending long hours at the hospital. One of the hardest things about third year for me was constantly changing services every few weeks. As soon as you start to feel comfortable with the residents, attendings, and the expectations of the service, your two weeks are over and it's time to move on to the next rotation. This can be mentally and emotionally draining, but try and go into each rotation with an open mind. There is always something new to learn!

- Take time for yourself - Go home and visit your family, go to a movie, go shopping, sit on your couch and watch tv. Third year is stressful and you need a break every now and then to decompress.

- Don’t wait until the last few weeks before the shelf to start studying, because you won’t be able to cram it all in. Study a little bit each day when you get home and you’ll be surprised at how much you know at the end of the ring.

Ward Behavior

- Always be respectful of others, especially your fellow medical students. You’ll have a lot more fun and be less stressed out if you work together as a team and help each other out.

- Know your patients! This makes you look great in front of your residents and attendings, and it’s much easier to remember diseases and treatments when you can link them with a patient.

Book Suggestions and Study Tips

- Family Med: Pretest, AAFP questions
- Pediatrics: Blueprints, Case Files, uWorld
- Surgery: Pestana, NMS casebook, uWorld
- OB/GYN: Blueprints, uWISE questions, uWorld
- Internal Medicine: IM Essentials, uWorld
- Neurology: Finseth review, Blueprints
- Psychiatry: First aid for psych
To survive third year, you’ll need to become okay with ambiguity, self-direction, and real tragedies.

You’ll be meeting people on some of the worst days of their lives. They have to spend their day waiting on results, prepping for their next test and trying to handle their situation as 20+ people stream in and out of their room all day. You on the other hand have to walk into their life, see them at their worst, and try to remember that they’re your patient and the least you can do is not make things worse and the best you can do is to somehow make their day better – that could be getting a cup of water, that could be finally making sure their diet orders are updated, or it could be holding hands and talking about anything but the new brain mets someone just got informed of.

On the wards you’ll be working with new people all the time. Some people are always great, others are challenging. Part of figuring out clinical work is figuring out how to navigate this quagmire. On day one of any service just smile, introduce yourself, and be excited to learn something new. Ask the person in charge how would like me to help, do you have any recommendations for the service, do you have any resources that you think will be helpful? Then just do it. Show up. Put in the hours. And be ready to never know what your hours will be like.

Try to learn something every day whether that’s from a Qbank or an attending or a patient. At this point you’re a snow ball and it’s all about accumulating new layers. So – maybe you aren’t going into pediatrics but I bet you’ll know someone who has kids that’ll ask you a question some day. Or maybe today you’ll learn how to put the stirrups on the OR bed so for once you can be and feel useful. There’s always going to be something of value for you even when it’s not obvious.

Finally, go home and relax. Yeah you’re going to need to study. Probably most days you’ll do something after you get off of service. But, don’t forget that you’re just as important as the career you’re working towards. If you get run down it will affect you and those around you. So, if there is a new movie opening up and you really want to go – then go. If you need a night to just lay on the couch and eat Doritos then do it. Don’t feel guilty about staying sane and don’t let anyone else’s negativity bring you down. If you have a bad day on service because of a mean attending, an angry scrub tech, or a rude patient – just remember them as your negative counterpoints to the many positive interactions you’ll have. Have some fun because this year will go by faster than you’d expect it.

Despite the fact that I am currently in my final “ring,” I honestly feel like I am just now starting to get the hang of this 3\textsuperscript{rd} year thing. Looking forward to this year I thought: “this is the med school year that will finally come easily. I am good with patients and get along with nearly everyone – this year will be a breeze!” Well, this hasn’t exactly been true, but I’m here to tell you that that’s not necessarily a bad thing. Yes, it is amazing to see patients and have a role in their care but it might be helpful to know that if you unexpectedly find 3\textsuperscript{rd} year to be difficult, you are NOT alone.

There will be days (most) when you hinder the team more than you help and the only thing you perfected is your “I’m lost” face. There will be days when you feel like no one cares that you
aren’t learning anything and aren’t helping anyone, but no one ever thinks to send you home. There will be days when you cut a surgeon’s glove during a case, accidentally completely delete a consult from IHIS, or forget a whole (relevant) body system on the physical exam... but that’s okay! You are going to make mistakes, just like I did, but if you choose to learn from them you are going to have a much happier year. Slowly you will learn how to juggle things appropriately on the wards and outside of the hospital as well, and you will begin to realize once again why you chose medicine and why you were made for this career. In this year you will slowly become more fully yourself.

Through it all I have had the chance to advocate for patients, comfort patients, listen to their struggles, and help them come up with a “game plan” for the future. And this is what makes any 3rd year hardship, awkwardness, or mistake entirely worth it.

A few things I have learned along the way:

1. Don’t be afraid to be yourself on the wards. During the rotations where I struggled the most and ended up disliking the specialty, I realize now that I didn’t feel free to be myself. Don’t let anyone stop you from being you - it’s not worth it. And you will do better when your true personality comes through.
2. Even if you don’t get honors or letters in the first ring, it’s possible in the second. You WILL get the hang of this you just need to find what works for you.
3. Don’t isolate yourself from your friends. Be intentional about studying together, having brunch on the weekends, talking through difficult patient scenarios, proof reading each other’s presentations, and helping one another as you inevitably go through a specialty decision crisis. You really are all going through the same thing, even though you may feel like the biggest or only dunce in the hospital.
4. You are never going to get to see all of these specialties like this again, so definitely take every moment in. It’s an amazing experience and will help us to better contribute to the world of healthcare in the future.
5. Even though you have less time, continue to do what you love. Find something outside of medicine that brings you joy. I gave one night each week this fall to youth ministry at my church and I did so much better in that second ring. It’s all about finding your balance.

Ward Behavior

Work hard, be nice to every single person on the team, and try to have fun! Remember that every day is a fresh start and we get the chance to improve upon the day before. We are in this for the long haul so remember to take a deep breath, and don’t stress out when you don’t know all the answers. Tell them you will look it up, and then wow them the next day!

Book Suggestions and Study Tips

- Family: AAFP questions, inpatient section of Step Up to Medicine, and I would read some psych basics or do the psych Uworld Qs if you haven’t had that rotation yet
- Peds: Uworld
- Surgery: NMS and Uworld
• ObGyn: Blueprints and Uworld

I have found that focusing my dedicated shelf studying towards the last 2/3 of the ring helps me do better on the shelves. So I tend to focus on my patient’s illnesses more at first, doing some rotation specific reading and getting used to a new specialty, and then really hitting Uworld after about a month in.

Good luck Class of 2018! You all are going to be great!

MARY McALLISTER

Third year is stressful and awkward and fun and busy and empowering. Everyone starts out feeling at least a little incompetent and in the way, but just try to be open and ready for anything, vent to your friends as much as you need to, use everything as a learning opportunity, and be humble.

Random bits of advice:

• Be comfortable being wrong and feeling uncertain. Study when you can, read about the diseases you see, learn as much as you can from the patient chart, talk to your patient, and do a good exam. After that, relax! Be confident and honest about the information you have and treat each presentation like a practice conversation. Just focus on one person (your senior resident or attending), and tell them the story of your patient. Try not to take corrections as a personal criticism and just remember that everyone in your class if hearing the exact same advice.

• Seriously, study when you can and don’t beat yourself up when you can’t. Third year studying is different than the first 2 years because you’re working a lot and you’re tired, but in and out of the hospital plenty of learning happens. You have time to have a life.

• The best thing I ever did for my presentations was creating a backbone SOAP structure for progress presentations/H&P presentations and writing it down before I started looking up my patients in the morning. If you fill in the information in the proper area of your backbone and stick to that order when you present you won’t get lost in the information and you’ll get great feedback on your organized presentations.

• Don’t just accept someone else's exam, assessment, or plan. Make your presentation/note your own and feel free to have a different idea. Your team will appreciate that you are thinking broadly. Also, use your assessment to say what you think is causing the problem, even if you have no idea.

• Pretend you're an intern-- ask ask ask for responsibilities and/or mentally assign them for yourself. Develop the attitude that your patients are really relying on you for their care and that it’s your duty to support your team. It’s more fun and satisfying that way and pushes you to learn quickly. It also makes a slow day go a bit faster (watching other people work is not the most riveting).

• Ask questions, be interested, show enthusiasm, and be friendly to everyone you meet! People pay more attention to med students than it may feel sometimes and your
positivity can really make a difference. All of my best evaluations mentioned my eagerness to learn and the cheerful energy I brought to the team.

- Your fellow med students are your best friends. No one understands you better and you almost always have the same interests at heart: having something interesting to do, being helpful, getting food, going home at a reasonable hour, and (sometimes) getting through a rough rotation. Definitely collaborate with each other and be a united front. Don’t ever ever try to make another med student look bad. You stand out more for being gracious, supportive, and a team player. A team that works well together and has fun is a successful team and attendings always notice that.

Book Suggestions and Study Tips

Surgery-- NMS Casefiles, Pestana's surgery notes (quick read before the rotation and then again before the exam), UWorld surgery questions (and helpful to go through some of the GI questions)
ObGyn-- Blueprints and uWise questions (apgo.org)
IM-- Step up to Medicine; UWorld Medicine questions
Neuro-- Blueprints for Neuro; Finseth Review (ask any M4 for the PDF copy)
Psych-- First Aid Psych, UWorld questions
Pediatrics-- Blue prints and UWorld questions, Clipp cases (clip cases.org; these are mandatory but helpful)
Family Med-- Casefiles, Review parts of Step Up to Medicine

I recommend doing practice NBME's a week-ish in advance or the weekend before and looking over these powerpoints soon before the exam: [http://som.uthscsa.edu/StudentAffairs/thirdyear.asp](http://som.uthscsa.edu/StudentAffairs/thirdyear.asp)

**TIMOTHY NELIN**

How to Mentally and Emotionally Survive Med 3

After 2 years of being cooped up in Meiling, Prior, your house, Market District, or wherever you chose to study, Med 3 will feel like a breath of fresh air. Med 3 itself is a great year, filled with highs and lows, including a very steep learning curve. I like to think of Med 3 like a Shania Twain concert. Everyone around you looks like they’re singing along to a song that sounds familiar, but nobody really knows the words. As soon as you realize that everybody is in the same boat, you'll stop being scared and start enjoying how fun being a pretend doctor can be. The only thing people expect is that you show up and give an honest effort. If you do that you’ll be surprised at how much you can learn. That being said, with the highs and lows of third year, don't forget to take some time for yourself and enjoy other things that make you happy. Med 3 is a great opportunity to put the knowledge you have to the test and get back to the reasons that drew you to medicine in the first place, enjoy it!
Book Suggestions and Study Tips

UPSMN:
- IM – IM Essentials (you’re theoretically required to purchase this and the questions are really helpful), UWorld
- Neuro – Blueprints and the Finseth Review
- Psych – First Aid for Psychiatry

UPRSN:
- Surgery – Pestana’s, Surgical Recall (great resource for pimp questions)
- OBGYN – APGO UWise questions, Blueprints

UPWP:
- Family Medicine – AAFP review questions, PrcTest
- Pediatrics – PrcTest, BRS Pediatrics

Studying for third year can seem overwhelming at the very beginning of the year, but you’ll realize during your first assessment week (if not before) that it’s much different and lower-stress than the first 2 years of school. I try to do a little bit of studying every day and have found that it’s been a great recipe for success this year. I also can’t overstate how helpful UWorld can be. Doing a certain number of questions every day can be really efficient and helpful (especially on IM).

JESSICA RUTSKY

How to Mentally and Emotionally Survive Med 3

It’s easy to become isolated, but don’t let it happen! See your friends on weekends. Study with them on weekends. Do fun things on weekends. Sneak in a workout one night instead of studying. As with all of medical school, take care of yourself first. You’re learning more than you think just by being in the hospital on rotations, so while studying every night a little bit is ideal, we are all human and we all need nights off.

Ward Behavior

I usually accepted that the first day on a new rotation was always going to be hectic and stressful, since you have to readjust. It’s something you’ll get better at, but even toward the end of the year, it will always be a little stressful to go onto a new service with new people and different styles of
Things you can do as an M3: Write notes. Communicate your patients concerns or questions to the team before/during rounds. Fill in family history, social history in the chart. Update hospital course and discharge summary. Update signouts at the end of the day. Toward the end of the year, you can put in orders and pend them, your residents will sign them. [Note: your residents can show you how to do these things in Epic/IHIS. So can M4s.]

Last and most important note: You are a team. Be a teammate to your fellow medical students. If you hear something about their patient, tell them. If you figure something out about how the service runs or expectations, share it. When you put others down to look good, it never works. When you help others and you all function well as a team, everyone looks good.

Book Suggestions and Study Tips

Pestana’s for surgery. Read it. Live it. Love it.

UWorld QBank for everything.

Family Med – AAFP questions online, casefiles, pretest

Ob-Gyn – Blueprints for sure, also used casefiles

Pediatrics – Blueprints, supplemented here and there with casefiles, pretest

Final Fun Things

The M4s are always here for you! Email us, text us, facebook us, flag us down in the hospital if you need a hand. And have fun! This is the year you’ve been waiting for since you decided to be a doctor 😊

KAITLIN WANDELL

How to Mentally and Emotionally Survive Med 3

Third year is a challenging but rewarding year. This is going to be the year where you finally decide what you are going to spend the rest of your life doing and with that big decision comes a lot of pressure at times. It is extremely important that you find ways to take care of yourself along the way. Make sure that no matter how long your hours get, you are finding ways to relieve stress doing things that you love whether that be cooking, exercising, or hanging out with friends. It is important to understand that you are going to have so many highs and lows throughout the year. You will be
asked questions that you cannot answer at times. Do not take this personally and let it drive you crazy. Every single student has these moments throughout the year. The faster you can laugh about it, the smoother the entire year will go! This is going to be the first time that you lose the flexibility that you are used to during years 1 and 2. It gets really frustrating at times, but try to use this time to figure out how to achieve the work life balance that you will need to find during residency. The learning curve this year is going to feel uncomfortable, but understand that everyone on your team has been in your shoes before and the whole point of this year is to learn. No one expects you to be an expert; they just expect you to be excited to learn! Third year is the only time in your medical career that you get exposed to so many different specialties and you meet so many great people, so most importantly, HAVE FUN!!

Ward Behavior

The most important thing to know going in to third year is the importance of treating the other students on service as your teammates and not your competition. In general, students look SO much better when they work well together and make each other look good. Make sure you are always on the same page as the other students on your service. The hardest thing about third year is understanding your place on the team and figuring out how you can be helpful (and of course be impressive). An easy way to be helpful is to get medical records for patients from outside hospitals. Take complete ownership of your patients by being the first person to see them in the morning and checking in on them in the afternoon. Communicate with their nurses about plan of care, and relay any changes to your team, no matter how small those changes seem. The residents and attending are extremely busy and they always appreciate these updates that would otherwise go unnoticed. Always be on the look out for small ways to improve care that might fly under the radar such as discontinuation of unnecessary medications. Always make sure that you are on time in the morning, and give yourself ample time to pre-round on patients and prepare presentations. Make sure that you know your patients before you round and be prepared for questions about your patient. When you are on surgery and OB/Gyn services, make sure that you read up on patients before you go to surgery including their age, reason for surgery, risk factors for disease, indications, and complications of the procedure. Always be respectful of everybody in the hospital.

Book Suggestions and Study Tips

Pediatrics – Board review series, UWorld peds questions, Pre-test pediatrics (good but not necessary), and two NBME practice shelves. There is not a lot to study for pediatrics so try to resist studying everything early on and try to backlog some of our resources, especially the UWorld questions.

Family Medicine – AAFP questions (do these longitudinally throughout the ring), pretest family medicine, case files family medicine.

OB/Gyn – for some reason, Ohio State has not adopted Beckman as the primary OB/Gyn resource but it is the best textbook ever. I would strongly suggest using this over blueprints. It is an easy read and covers everything that you need to know! In addition to Beckman, UWorld OB/Gyn
questions, UWise questions, case files OB/Gyn, and two NBME practice shelves. There are a lot of
great study resources for OB/Gyn.

Surgery – Pestana (read this multiple times it is a GREAT book and super short), NMS case book,
UWorld surgery questions, and two NBME practice shelves.

IM – Step Up to Medicine and IM UWorld questions, IM essentials MKSAP questions, and two
NBME practice shelves. This rotation has by far the most study material, so make sure you have a
plan going in so that you can get through everything!

Neuro – Finseth, UWorld questions, and two NBME practice shelves. Not a ton to study here!

Psych – First aid for psych, UWorld questions, and two NBME practice shelves.

MARK WELLS

How to Mentally and Emotionally Survive Med 3

You traversed through the mountains of microbiology, cracked the cases of cardiology, and beat the
final boss of Part 1: Step 1! Press start to enter Part 2 of the saga.

Okay, video game references aside, congrats on getting through preclinical years! You’re about to
enter a stage of your training that will form much of the basis for your personal practice of
medicine. You’re going to run into situations where you feel like a fool and forget the obvious, but
you will also find friends you didn’t expect, laugh and cry from patients’ stories, and come to
understand your own strengths and weaknesses as you learn. Amid these experiences, I wanted to
give two reminders to keep yourself personally grounded.

First things first: don’t lose yourself. One of the worst things you can do during Med3 is psych
yourself out about this being “the most important/critical/crucial/ALL THE THINGS IN MY
LIFE REST ON THIS” year of your medical education to the point where you isolate yourself in
your studies. Sometimes, you can feel isolated, even when you’re working with others day in and day
out, if you can’t voice the thoughts racing through your head. Try to catch up with friends on other
rotations in the evening or on weekends, as you can learn from them, too. Do something other than
medicine, whether watching a movie, exercise, going to a concert, etc., which helps you relieve
stress. By remembering who you are, you are all the more empowered to step in within your identity
as you enter a patient’s room.

Second, don’t lose your humanity. If you feel like a behavior by anyone on a team dehumanizes a
patient or a fellow team member, you get to decide how to manage your reaction: (1) You can join in
the poking and prodding in attempts to “gel” with the team, but in the process, begin forming
callouses over your spirit; (2) You can bury your hurt, which can land you into deep despair; or (3)
You can express your frustrations in a way which would bring healing to the system. Sometimes, you
end up doing all three at the same time (involuntarily laughing while weeping internally and texting a
friend in the evening to vent), even though you know and wish and hope you could be the third
every time. However, don’t despair, even in this. Get up, apologize if you need to, and talk to
someone. I ended up talking to one team member about some concerning behaviors I witnessed during a feedback session, which they ended up greatly respecting. If you don’t feel comfortable talking to anyone on your team, talk to someone who will hear you out (and call you out) as necessary. If you believe the behavior merits serious attention, you can always submit anonymous reports here online using these steps: medicine.osu.edu→Students→Student Life→Resources→Report Student Mistreatment. All that said, the vast majority of interactions are not of this variety, but if they do occur, take them as an opportunity to learn how to treat not only persons seeking medical care, but also cultures of medicine.

Ward Behavior

Healthy relationships are a key part of any team. You might not be best friends with every member of your team, but learn how to navigate your interactions such that you are mutually supportive of each other throughout the service. If you think you may have acted foolishly or inappropriately regarding behavior, ask for feedback as appropriate, and keep going. If you find yourself learning/clicking well with your team, make sure you let your residents and interns know you appreciate them – they need support, too! However, if you find yourself on a floor or a team that somehow has accrued a negative atmosphere, try to bring that positive light and, more importantly, seek out others who share that desire. Sometimes finding that one person you feel comfortable talking with and asking questions of can make all the difference in how you approach a field.

To get a quick taste of what most services look like (with different emphases given to each depending on service), take a gander at the mock schedule below.

Pre-Rounds: Gather information on overnight events from nursing notes, vitals, labs/imaging, and your patients before rounding. If you’re like me, I got pretty flustered with not knowing where to find what data in the EMR – don’t let it get you down. Take down what you can, and don’t be afraid to say “I don’t know, but I will find out.”

Rounds: Here’s your chance to show what you got data wise, as well as demonstrate your thought process in understanding patient management. It takes a couple weeks for your feet/legs to adjust to standing for as long as rounds take. Don’t let it get you down (literally). If you need a refresher on how presentations work on rounds, see below (detail level varies per service, but here’s the general flow):

1. Subjective:
   - One-liner: “Mr. Wells is a 24 year-old previously healthy male presenting with ailurophilia.”
   - Overnight events: “He reported his hankering for felines worsened, requiring a cat night light”
   - ROS relevant to presentation: “Additionally, he reported nightmares involving cats leaving him, but denied requiring virtual cats.”

2. Objective:
   - Vitals: Give abnormalities with trend as well as current oxygen requirements
- I/Os: Intake (PO/IV)/Output (Urine, Stool, Emesis, G/J-Tube) in appropriate units

- Physical Examination: Pertinent positives/negatives from the exam on prerounds, typically starting with general appearance and then hitting core systems. If they ask for a super thorough one, I typically go from head to toe (HEENT, CV, Resp, GI, GU, MSK, Neuro).
- Labs/Imaging/EKG/etc.: New ones with trend.

3. Assessment/Plan: One liner with assessment/differential of what you think is happening and plan based off of that. Some services organize plan by problems, while others prefer organ systems, so make sure to check in with residents beforehand.

Post-rounds: New admissions, consults, surgerizing, maybe even slaying a dragon or five (you know, the usual). Really, this time varies per service. When you can, write notes and discharge summaries, and help interns and residents win at medicine.

**Book Suggestions and Study Tips**

**Book Suggestions:**

UPRSN: Blueprints/ACOG questions for OB/GYN. Pestana’s for Surgery.

UPSMN: Step Up to Medicine for IM. First Aid for Psychiatry. Finseth for Neurology.

UPWP: AAFP Questions/Step Up to Medicine for Family. Board Review Series for Peds.

EVERYTHING:

(1) OnlineMedEd. Quick, high yield video introductions to most topics you'll find in each ring. I used this most frequently on UPSMN and UPRSN, but it’s great for all blocks.

(2) UWorld Qbank: Get through the set for each respective rotation (also, know IM as much as possible for surgery!).

**Study Tips:**

(1) Know thyself: Remember all the study strategies you used for Part 1? Cling to what made those works, and adapt them to Part 2. You may not be able to be as regimented in terms of time schedules due to how quickly you switch rotations, but remember the settings in which you study best. Aim to study every day. There will be days you'll want to do nothing – do five UWorld questions or read a page from your review text, and then rest to prepare for a day when you have the strength/motivation.

(2) Know your patients: Your patients are your opportunity to connect a face with a disease. My patients are the reason I remember how to work up syncope, the side effects of psychiatric medications, and treatments for spasticity. Read up on them as you are able at the end of a day, even if that means just taking a glance at the OnlineMedEd video that covers the topic. Share what you’ve learned on rounds when you can, but avoid forcing it in in any gunning fashion (if unsure, talk to your fellow students about propriety).
Final Thoughts

If you feel down, remember the immortal words of Hitchhiker’s Guide to the Galaxy: DON’T PANIC. Talk it out. Pray. Breathe. Pet an animal. You’re going to have a year that is filled with ups and downs, but each experience can continue to refine who you are and what you will be about as you practice medicine.

Keep your mind open to what you want to do. I must have changed my mind a thousand times over the rings about what field to enter. Learn not only what you’re good at, but also what drives you. Find the people to which you want to devote your career, as well as the people with which you want to serve them.

Feel free to reach out with questions/comments/anxious midnight musings (as I’ve shot the same sorts of emails to others). I’ll try to get back to you within 48 hours if you email me: Mark.Wells2@osumc.edu.

All the best to every one of you as you enter this year!

Mark

Dwayne Whitfield

How to Mentally and Emotionally Survive Med 3

Find and keep your sources of happiness: Whatever you did during your first two years of medical school to keep a smile on your face, continue to do it! Gym, Netflix, yoga, rock climbing, baking goodies, etc. For a majority of your rotations, you’ll essentially be engaged and “in the zone” for 10+ hours a day. So when you get back home, you don’t always want to jump straight into the books. That’s okay. Respect the work-life balance you know you need.

Get comfortable with not being comfortable: If you’re halfway through a rotation and ask yourself confusingly, “what the heck should I be doing right now?” just know that 99% of your classmates asked the same question at one point as well. 3rd year is inherently ever changing, and it’s hard to adapt to especially when everything isn’t spelled out for you. In one rotation, you’ll proudly be making first incision and tying the last suture, while in another rotation you’ll be the awkward person in the corner of the room annoyingly in everyone’s way. One attending may want a full patient oral presentation with every lab value and all vital signs, but the next attending on the same service may give you the side eye because he/she only wants the pertinent positives. It’s okay, just start learning how to read the room and always ask what you’re expectations are.

Ward Behavior

1) Don’t be a gunner: I repeat, DO NOT be a gunner. Residents and attendings can smell it, trust me. If you know the answer to a question directed to another med student, give them a chance to answer first. If med students take two patients each to present on morning rounds, don’t show out and take nine patients. Instead, respectively encourage your
colleagues to challenge themselves and pick up more patients. You’ll realize how much a day’s efficacy is built on teamwork, and deviating from that will stand out in ways that make you not look like a team player.

2) **How can I help?** Residents LOVE when medical students ask this question. If you could make a couple phone calls, write a couple progress notes/hospital courses, and check up on patients, you would be chipping away at the team’s stress level day by day! Plus we like to feel useful right?

3) **Show interest:** Not every rotation you do during third year is a specialty that’s on your career list, but this doesn’t excuse a lack of respect and curiosity throughout your experience. One thing physicians hate is when you actually look like you’re not having a good time whatsoever. Can you imagine how insulting that can come off to a person who passionately enjoys what they do for a living? So ask questions, be curious, and engage yourself in every rotation because most of them you will never do again in your life.

4) **Snack inside white coat pocket = happy med student**

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**Book Suggestions and Study Tips**

**IM:** Step-Up to Medicine, IM Essentials Online questions, and Uworld

**PSYCH:** First Aid Psychiatry (go through this twice) and Uworld

**NEURO:** Blueprints Neurology, the Finseth Review (go through this twice), and Uworld

**OB/GYN:** Blueprints OB/GYN, online APGO videos (on Youtube) with uWISE questions, and Uworld

**SURGERY:** Pestana, go back to Step Up to Medicine (surgery shelf exam is super medicine heavy), and Uworld

**FAMILY MED:** Blueprints FM and online AAFP questions

**PEDS:** BRS or Blueprints Peds and Uworld

*Try to get through Uworld questions a second time before the shelf exam (at least the incorrect ones)*

Enjoy this year! You’re going to learn so much about yourself that you didn’t know: your amazing clinical diagnosing skills, how you act after 24 straight hours of being awake, your increasing caffeine tolerance, and so much more. This year is going down in the history books!
Congratulations on finishing half of medical school! Now take a deep breath. Third year comes with its own set of changes and challenges, but honestly, it’s rewarding in so many ways. One of the first things you’ll notice is the loss of flexibility in your life – podcasting is no longer an option. Sleep when you can. Eat when you can. Study when you can. And when you finally get a precious day off? Enjoy it!

Your fellow medical students will be your best allies. Help each other out and agree on arrival times, patient load, etc. It’s an opportunity to get to know more of your classmates.

Roll with the punches. Third year is a time of perpetual unease – just as you’re figuring things out, it’s onto the next rotation. Everyone will have good days and bad days. Don’t be afraid to ask for help when you need it either.

Presentations will be your bread and butter. Almost everyone will expect presentations in SOAP format, but each attending / service will have particular preferences. Get used to using a basic template and then customize it by listening to how the residents present each day. Problems based vs systems based. Long vs short.

Be nice. As a third year student, you’re going to be lowest on the hospital totem pole. Get to know everyone on the team – interns, residents, social work, pharmacists, PT/OT, nurses, case manager, etc. They’re incredible resources and can make your life easier (or harder).

Know your patients. One of the advantages of being a medical student is carrying a smaller patient load. Use this as a chance to get to know your patients and watch out for the little things that residents might miss.

It’s okay to not know something. Be honest and say “I don’t know.” But make sure to follow it up with “but I’ll find out.”