School of Medicine
Wards Guidebook
2014-2015

Brought to you by the Tulane Club for Humanism
In conjunction with the Tulane Owl Club
# Table of Contents

Introduction................................................................................................................................................. 3
Who’s Who.................................................................................................................................................. 4
A Typical Day in the Hospital...................................................................................................................... 5
How to Write an H&P................................................................................................................................. 7
How to Write a SOAP Note...................................................................................................................... 9
How to Make a Patient Presentation..................................................................................................... 11
Hospital Computer Programs.................................................................................................................. 12
Hospital Locations.................................................................................................................................. 13
General Resources..................................................................................................................................... 14
Rotations: Basic Requirements................................................................................................................ 15
  Family Medicine.................................................................................................................................... 16
  Internal Medicine.................................................................................................................................. 19
  Neurology............................................................................................................................................... 25
  Ob-Gyn.................................................................................................................................................... 28
  Pediatrics................................................................................................................................................. 30
  Psychiatry.............................................................................................................................................. 35
  Surgery.................................................................................................................................................... 40
  Electives.................................................................................................................................................. 44
INTRODUCTION

To the T3 Class of 2016:

Congratulations and welcome to your third year of medical school! Third year is an exciting time for all students. You’re finally done with Step 1 and you’re ready to get your hands dirty, so to speak. For most students, beginning third year is accompanied by both excitement and trepidation. The purpose of this guidebook is to try to calm some nerves and assure you that although you may feel lost right now, by the end of the year you will be astonished at how much you have learned, both about medicine and about yourself. Good luck with the year ahead, you’re in for an exciting ride!

Your Tulane Club for Humanism Leaders:
Prerana Baranwal, Melissa Keeport,
Woody Morgan, Andrew Lange,
Andrew Birkhead, Danielle Pannebaker
and Members of the Tulane Owl Club
WHO’S WHO

The hospital team consists of several members, including:

The Attending: This is the physician who is leading the medical team. He/she has completed residency (and fellowship, if they chose to specialize). He/she makes all final decisions about patient care and oversees the rest of the team.

The Fellow: This is a physician who has completed residency and is now training in a subspecialty such as Cardiology or Hematology-Oncology.

The Resident: This is a physician who has completed medical school and the first year of residency and is now training in a specialty such as Internal Medicine or Surgery.

The Intern: This is a physician who has completed medical school and is in his/her first year of residency training in a specialty such as Internal Medicine or Surgery.

Ancillary Staff: This includes the nursing staff, social workers, psychologists, physical therapists, occupational therapists, respiratory therapists, and anyone else involved in patient care. These people are crucial members of the team and have the power to make your and your team’s lives very easy or very difficult.

The Sub-I: This is a 4th year medical student who has (usually) chosen the specialty in which they are the Sub-I. “Sub-I” stands for “Sub-Intern,” and this student is doing exactly that—acting as an intern before they become a real intern the next year.

The 3rd Year: That’s you!

YOUR JOB AS A 3RD YEAR MEDICAL STUDENT:

Learn as much as possible. This includes seeing your assigned patient(s) each day, knowing what is going on in their hospital course, and writing both H&P’s and SOAP notes about them. While in the hospital, make sure that anything that needs to be done is done. This includes “scutwork,” or little tasks that need to get done but don’t necessarily fall under anyone else’s job description, such as dropping orders, calling the pharmacy, calling the consulting physicians/teams, and communicating with nurses and other ancillary staff. If you can do all these seemingly small tasks, your team (and especially the intern) will not only notice and think more highly of you, but their lives will be made a great deal easier. While not in the hospital, read up on your patients by using either UpToDate or another resource. Also keep up with studying for the Shelf Exam that is at the end of every rotation, as the Shelf Exam is usually a significant portion of your grade.
A TYPICAL DAY IN THE HOSPITAL

This will vary depending on what rotation you are on, especially what time you are expected to arrive at the hospital and how long of a work day you will have. However, the general schedule for the day will be some variation of the following:

1. Arrive at the hospital and drop your stuff off if there’s somewhere to put it. If not, get used to holding stuff in your white coat pockets.

2. Look up your assigned patients (usually 1-2) on the computer medical record system (which varies by hospital). Write down relevant labs and updates on their progress in the hospital (see next few pages for how to write a proper note).

3. Print the team’s list. This is the list of all of the patients that your attending is assigned to, and for many services, you are the one expected to keep it up to date. It’s good to have on you but you’re not responsible for all of the patients on there. It is a good idea to write down what the tasks are for each patient, even if he/she is not “your patient” because one, you usually are the one keeping the list updated, and two, your resident may ask you to complete a task for a patient who is not yours. The location of “the list” will vary from service to service so just find out on Day 1.

4. Go see your patients. Ask them about any complaints they might have, as well as if they have had any concerning symptoms (which includes things like whether the patient has experienced any fever/chills, nausea/vomiting, or pain). Then do a physical exam.

5. Once you are done seeing your patients, write up a proper progress note on the patient, i.e. a SOAP note (more on this on the following pages).

6. Present the patient to your intern (more about presentations on the following pages).

7. Present the patient to your upper-level resident.

8. Present the patient to your attending during rounds.

9. Rounds might take place as “table rounds,” which means that you all sit around a table and discuss each patient individually before going to see the patients, or as “walking rounds,” which means that you all walk around the hospital and stop at
each patient’s room, and present each patient before walking into his/her room.

10. After rounds, your intern and/or residents will tell you what work needs to be done. Be willing to help out; even if the tasks seem small, getting those things done is a help to your interns and residents.

11. Update the list (this is the same list mentioned above). Make sure each student updates his/her patients on the list (new studies, things to watch out for, patient updates). Each upper level likes the list to have more or less detail, so check what to put on/delete first. Before leaving for the day, always make sure the list is updated.
HOW TO WRITE AN H&P

The History & Physical (H&P) is a comprehensive note that gets written about each patient the first time that the patient is seen and admitted to the hospital.

***Here’s a great template: http://www.medfools.com/downloads/H_P_medicine.pdf***

Chief Complaint (CC): The main problem for which the patient is in the hospital, i.e. “shortness of breath.”

History of Present Illness (HPI): Consists of 2 paragraphs. 1st paragraph is a brief history of what led the patient to coming into the hospital and a description of the problem, i.e. FAR COLDER. Tell it like a story and write events in chronological order to keep the sequence of events clear. The 2nd paragraph is a Review of Systems (ROS), i.e. the relevant positive and negative findings that the patient tells you about after you ask them questions about their symptoms beyond FAR COLDER (i.e. was there any fever/chills, nausea/vomiting, diarrhea, pain after eating, etc.)

Past Medical History (PMH): List all medical problems.

Past Surgical History (PSH): List relevant past surgeries.

Family History (FH): Include any relevant family history, especially parents, siblings, and grandparents.

Social History (SH): Smoker? Alcohol use? Drug use? Profession? Living situation? For pediatrics, also include whether there are any smokers in the house and if there are any pets in the house.

Medications: List any medications the patient is taking at home, including vitamins and supplements.

Allergies: List any allergies the patient has and what happens when they come into contact with that particular allergen (i.e. rash).

Review of Systems (ROS): Generally you will write something like, “10 systems reviewed and negative except as noted in HPI” because you have already listed all pertinent positive and negative findings in the second paragraph of the HPI. However, if there was another finding that the patient reported but that wasn’t necessarily relevant to the HPI, you can list it here.

Vital Signs (VS): Temperature (T), Pulse (P), Blood Pressure (BP), Respiratory Rate (RR), O2sat

Physical Exam (PE):
   General: Is the patient well-appearing or uncomfortable? Are they in any acute distress?
   HEENT: Are extra-ocular movements intact? PERRLA? Any pharyngeal exudates? Are airways clear?
   CV: Regular rate and rhythm? Any murmurs, rubs, gallops?
   Lungs: Clear to auscultation bilaterally? Any wheezes, rhonchi, rales?
   Abdomen: Soft? Tender? Distended? Are bowel sounds present in all 4 quadrants?
   Genitourinary (GU): This is usually most relevant in Ob-Gyn and includes things like whether the external genitalia are normal appearing, if there is any discharge, erythema, etc.
   Extremities: Is there normal range of motion in the extremities? Are there pulses? Any edema?
   Neuro: Are cranial nerves 2-12 intact? Any focal neurological deficits?
   Psych: Alert and oriented to person, place, time? Appropriate affect?

Labs: Write these in “stick-figure format.” This looks confusing at first, but you’ll get used to it pretty quickly.
Also include any relevant and updated imaging or test results in this section.

**Assessment:** Example: Ms. Smith is a 30 year-old female with a past medical history of [relevant medical issues] who presents today for [chief complaint]. This is the spot where you demonstrate your clinical reasoning and work through your differential diagnoses. For example, if someone comes in with shortness of breath, you’d include the to 3 differential diagnoses and explain your pertinent positives and negatives (labs and studies that support or don’t support each possible etiology). This could potentially be one of the longest narrative sections in your H&P.

**Plan:** List each problem that the patient has and then write what you will do about it.

Example:
1. Hypertension—start Lisinopril at [dose].
2. Diabetes Mellitus Type 2—start Insulin sliding scale.
3. Diet—Continue regular diet.
4. Magnesium—Replete as needed.
5. Prophylaxis— this could include GI ppx (starting a PPI) and DVT ppx (SCDs or Lovenox)
HOW TO WRITE A SOAP NOTE

A SOAP note is a progress note. You write these every day after the patient’s initial admission to the hospital.

**Subjective (S):** Acute events overnight (if none, write “no acute events overnight”). Any fevers? Any nausea/vomiting? Any diarrhea? Basically, ask the patient and nurses what happened overnight and document it here. Make sure to only include what has been TOLD to you—what the patient or nurse says; this is not analysis or any objective information.

**Objective (O):**

**Vital Signs (VS):** Temperature (T), Pulse (P), Blood Pressure (BP), Respiratory Rate (RR), O2sat

**Physical Exam (PE):**
- **General:** Is the patient well-appearing or uncomfortable? Are they in any acute distress? Alert/Oriented to person/place/time
- **HEENT:** Are extraocular movements intact? PERRLA? Any pharyngeal exudates? Are airways clear?
- **Neck:** Is it supple? Any lymphadenopathy? Any thyromegaly? Any jugular venous distention?
- **CV:** Regular rate and rhythm? Any murmurs, rubs, gallops?
- **Lungs:** Clear to auscultation bilaterally? Any wheezes, ronchi, rales?
- **Abdomen:** Soft? Tender? Distended? Are bowel sounds present in all 4 quadrants?
- **Genitourinary (GU):** This is usually most relevant in Ob-Gyn and includes things like whether the external genitalia are normal appearing, if there is any discharge, erythema, etc.
- **Extremities:** Is there normal range of motion in the extremities? Are there pulses? Any edema?
- **Neuro:** Are cranial nerves 2-12 intact? Any focal neurological deficits?
- **Psych:** Alert and oriented to person, place, time? Appropriate affect?

**Labs:** Write these in “stick-figure format.” This looks confusing at first, but you’ll get used to it pretty quickly.

![Stick-figure diagram of lab results]

Also include any relevant and updated imaging or test results in this section.

**Assessment (A):** Example: Ms. Smith is a 30 year-old female with a past medical history of [relevant medical issues] who presents today for [chief complaint]. In the assessment it is helpful to say how the patient is doing now, for example, the patient presented with a chief complaint of shortness of breath which is now resolving.

**Plan (P):** List each problem that the patient has and then write what you will do about it.

Example:
1. Hypertension—start Lisinopril at [dose].
2. Diabetes Mellitus Type 2—start Insulin sliding scale.
3. Diet—Continue regular diet.
4. Magnesium—Replete as needed.
HOW TO MAKE A PATIENT PRESENTATION

Use your written note to guide your presentation. DO NOT READ STRAIGHT OFF YOUR NOTE. You want to use the note as a reference, but you also want to make sure you are looking up at your attending/resident for most of the presentation so that they know that you understand what you are reading, and that you are not just reading the note without understanding. You are communicating important information; so try to tell a story about your patient.

Your presentations will also vary based on whether you are presenting a new patient (H&P) or a patient who has been followed for several days (SOAP note). Generally, going through the sections of your note in the order in which you wrote them is a good idea.

A sample presentation might go something like this:

<table>
<thead>
<tr>
<th>What you say during the presentation</th>
<th>Part of note you are referencing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms. Smith is a 70 year-old woman with a past medical history of [list major and relevant past medical issues] who presents today with [chief complaint/main issue for which the patient is in the hospital]. Her pain began on [date] and [include FAR COLDER here]. She denied pain with eating, diarrhea, [and include any other questions you asked her during the ROS that may be relevant to the patient’s story].</td>
<td>CC, HPI, ROS</td>
</tr>
<tr>
<td>Her past medical history includes [list PMH].</td>
<td>PMH</td>
</tr>
<tr>
<td>Her past surgical history includes [list PSH].</td>
<td>PSH</td>
</tr>
<tr>
<td>Her past family history includes [list FH].</td>
<td>FH</td>
</tr>
<tr>
<td>She is a smoker with a 25 pack-year history, drinks socially, and does not use drugs.</td>
<td>SH</td>
</tr>
<tr>
<td>Her home medications include [Medications].</td>
<td>Medications</td>
</tr>
<tr>
<td>She does not have any allergies.</td>
<td>Allergies</td>
</tr>
<tr>
<td>Review of Systems was negative other than as stated in HPI.</td>
<td>ROS</td>
</tr>
<tr>
<td>Vital signs today were stable from yesterday and within normal limits. Note: Some attendings will want specific numbers, some will just want to know that they are normal. Start by giving the number range for the last 24 hours.</td>
<td>Vital Signs</td>
</tr>
<tr>
<td>On physical exam, [list relevant positive and negative physical exam findings here]. Note: Some attendings will want the full physical exam while others will want just relevant information. If you’re not sure what they want, just ask.</td>
<td>Physical Exam</td>
</tr>
<tr>
<td>Labs today were stable from yesterday and within normal limits. Additionally, her abdominal CT scan showed [imaging results]. Note: Some attendings will want specific numbers, some will just want to know that they are normal.</td>
<td>Labs</td>
</tr>
<tr>
<td>Ms. Smith is a 70 year-old woman with a past medical history of [list major and relevant past medical issues] who presents today with [chief complaint/main issue for which the patient is in the hospital].</td>
<td>Assessment</td>
</tr>
<tr>
<td>For her hypertension, we will start her on Lisinopril at [dose]. For her diabetes, we will start her on insulin sliding scale.</td>
<td>Plan</td>
</tr>
</tbody>
</table>
HOSPITAL COMPUTER PROGRAMS

Each hospital uses a different computer system, and it will take you a little while to figure out each one.

**Tulane Hospital (TMC) or Tulane-Lakeside Hospital:**

System used: Meditech. Really old system that was just updated to include electronic notes. You basically toggle through each screen using the arrow keys and “enter” button. At the beginning of each rotation, you need to call the Meditech Help Desk at (504) 988-1716 and tell them what rotation you are starting so that they can change your access accordingly. Notes are all written electronically, but students don’t write electronic notes. Just write a paper note and keep it handy for your patient presentations, and in case your resident or attending asks to see it.

Dropping Orders: [NOTE: at the time of publication, this is the case, but it will likely all be electronic soon, which students may or may not have access to.] Orders are dropped manually in binders that are then flagged for the nursing and administrative staff. You can help your resident by dropping and flagging the order. Make sure that the resident signs the order before you drop it or it will be invalid.

**University Hospital (UH):**

System used: Epic. You’ll go through a special training before and during orientation to learn how to use Epic. Some residents and attendings will want you to write your notes electronically, while others will just want you to write them on paper. As of now, students are not able to save a draft of their Epic notes on the computer at UH, so any changes to your note need to be made by adding an addendum.

Dropping Orders: Can only be done by physicians, so don’t worry about it.

**Ochsner:**

System used: Epic. You’ll need to do a special Ochsner-specific training before you will be able to use Epic at Ochsner. Some residents and attendings will want you to write your notes electronically, while others will just want you to write them on paper.

Dropping Orders: Can only be done by physicians, so don’t worry about it.

**Baton Rouge Our Lady of the Lake (OLOL):**

System used: Powerchart. You will do a Powerchart training during orientation at OLOL.

Dropping Orders: Can only be done by physicians, so don’t worry about it.
HOSPITAL LOCATIONS

TMC

1. Address: 1415 Tulane Ave., New Orleans, LA
2. No parking provided. Just park in the usual lots when you’re downtown.
3. Different floors
   - Labs: 2nd floor
   - Radiology: 2nd floor
   - Endoscopy: 3rd floor
   - Surgery: 3rd floor
   - Outpatient Surgery: 3rd floor
   - Medicine: 5 Center, 5 East, 7 East
   - Abdominal transplant: 7 Center (TATU)
   - Peds: General Inpatient: 6 East; PICU: 6th floor
   - Clinics: On med school side of TMC

OCHSNER

1. Address
   - Main Campus: 1514 Jefferson Hwy, Jefferson, LA 70121
   - Baptist: 2700 Napoleon Ave, New Orleans, LA 70115
     - Ochsner Ob-Gyn is here
2. Parking
   - Main campus: There’s the big lot on the lake side of Jefferson Highway that is free. If you get there early (before 7 am), you’ll find parking easily and it’ll take about 15 minutes to park and get to the hospital. If you get there after 7 am, you’ll have to park a little farther away and it’ll take about 20 minutes to park and walk over. There’s a shuttle provided too if it’s raining or if you’re lazy.
   - Baptist: Unknown.

UNIVERSITY HOSPITAL

1. Address
   - 2021 Perdido St, New Orleans, LA 70112
     - Once you enter through revolving door (facing the elevators), cafeteria and resident room with lockers and fridge are down on 1st floor.
2. Parking
   - You should be able to find free parking on the street, if you look for long enough. It’s sometimes a bit sketchy the further away from the hospital you get.
3. Different floors
   - Patients are on all different floors of the hospital.
   - Basement
     - Resident room: there are lockers here and a fridge to put your food in, and snacks that students usually help themselves too.
     - Cafeteria: you have to walk through the cafeteria to get to the resident room. Students and their teams often meet down here to pre-round, or just to hang out to study.
GENERAL RESOURCES

1. Medfools
   a. This is a great website with all kinds of templates.

2. Apps for your phone
   a. Epocrates
   b. Medscape
   c. MELD score calculator
      i. Most useful for Surgery, especially Transplant
      ii. For End Stage Liver Disease
   d. AHRQ ePSS by US Department of Health and Human Services
      i. Most useful for Family Medicine
   e. NIHSS: NIH Stroke Scale Calculator
      i. Most useful for Neuro
   f. Pregnancy Wheel Calculator
      i. Most useful for Ob-Gyn
   g. UWorld QBank
      i. When you have time to study but it’s only a few minutes and you don’t want to carry a book
ROTATIONS: BASIC REQUIREMENTS
FAMILY MEDICINE

Family medicine is different than any of the other cores you will take while at Tulane. Family medicine gives you a taste of what the majority of practicing physicians in the United States do—engage directly with patients, catch diseases before they become a problem, and manage long-term maladies. You need to be on your game and have a depth and breadth of knowledge that cannot be found anywhere else in the program. You will become a master of the physical exam as well as interviewing and will have the opportunity to hone your procedure skills—most likely even more than you did in surgery.

You will get out of this rotation exactly what you put into it. Each student works one on one with a preceptor and will work the clinic with him or her. You will be sent far and wide by the coordinator, Joy, who you should make your best friend. She will send you a survey of what your interests are as your rotation approaches, but many students have found it best to sit down with her in the office and talk about your life goals. If you are dead-set on being a surgeon and have no interest in primary care, have no fear, you can be placed with a family med surgeon who will do cholecystectomies all day. Want to work on giving stitches? Work with a doc that specializes in dermatology. Want to inject a sketchy substance into an LSU football player’s knee? Go up to Baton Rouge in the fall with LSU. Your needs can generally be met depending on how many people are in your block, from inpatient medicine, to women’s health and obstetrics, to your run of the mill primary care office.

THE PRECEPTORS

You will be by yourself in most of your placements. Remember that all of the preceptors unpaid volunteers. These people love to teach and are almost unanimously well-liked by their students. Remember that these people are professional relationship builders and you should have no problem getting along with them. Make clear at the beginning of the block what your interests and goals are and they will go out of their way to make it happen. If you want to do something that they do not know much about, they are usually happy to send you to another doctor in town who can meet your needs for one or two days a week. The only way to really upset a preceptor is to not show up. Be sure not to schedule any long vacations or interviews in the middle of the block.

TRAVEL

It is more likely than not that you will be traveling, sometimes as much as 3 or 4 hours to your preceptor sight. If you absolutely cannot travel there are a handful of preceptors in the metro area, but you really must demonstrate need [married and sharing a car, dog owner, etc...]. Joy coordinates accommodations for each and every med student at every site—these range from rented houses, hotels, and hospital rooms to spare rooms in your preceptor’s house, their summer house on a lake, or even a bed and breakfast. You can almost always bring your significant other with you if you so desire, but you can never bring pets, that’s a big no-no.

COURSE STRUCTURE

This course is extremely well organized and they really do strive to ensure student satisfaction, after all they are trying raise you interest in primary care. That being said, the program operates on grants from the American Academy of Family Physicians (AAFP) and there are certain hurdles the students must
jump through. The biggest complaint is that you will need to complete e-Value surveys for every class and assignment you complete, and you must finish them all in order to get honors in the course.

The course is 6 weeks in length, you will spend the first few days learning about the basic tenants of primary care as well as various procedures you will need to know in the office. You will meet again at the end of your 3rd week for further skills training. You will be broken into groups for the entirety of the course and are required to engage in a blog on blackboard over the course of the block. Some groups will do the minimum and others will get into in-depth discussions—make of it what you will.

Much of the education is self-directed learning online. There are 40 modules through fmCases and various other assignments assigned before midblock to discuss in person.

Finally, you will need to work on a presentation over the course of the block and present it to your assigned group at the end. This may be an intervention with a difficult patient or a practice-improvement project at your preceptor’s office. You can spend as much time on this as you want, just be sure it’s something you’re interested in. You can work closely with your preceptor on this.

**GRADING**

Four major components to complete:

- **Final Exam**
  - 100 questions taken directly from fmCases website.

- **fmCases**
  - Completion of 20 fmCases with satisfactory effort (measured by the website)

- **Professionalism**
  - eValue all of your patients
  - Attendance
  - Participation

- **Project**
  - Recommended to start this early as little issues crop up
  - Choose from 1 of 2 options
    - “Challenging Patient” in your preceptor’s practice
    - “Community/Practice Improvement” project
  - It is fairly simple once you’ve got a project. As long as you put a little bit of effort into it, you’ll do just fine.

It is possible for everyone in the clerkship to get **HONORS** if you fulfill all the following requirements:

1. Achieve the overall numeric score required for Honors, (> 90)
2. Complete and turn in all other course requirements and paperwork (e.g., mid-block assessments, electronic logs),
3. Achieve Honors on the project.
4. Score 9 or 10 in professionalism component

If you take the course seriously you should do quite well. If you use this block to study for Step 2 or do residency interviews your grade will suffer.
**RESOURCES**

**You DO NOT need a textbook for this course and do not need to buy a study guide.**

**fmCases**
http://med-u.org
This website literally contains every question that will be on your final exam. When you complete each case the website saves for you prewritten notes that have the answers to every question. Study these in the week before the exam.

**Maxwell Quick Medical Reference- 6th edition**
ISBN-10: 0964519143
This quick reference covers ACLS algorithms, electrolyte calculations, basic note templates and components, history and physical details and some useful reminders about neuro! This book is useful for any rotation and is a great investment in general! Its small size also makes it easy to keep in your white coat.

**USMLE World Question Bank for Step 2**
https://www.usmleworld.com/purchase.aspx
You will see everything on family medicine, it would not hurt to do a block of questions on random mode every few days.

**ePocrates**
You will come across medications you have never heard of, much less know how to dose. Start an account if you haven’t already and download the app to your phone.

**Medscape**
You will not have time in the office to look up all the conditions and differentials for each patient, have this on hand to peruse after you leave the room and are gathering your thoughts.

**Procedures for Primary Care by John L. Pfenninger, Grant Fowler**
INTERNAL MEDICINE

The medicine clerkship consists of two inpatient months at two of four locations: Tulane Medical Center (TMC), Ochsner, Veterans Affairs (VA) or University Hospital (UH). This rotation is a fast paced and intense rotation that will be foundation for many of your future clinical skills including the physical exam, oral presentations, using evidence based medicine, patient data tracking and writing detailed history and physicals. Many attendings and IM clerkship staff will tell you this will be the most information you ever learn in 8 weeks but DON’T WORRY! This clerkship is very well organized and that allows you to get all your requirements done in time. The trickiest thing to keep track of during IM is your schedule and where you are supposed to be and when. Keep your schedule of events calendar (given to you at orientation) on you at all times for easy reference and make sure to check your email often for updates/schedule changes from the IM coordinator or Dr. Miller.

There are three major components to this clerkship: being on the wards, going to clerkship school and fulfilling all requirements for completing the clerkship. Expect to be on the wards six out of seven days a week with the seventh day off. Your day off needs to be coordinated with your team and is typically controlled by your resident and/or attending. The easiest way to approach this subject is to ask your resident how he or she would like to handle days off before you leave on your first day. Make sure that you get an average of ONE day off a week. If you are having trouble with this, don’t be afraid to bring it up with the IM coordinator or Dr. Miller. As students you are guaranteed one day off per week.

The second major component of the rotation is clerkship school in the afternoons on typically Mondays, Wednesdays and Fridays (varies per week). Each session will go over one major IM topic and will have a mystery case at the end that you will work together with your team to solve. A general suggestion is to try to read up on the topic being discussed in clerkship school before going so that you can get the most out of the session.

Lastly, the clerkship requires that you do 8 observations, 2 student presentations and 2 full H and Ps. The observations are watching a fellow student interacting with a patient and completing 2 forms for each of the following sections: History of present illness, second paragraph of HPI, physical exam and assessment and plan. The 2 student presentations are on any IM related topic that should be 5 to 10 minutes long with a coversheet summarizing the major points. The last requirement is two fully written or typed H and Ps that you turn into your attending with a grade sheet. Overall, this is a fun but very busy rotation. Remember to be a team player and to help out your interns and residents with whatever you can!

THE DAILY ROUTINE

See Your Patient
Pre-Round with the Intern
Pre-Round with the Resident
Round with the Attending

Seeing Your Patient(s): You will usually start with ONE patient and build your way up to THREE patients by the end of the rotation. Of course, the amount of patients on the service will play a part of how many
patients you will see. It is important, if possible, to see your patient before your intern does in the morning. Your goal is to ascertain what happened overnight and how the patient is doing today. This means checking the chart for vitals, new medications and/or orders, talking to the overnight nurse and finally interviewing and examining the patient.

It is helpful to catch overnight nurses before they ‘sign out’ to the day nurse if possible. Ask nurses or your interns when shift change occurs.

**Pre-Round with the Intern:**
This allows you to touch base with the intern following your patient and discussing the general plan for the day. It is also a great time to ask any questions that you may have.

**Pre-Round with the Resident:**
Make sure to check in with the resident after talking to your intern. Give them the highlights about what happened overnight and any remaining questions you may have that were not answered by your intern. Usually you will practice your oral presentation with the resident. Never turn down an opportunity to practice presenting!

**Round with the Attending:**
Rounding with the Attending consists of presenting all the patients to the Attending and then going to see them in their rooms. There are several types of rounds and each attending has their preferences. ‘Walking rounds’ is when you present your patient outside of the patient’s room and then see the patient. ‘Sitting rounds’ means that you will present and discuss all the patients in a conference room before physically going to see them. Rounds can take anywhere from a few to several hours. It all depends on the Attending’s style, preferences and how much time they spend per patient.

**AFTER ROUNDs**
- You assist your interns and residents with any jobs or updating the list of patients.
- Check up on your patient.
- If there is time, give a student presentation or receive teaching from the intern, resident and/or attending.

**BEING ON CALL**
Your schedule also revolves around the CALL schedule. For TMC, VA and UH CALL occurs every 4 days. The Pre-Call day is usually spent trying to discharge patients who are ready to leave, tying up loose ends on current patients and organizing the list. Call day means that you will be expected to be there until your team dismisses you; however, you are required to leave by 10PM. Call day is also when new patients are admitted and your role as a medical student will be to pick up one or two new patients. A new patient will require a detailed history and physical. Make sure to present to your intern and then your resident before leaving on call day. You will be expected to present this patient’s full H and P the next day to the Attending. Post-Call days are typically busy because the Attending is trying to learn all the new patients and managing their care.
Be ready to help your interns on post call days! The residents, who have stayed overnight, will typically leave at around noon and leave interns to finish tying up loose ends.

Ochsner currently has no designated call day but admits new patients daily. [NOTE: at the time of publication, it is unknown if this has been changed to designated call days.]

LOCATIONS

TULANE, VA HOSPITAL, UNIVERSITY HOSPITAL

Call

- Call is q4, you are on call every 4th day
- You stay until 11pm or until the resident dismisses you
- You come back in the next day as usual, but get to go home at noon (as late as 2pm)

Official Schedule

- 630 – 800 Pre-Rounds. See your patient, get labs and tests, write your note. If you are slow, you may need to come in earlier than this
- 800 – 1000 Resident Rounds. Present patients to residents, make clinical decisions, practice for the real deal with the Residents. Some residents will make you do the whole SOAP note, some may just ask pertinent stuff
- 1000 – 1230 Attending Rounds. This is the real deal
- 1230 – 200 Get lunch, do “ward work” which varies from sitting and studying to discharging patients and working codes
- 200 – 300 Afternoon report. Case presentations, Q&A, on the spot testing
- 300 – 430 Finish up everything and go home

Location

- Tulane and VA are in Tulane Hospital, usually the 5th and 7th floor
- University is on the other side of the bridge

OCHSNER

Call

- Call is q5, which means your team is on call every 5th day
- You stay until 11pm or when your resident dismisses you
- You come back in the next day as usual, but get to go home at noon (2pm at the latest)

Official Schedule

- 700 – 745 Morning Report
- 745 – 900 Pre-Rounds. You actually go see your patients and look up labs, write your note
- 900 – 930 Resident Rounds. Talk over your patients with your Resident, make sure you have a plan
- 930 – 1200 Attending Rounds. Present to the attending, write orders, finish by lunch
- 1200 – 100 Noon Conference. Dr. Miller expects you to go to noon conference
- 100 – 430 Hang around until they say you can leave, “help” the residents when possible

**Required Curriculum**
- Even though you are at Ochsner, you have to come back downtown for clerkship school
- Mondays are Monday School. Leave by 1230 at the latest from Ochsner
- Wednesdays are ECG School. Leave by 130 at the latest from Ochsner
- Generally, you need to leave 1 hour prior to the start of required curriculum from Ochsner

**TIME TO STUDY**

The only time to study is typically during call days when you are waiting for new patients to be admitted. It is best to bring study materials with you every day so that if there is downtime you can study; however, due to the feast or famine nature of the wards never EXPECT to get studying done. Most of the studying is done after ward hours so make a schedule and stick to it. **Don’t plan to study several hours after a long call day or post call day but instead aim on completing an hour or two every day.**

**GRADING**

Evaluations, Practical exam, Shelf Exam, Professionalism, H&Ps, Worksheets, Presentations.

**REFERENCES, TEXTBOOKS, TEMPLATES**

** There is limited time for you to study during IM. It is best to choose 2 to 3 resources that you can complete during the rotation instead of doing bits and pieces of multiple resources.**

**Internal Medicine Scutsheets from Medfools.com**

This website has great free templates for sheets that help you develop a system for tracking all of your patients’ data from admit to discharge. This doesn’t mean you have to organize your data this way but it is a great place to start.

**Pocket Medicine: The Massachusetts General Hospital Handbook of Internal Medicine (Pocket Notebook) – Fifth Edition**
ISBN-10: 1451193785
This used to be affectionately called the “Green book” but now with the new edition it is the “Purple book.” This is a great resource with outlines of definitions, management and treatment that are easy to consult during wards. This resource is often also used by residents and attending so it’s definitely a keeper.

**Maxwell Quick Medical Reference- 6th edition**
ISBN-10: 0964519143
This quick reference covers ACLS algorithms, electrolyte calculations, basic note templates and components, history and physical details and some useful reminders about neuro! This book is useful for any rotation and is a great investment in general! Its small size also makes it easy to keep in your white coat.

**Internal Medicine Essentials for Students**
ISBN-10: 1934465437  
This is the recommended textbook for the course and a great resource. It has short and informative chapters that cover all the basics of internal medicine and does make a great pairing with the MKSAP question book.

**MKSAP for Students 5**
ISBN-10: 1934465542  
This question book is a great resource for studying for the shelf and is comprehensive review of the IM Essentials textbook. MKSAP questions tend to be slightly easier than shelf questions but reinforce key principles of internal medicine.

**USMLE World Question Bank for Step 2**
https://www.usmleworld.com/purchase.asp  
It is important to do at least several Uworld questions before the shelf exam. Uworld questions are typically slightly harder than shelf questions. Make sure to do at least 600 before taking the SHELF exam. It’s best to start off doing questions early!

**Step Up to Medicine**
ISBN-10: 1609133609  
A well organized review book that will give you several answers to the clerkship school questions. There are “Quick Hit” pearls and bullet-outline format make it an easy resource to use.

**Case Files Internal Medicine, Fourth Edition**
ISBN-10: 0071761721  
In the format of 60 clinical cases that covers the major topics of IM. It is informative and helpful as a supplemental source; however, it is not a replacement for a major IM textbook like Essentials. It will often reinforce information given during clerkship school but the major factor to remember is time. You only have so much time to study from a limited number of sources.

**UpToDate**  
This website is a great resource while on the wards; however, you need to be on hospital computers or on campus to have full access.

**EKG Books**
There are several EKG books out there but generally the basic foundation for reading EKGs you will get from Dr. Ledoux lectures. To supplement those lectures try reading a few EKGs every day using Harvard's EKG Wave-Maven archive: http://ecg.bidmc.harvard.edu/maven/mavenmain.asp
If you really want a textbook to supplement your studies there are two that have been useful:

The Only EKG Book You’ll Ever Need
Author: Malcolm Thaler
ISBN-10: 1451119054

Rapid Interpretation of EKG’s, Sixth edition
Author: Dale Dubin
ISBN-10: 0912912065
NEUROLOGY

The neurology clerkship is a 4-week rotation designed to expose students to both in-patient and out-patient neurology. There are various locations where students are assigned and the experience/learning/schedule varies greatly based on where you are placed. The majority of patients will be seen in the hospital but students are required to attend afternoon clinic at least twice a week. These mostly include the Lord & Taylor Clinic and the LaSalle Clinic. Several attendings may have clinic elsewhere. Regardless of where you do your rotation the name of the game is localizing the lesion. In this sense, neurology is a lot like real estate...it’s all about location, Location, LOCATION. And the way you do this is with the help of a thorough history and comprehensive neuro exam. One of the great things about neurology is the physical findings correlate directly with localizing the lesion and deciding about the diagnosis. Almost everyone with a neurological disease will have some abnormalities on their exam. You should do a complete neuro exam on all your patients, at least for the initial work-up. It’s also a good idea to refresh your neuroanatomy.

LOCATIONS

TULANE MEDICAL CENTER

2 weeks of stroke service
This is a very busy service and you will probably be working harder than the rest of your classmates on neuro during these 2 weeks. Days typically start at 7:00 AM and last anywhere between 4:00-7:00 PM. Rounding typically ends by 12:00-1:00 PM and students then help with dropping orders, procedures, following up lab/test results, and attend clinic if it is your assigned day. And always listen for the stroke activation alert “Paging Dr. Brain” to sound on the intercom. When you hear this, you pretty much drop everything and go to the ER to assess the patient with the resident and determine whether or not to give tPA.

Attendings: Dr. Sheryl Martin-Schild, Dr. Ramy El-Khoury

2 weeks of consult
This service is much less hectic than stroke service and allows for much more study time during the day. Generally, the team is only following a handful of patients at one time so not every student will have a patient to see in the morning. Days typical begin a little later than stroke service, often starting around 8:00-8:30, depending on your resident and patient load. After rounds, much of the time is spent studying in Matas.

Attendings: Dr. John Freiberg, Dr. Patricia Colón, Dr. Gregory Redmann

UNIVERSITY HOSPITAL

4 weeks of consult
This service tends have a lighter patient load than TMC. It is purely a consult service so it is similar to Tulane consult. A typical day starts at 7:00 AM and lasts several hours until 10:00-12:00, at which point you either attend clinic or wait for the next consult. There is plenty of time to study during the day on this service. Some residents may even send you home and just call you to come back to the hospital when there is a consult.
Attendings: Dr. Maike Blaya, Dr. John Frieberg, Dr. Angela Traylor

**OCHSNER**
2 weeks of stroke service
A typical day starts at 7:30 am and lasts until 4 pm. You see patients in the morning and present them during table rounds with the entire stroke team, and then go on walking rounds around the hospital.

Attendings: Dr. Gropen, Dr. Vidal

2 weeks of consult
A typical day starts at 7:30 am and lasts until 4 pm. You will see patients in the morning and present them to the attending during walking rounds around the hospital.

Attendings: Dr. Lea, Dr. Houghton, Dr. Larriviere

*Students should attend Ochsner clinics during all four weeks of the rotation.

**ADVANCED NEURODIAGNOSTIC CENTER (ANC)**
4 weeks of clinic
Typically only 1-2 students are assigned to this site. You will rotate with Dr. Morteza Shamsnia at his private clinic in Metairie and sometimes at the Tulane Clinic and/or University Hospital. Students also travel with him to Bogalusa 1-2 times throughout the rotation. Since this is an out-patient setting, work days are dictated by how many patients are scheduled each day. A typical day will start at 8:30 am and end at 4 pm. You will see patients on your own and present to Dr. Shamsnia before seeing the patient together. At times you will also work with his associates Drs. Beaucoudray, Blaya, and Traylor.

**CLINICS**
1. Lord & Taylor Clinic (Medical Center of Louisiana-New Orleans Medicine Clinic)
   1400 Poydras Street
   Next to the Superdome
2. Lasalle Clinic
   1st floor of LaSalle garage across from TMC ER

**GRADING**
60% - Clinical evaluation
20% - Shelf exam
10% - Standardized patient exam
10% - Mid-block evaluation, patient log and other required assignments.

For the standardized patient exam, each student will see 2 patients with different neurological complaints. You will have 15 minutes with each patient to take a history and perform a physical exam. You will then have 10 minutes to write a short note and answer a few multiple-choice questions regarding pertinent findings from the history/exam and differential diagnosis.

A score of 60 or above on the Shelf exam is required in order to pass the clerkship.
RESOURCES

On Call Neurology by Drs. Randolph S. Marshall, MD, MS & Stephan A. Mayer, M.D., FCCM

This is the official textbook for the Neurology Clerkship. It is detailed and better for quick reference while on the wards rather than reading from cover to cover. The book is broken down by presentation (e.g. ataxia, weakness, coma, tremor) and gives a quick overview that can be skimmed in 2 minutes, and gives specific management advice. ISBN-10: 1416023755, ISBN-13: 978-1416023753

Blueprints Neurology

An excellent resource for this rotation. It is inexpensive (~$30) and covers all of the important topics for a quick reference. It is about 200 pgs and is very helpful when studying for the Neuro exam. One of the most commonly used books on this rotation. ISBN-10: 145111768X, ISBN-13: 978-1451117684

THINGS TO KEEP IN YOUR WHITE COAT

- Penlight
- Reflex hammer
- MD pocket/Maxwell’s – good reference for cranial nerves, mental status exam, and progress note format
- Stroke Reference cards (provided by Tulane Stroke service – will be e-mailed during orientation)
- Tuning fork
OBSTETRICS & GYNECOLOGY

Ob-Gyn is an 8-week-long rotation at either Tulane or Ochsner. At Tulane, one month is spent at the University Hospital Ob-Gyn clinic, and the other month is spent at Tulane-Lakeside Hospital for L&D and inpatient service. At Ochsner, the entire 2 months are spent at Ochsner except for 2-4 weeks which will be at the UH Ob-Gyn clinic. The hours on this rotation will be some of the longest you have during third year. The schedule can be very confusing at times, so it will take a few days to get used to it. At the beginning of the rotation and during mid-block, you will have SP sessions that will help you prepare for the clinical skills assessment (CSA) at the end. NOTE: Pineville is no longer a location option for students.

LOCATIONS/SCHEDULES

University Hospital (UH) Ob-Gyn Clinic

This clinic is located across from UH and is where the majority of the month will be spent. Clinic generally starts at 8 am. On Mondays at 7:30 AM and on Thursdays at 8 AM, Dr. Gambala has teaching rounds (for which you have to do a reading beforehand which you will be quizzed on).

When you are at this clinic, you can be assigned one of four services:

Clinic: This is regular clinic. 8 am-whenever the resident lets you leave, typically around 2 pm.

TMC: Also regular clinic, but you have to round on any inpatients at TMC, as well as go to any surgeries at TMC. When you have no patients in-house, the day is 8 am-whenever the resident lets you leave, typically around 2 pm.

Gyn: This is the longest of the 4 services by far. It is half inpatient and half clinic. You will get to the UH hospital around 5:30 (sometimes earlier) and see your patients. Then you will present them to the intern and resident, after which you will present them to the attending around 7 am. After that, you will go to clinic with the rest of the students. After clinic, you will return for afternoon rounds at UH. Wednesdays are surgery days which can end really early or really late (i.e. 7 pm). Generally you are at work for 3-4 hours per day longer than all the other students.

Onc: This is another half inpatient, half clinic service. You will get to the UH hospital around 6:30 (sometimes earlier) and see your patients. Then you will present them to the intern and resident, after which you will present them to the attending around 7 am. After that, you will go to clinic with the rest of the students. No afternoon rounds. Thursdays are surgery days, which can end really early or really late (i.e. 7 pm). You will also attend tumor board at UH and at Tulane one day of the week.

Tulane-Lakeside Hospital

This month of the rotation will be a mix of labor & delivery, MFM, Gyn clinic, and Healthy Mothers clinic (which is downtown). The schedule is very confusing until you actually see it, but suffice to say that you will get the hang of it once you have worked there for a few days. During this month you will have two days of night float as well. There will also be a lot of driving back and forth between Lakeside and Tulane downtown during this month.
**Ochsner**

If you are assigned to Ochsner, the entire rotation will be spent at Ochsner except for 2-4 weeks where you will be assigned to UH Ob-Gyn clinic (see above). Hours vary but generally the day starts at 5 am.

**PRECEPTOR**

Each student will be assigned to a preceptor group that meets once a week. You will go over a packet of questions that you receive on the first day of the rotation.

**RESOURCES**

*Obstetrics & Gynecology* by Charles R.B. Beckmann. This is the textbook for the course, and is actually shorter than Blueprints. Many students liked the straightforward nature of this book.

ISBN-10: 9781451144314  

*Blueprints Obstetrics & Gynecology* by Tamara Callahan and Aaron Caughey. Many students liked this Blueprints more than other books by the same series.

ISBN-10: 1451117027  

*Case Files* by Eugene Toy, Benton Baker III, Patti Ross, and John Jennings. A good book to go over the most salient points of Ob-Gyn, but probably needs to be supplemented with another resource.

ISBN-10: 0071761713  

*ACOG UWise Questions*: These are free through Tulane using your username and password, and are excellent review for the shelf exam.

**UWorld**: Generally good questions.

**GRADING**

40% evaluations, 30% shelf exam, 10% presentation, 10% clinical skills assessment (CSA), 5% procedure log, 5% professionalism.
PEDiATRICS

This is overall a very pleasant rotation! Attendings and residents are nice and helping kids is fun. The rotation is 8 weeks total, with 4 weeks of inpatient wards, 2 weeks of NICU and Nursery, and 2 weeks of clinic. The possible locations are Tulane, Ochsner, or Baton Rouge. You will also have a weekly preceptor meeting with about 7 other students. The preceptor will decide how each session is spent, and can vary widely. These are the people who are going to know you the best, and will be grading you as well (worth 10%).

LOCATIONS

TULANE

There are 4 teams at Tulane:
- Red team, General Pediatrics Inpatient, has the most patients (5-10)
- Green team, Heme/Onc, has the least patients
- PICU is pretty light
- Night shift (this is a new team and no one has done it yet!)

As of this publication, Dr. Davis (clerkship director) is trying something new. Students will rotate through all teams, with one week of “night shifts” that go from 2-10. He’s also trying to change people staying around doing nothing by having these night shift people relieve day people at 2.

Red and Green Team
Red and Green team are both on 5th floor Center. You will need to get buzzed in as your ID won’t let you in. Arrive around 7 am, see your patients (1-3/student), pre-round with residents briefly, and then round with attending at 9:30 (varies from attending to attending). There’s a nurse’s break room with a fridge, microwave and table. It’s unlocked and it seems to be OK to put your lunch in there. Check first when you get there though.

PICU
This is on the 5th floor as well. You need to buzz and get let in; your ID won’t work. Arrive before night float’s sign out (7 am). The time that the day ends is very variable as it depends on what the census is and also depends on the attending and his/her interest in doing teaching. There’s a resident work room in the back behind the nurse’s station. Meet the resident there in the morning to see what the plan is for the day. You can leave your stuff there. For progress notes, the PICU uses pre-printed outlines that are by system. This is different than the format they use on the wards. Ask the resident for help to fill out the sheet the first time. Check the flow sheets that are by each patient’s bed for vitals, I/Os, etc. to fill in the note. There is a fridge in the back by the Resident Call Room that you can put your stuff in. Just ask to be directed.

Night float
No one has done this yet so we have no info. 😊

OCHSNER
They really aren’t going to push you too hard at Ochsner and it is definitely regarded as an enjoyable experience. One thing you can count on is that they always have patients which means you can really
learn a ton if you put in the effort with the extremely receptive faculty. The residents are all Tulane residents (Pediatrics or Med/Peds).

How it’s broken down:
- 4 weeks inpatient at Ochsner, 2 weeks clinic (outpatient clinics held at Ochsner’s Pediatrics building across the street from the hospital) and 2 weeks NICU/Nursery at Lakeside
- The inpatient 4 weeks changed very recently due to the increased number of University of Queensland students now rotating at Ochsner. It is divided into 4 weeks:
  -1 week is general inpatient pediatrics.
  -1 week is inpatient subspecialty (patients for whom the primary team is cardiology, heme/onc, or pulmonology).
  -1 week is ‘nights,’ meaning managing both the general pediatrics and the subspecialty patient during a shift from 3pm-11pm. This week can be a great opportunity to work on H&Ps since many admits are in the evening/at night and you are the only student there. However, if there aren’t any admits or acute changes in current patients, it can be pretty slow.
  -The final inpatient week is experiencing different aspects of patient management, outside of the physician. For this, you basically shadow a different person every day. The 5 days include nursing, respiratory therapy, pharmacy, the PACU, and the cardiac cath lab.
- Morning Report sets Ochsner apart. It is held by Dr. Warrier (Heme/Onc) and Dr. Steele (ID) every morning at 7:30 (you may need to see your patients beforehand depending on when the attending intends to round) except for the morning when there is grand rounds. A case is presented and they lead a discussion about the differential, studies, and diagnosis.
- Inpatient pediatrics is on the 4th floor of Ochsner, where morning report is held also.
- Clinic is located across the street by where we park; both floors are pediatrics.

**NICU FOR TULANE/OCHSNER**
- Anyone who does their in-patient month in New Orleans (Ochsner or Tulane) will rotate through the NICU at Lakeside.
- Staffed by a neonatologist, a Nurse Practitioner, and lots of nurses. There are 24 NICU beds, often close to capacity. The patients are split between the Tulane neonatologist and the 1-2 NPs. As a Tulane student, you’re only responsible for the Tulane babies, probably totaling 10-15.
- Location: 2nd floor. Your ID won't let you in, so you’ll have to get buzzed in every time.
- Schedule: Depends on when the attending wants to round and also depends on if the resident wants to pre-round. Generally, arrive by 7 am and see 1-3 babies/student. When you can leave changes every day. If nothing’s happening, then 3 pm. If there’s a planned high risk C-section or vaginal delivery impending, the resident will be impressed if you want to stay and participate.

**NURSERY FOR TULANE/OCHSNER**
- These babies are all healthy!
- Location: 2nd floor Lakeside. Your ID won’t get you—must get buzzed in.
- How it works: once you enter the nursery, first make sure to wash your hands! There are a few computers back there and you can print the below template. The nurses will wheel in the babies and
there'll be a bunch (10-15) in the nursery area. The babies’ charts are all in that outer room and most of the background info can be found by flipping through (time of birth, weight, gestational age, complications, etc). Go into the nursery and look at the name tag to see who is who. Have the intern/resident show you how to do the first well-baby exam and then it’s very simple.

- Schedule: Arrive by 8 am, see 1-2 patients and present them. When you can leave depends on how much teaching the attending wants to do and can be as early as 10 am.
- Afternoons: When you’re done in the well-baby nursery for the morning, you may also have some afternoon assignments. This could be to a clinic or to the Lakeside ED.

**CLINICS AT TULANE/OCHSNER**

- This will be 2 weeks long, divided up between morning and afternoon clinics. Some are at Lakeside (the shiny glass building next to the hospital) and some are at the Downtown hospital. It’s a low stress 2 weeks.

**BATON ROUGE**

How it’s broken down:

- **4 weeks inpatient:** 2 weeks on the general hospital pediatrics floor where you are on teams that admit patients from the ED or as direct admits for general outpatient pediatricians, 1 week on PICU, 1 week on the heme/onc ward.

- **2 weeks well baby/NICU:** You’re with either Dr. Albrecht or Dr. Tran at the Baton Rouge General Hospital, both of whom are extremely nice. See moms and examine babies (1 or 2 per med student), round with the attending (+/- family med resident), meet as a team with the neonatal NP and do conference room NICU rounds, dismissed around 11am with the option of seeing NICU babies.

- **2 weeks outpatient:** Each day is different and you rotate through general pediatrics and subspecialty clinics. These are flexible clinics so if you have a special interest in a specific field (ie. med/peds HIV), you can arrange a day with Dr. Vicari’s help.

- **Hospital pediatric service:** Attending, upper level, intern, medical student, +/- pharmacy student. You follow 2-4 patients. If you want to demonstrate your breadth of knowledge, always present the newest patient. Like medicine, they want to see your thinking via the assessment and plan. Also, they do plan in a systems-based format, for example:
  - FEN/GI: “stable, currently on maintenance IV fluids”
  - CV/Resp: “hemodynamically stable, stable on room air”
  - Heme/ID: “febrile, white count with left shift, therefore, empiric treatment with…”
  - CNS/Pain: “Motrin”

To be helpful to the team, update the list of patients on the white board in the physician conference room, put away the residents’ paper SOAP notes in the patients’ charts, offer to do re-checks on patients whose discharge is pending on improved condition in the afternoon.

Arrive by checkout (6am) and depending on your resident, you leave between 4pm – 6:45pm.

- **PICU:** Attending, resident, medical student, nurse in charge of each bed. You present one patient. Get to the point, always look at the sedation meds, new acid/base printouts, ventilator settings, etc. Review ARDS, sepsis, ventilator settings, CXRs, acid/base problem solving.

- **Heme/Onc:** Attending, resident, medical student. Works like the general ward. Heme/onc docs are
smart and enjoy teaching, so brush up on some cancer fundamentals and how to explain the
differential diagnosis of an abnormal finding on CBC.

- **Well-baby/NICU**: Attending, two med students, +/- family med resident. A break during the rotation
  where you show up for 3 hours a day, so get some studying done. Presentations are informal so
  relax during these two weeks.

- **Outpatient clinics**: Depends...mostly shadowing. At the Pediatric Academic Clinic which is the
  residents’ longitudinal clinic, they may let you see a patient by yourself first, then see the patient
  with the resident, and then present to the attending. Otherwise, the clinics are mostly shadowing.
  ID clinic with Dr. Bolton is pretty quiet with 1-3 patients, with the possibility of all no-shows. He’ll go
  over antibiotics with you, which is quite helpful. Dr. Williams allows you to see patients and present
  to him. At neuro clinic, you are with another LSU student and a resident. Dr. Hollman treats you like
  a resident so you see and examine a patient, type a note in Epic, and then she reads your note to
  revise. Together, you re-examine the patient and talk to the parents about the plan.

- You receive 5 lunch cards/week up to $6 each at OLOL. While on PICU and H/O you usually get
  lunch with the team in the doctor’s lounge.

- At Baton Rouge General (where you do NICU/nursery), you have unlimited access to the doctor’s
  lounge so you can have breakfast and lunch there.

- Morning report is on MWF. Resident lectures are Thursday afternoons and can be hit or miss.
  Preceptor sessions are on Tuesday afternoons.

- The faculty is extremely accessible here. If you’re interested in peds, med/peds, or a specific peds
  subspecialty, they are more than willing to talk with you.

**BOOKS/RESOURCES**

**Top choices for Review Books**

- *PreTest in Pediatrics* (Yetman) is said to be the most accurate for shelf review. If you can get through
  PreTest more than once, you should be golden.
  ISBN-10: 0071761233

- *USMLE World*: if you are willing to buy an annual subscription, it is good for basically every rotation.
  Many people reported two passes at USMLE World Peds placed them in the 75th or better percentile on
  the Shelf.

**Textbooks**

- *Illustrated Textbook of Pediatrics* (Lissauer) is recommended by the course coordinator and has sold the
  most from the Bookstore. It is available online (via library website) through MD Consult.
  ISBN-10: 0723435650

- *Essentials of Pediatrics* (Nelson) is extremely dense and it is unlikely you will read it all. However, if you
  want to be a pediatrician or ever want THE source on a peds subject, you will want this book handy. It is
  available in the bookstore and online (via library website) through MD Consult.
  ISBN-10: 1455759805
- *Pediatrics for Medical Students* (Bernstein) is also coordinator recommended, but not many people from the course actually liked it.

ISBN-10: 0781770300

**GRADING**

There is a lot of stuff you need to hand in for this rotation. The general breakdown for grading is 60% evaluation, 30% shelf and 10% preceptor evaluation.

Other things to complete (more information on these and other assignments will be given at orientation):

1. Extended Duty Hours (EDH): You will get a card with your initial packet. You must have 4 Extended Duty Hour days signed by an attending or resident. 1 Extended Duty Hour must be on a weekend.
2. 2 H&P’s
3. E-value
PSYCHIATRY

The psychiatry rotation is 4 weeks long and usually done in one or two of the following 5 locations: North Shore, Jackson, DePaul, East Jeff and Our Lady of the Lake. The rotation goes by relatively quickly since it is only four weeks long but is not overwhelming in material. Focus on definitions and classifications necessary for psychiatry diagnoses. The day-to-day inpatient service will vary per site but typically every student will have one day of specialized service: substance, forensic, homeless or VA mental health case management. Some of the academic classes will be case conferences where they will go over two packets of cases. It’s best to attempt these cases beforehand so that any questions that you may have can be answered at those sessions. The two required assignments are a psychiatric reflection on your experiences and a case summary on one patient. There is a good amount of information on Blackboard that will instruct you how to complete these assignments. Lastly, don’t forget to practice your psychiatric interviewing skills because there is a required Standardized Patient exam the day before your shelf.

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Orientation, Academic Class (typically Friday)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 2</td>
<td>Academic Class (typically Friday)</td>
</tr>
<tr>
<td>Week 3</td>
<td>River Oaks x 2 days (Usually Thurs, Fri)</td>
</tr>
<tr>
<td></td>
<td>Everyone does 2 days</td>
</tr>
<tr>
<td>Week 4</td>
<td>SP Exam, Shelf Exam</td>
</tr>
</tbody>
</table>

LOCATIONS

These are the ways your schedule could work out:

- 4 weeks at Northshore
- 4 weeks at OLOL in BR
- 4 weeks at EJ
- 4 weeks at DePaul
- 2 weeks at Jackson, MS/2 weeks at Tulane Consult
- 2 weeks at Jackson, MS/2 weeks at River Oaks

NORTH SHORE

Southeast Louisiana Hospital
23515 Hwy 190
Mandeville, LA 70448
Approximately 45 minutes out of New Orleans

Attending: Dr. Detrinis- He will treat you like an intern and make you do lots of work but you will learn a lot in the process.

This location has a very historical 1950’s psychiatric ward vibe to it. You will see a very diverse patient population because most are being PEC’d from a different location before being sent to North Shore.
Caution to the faint of heart: the patients run the full range and can be quite a handful. Make sure to practice general safety when interviewing patients (aka keep yourself between the door and patient). Parking is on-site and free. The hours typically run from 7am to 3 or 4PM. Dr. Detrinis might want you to stay later if there is a new patient arriving later in the afternoon. Dr. Detrinis encourages you to fill out the forms necessary for your patient and wants you to start doing all the day-to-day physician work; therefore, there is little if no time to study during your time on the unit. There is plenty of time to leave and grab lunch or enjoy the lunch you brought yourself.

**OUR LADY OF THE LAKE (OLOL)-BATON ROUGE**

OLOL Regional Medical Center  
Hennessy Blvd  
Baton Rouge, LA 70806  
**Approximately 1.5 hours out of New Orleans**

**Attending:** Dr. Trask – You don’t work with him directly; however, he is the one filling out your evaluation at the end of the rotation. He also leads the orientation for this site, expects one presentation from each student per week and has you write 4-6 progress notes each week, which you need to submit to him for review.

This clinical site has less stringent clinical supervision, which means that you are independently expected to meet expectations. These expectations are clearly explained during orientation. This rotation is really what you make of it individually; however, a general rule for doing well is showing enthusiasm, seeing all your patients at least once a day and meeting all the expectations given to you by Dr. Trask. Since this site is in Baton Rouge Tulane puts you up in the TAU Center, which is directly across the street from the main hospital. Make sure to pick up your keys form the front desk when you arrive at the TAU center. You get your own room that contains a small living area, a bed and private bathroom. Linens are provided but it is up to you to wash them in the provided laundry area. Make sure to bring your own detergent! There is a mini fridge in the room, 1 communal microwave and access to a coffee maker but no real access to a more extensive kitchen. There is free parking at both the Tau Center and at the hospital. You also get 5 weekly meal passes to the OLOL cafeteria worth $6 each. The hours change depending on what part of the rotation you are on. The first week is at the COPE unit, a Mental Health Triage unit where you work with specially trained social workers, and where hours are from 7 am-5 pm. The three weeks after that (inpatient psychiatry) are generally 7 am-1 pm. There is no official sign in or sign out for the day and you are not assigned to a particular resident or attending. Therefore, you will be expected to work independently with your patients and then check in with the corresponding residents and attending when they arrive on the ward.

**EAST JEFFERSON HOSPITAL**

4200 Houma Blvd  
Metairie, LA 70006

**Attending:** Dr. Kinzie- Typically he will require you to do two ER on-call days over the weekend instead of one.
There is a parking garage attached to the main hospital that is on the far left side of the roundabout in front of the main entrance. It is free to park in as long as you are in public spaces. The typical day begins around 7:30am to 8am and rounding happens around 9am with the attending. An average day will finish around 1PM or 2PM; however, it depends on how many patients you have. You will have to do two ER weekend on-call days (either Saturday or Sunday) where you are required to stay till 4PM. You are typically rounding or busy writing notes while at East Jeff so there isn’t a lot of down time. Once you are done with your clinical responsibilities you are typically dismissed to study at home.

**DEPAUL**

1040 Calhoun Street  
New Orleans, 70118

*Attending:* Dr. Alvarez (Med/Psych) - She expects you to run one resident group and possibly one student presentation.

There are 8 Tulane beds at this facility. Each student typically sees 2-4 patients. There is a free parking lot at DePaul that will be located on the right hand side of Calhoun street right before you hit Camp Street. The day will typically start at 7:30am and rounds with the attending will typically start at 8:30 or 9am. Rounds will typically last till noon or 1pm; however, it depends on patient load. On Mondays and Wednesdays there is Resident Group, which will typically run till 4pm. There is some available time to study during the day so bring some materials in your white coat or accessible on your phone every day. However, due to the general shorter hours of this rotation it is best to study after clinical clerkship hours.

**JACKSON**

East Louisiana State Hospital  
4502 Hwy 951  
Jackson, LA 70748  
*Approximately 2-2.5 hours away from New Orleans.*

*Attendings:* Dr. Amhed and Dr. Garriga

Jackson is NOT a four-week rotation site. Typically you will rotate there your first two or last two weeks. You typically go with one or a few other students and you share a house. There are lots of interesting sites to see when not on service including haunted houses and cool Cajun restaurants. The house onsite for student use is a 5 BR house located on the grounds of the hospital. It has a full kitchen with dishwasher and microwave, a washer and dryer and TV with cable and movie channels. There is WiFi available; however, it is reported to be slow and underpowered. The beds are twin size with thin mattresses (bring extra padding if you need it). Make sure to bring sheets, a pillow, blanket, laundry detergent, and/or sleeping bag. When you arrive at the gate you will get your Visitor’s Parking Pass and a Visitor’s Pass. The parking is available in front of the house and the hospital itself. Expect to drive from your house to the hospital every day. Morning report starts at 8:15am and quickly goes over patients in the acute forensic wards. On Monday, Wednesday and Thursday the staffing for Men’s ward starts at 9:30am and goes till 11:30am and consists of the attending interviewing each patient briefly. Staffing for the women’s side starts at 1:30pm and goes till about 3pm. Students are typically free after the morning session on Thursdays so that you can return to New Orleans before rush hour but make sure to confirm
this with your team. Tuesdays are done with Dr. Garriga at the Forensic staffing and start at 10am. This is followed by placement hearings in the afternoon, which typically finishes by 3:30pm. Expect to be assigned a patient on whom you will do a history and mental status exam during Forensic staffing. Dr. Garriga usually expects you to report back on this patient the next Tuesday. There are varied hours throughout the week but ample time to study after clinical responsibilities.

**TULANE**

Consult/liaison service: there is a 2-week consult/liaison service at Tulane. You see patients in the ED and in the hospital. They are then considered for placement at outside facilities. Hours are not bad at all; approx 7-3 pm.

**RIVER OAKS**

1525 River Oaks Road West  
New Orleans, Louisiana 70123

Everyone does at least 2 days here of the whole rotation. But some will do 2 weeks here.

You will spend mornings at the addiction facility center where you see patients and make rounds. In the afternoons, you will participate in group counseling with people who are there long term; you kind of become part of their therapy group.

Dr. Roy is supposed to give you a lecture; he’s known to be one of the premier addiction specialists in New Orleans.

**GRADING**

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Evaluation</td>
<td>55%</td>
</tr>
<tr>
<td>Outpatient Evaluation</td>
<td>5% (attendance and participation)</td>
</tr>
<tr>
<td>Standardized Patient Exam</td>
<td>20%</td>
</tr>
<tr>
<td>NBME Shelf Exam</td>
<td>20%</td>
</tr>
</tbody>
</table>

The standardized patient exam consists of 1 patient encounter where you will have to use psychiatric interviewing skills, counseling and write a note at the end. Be careful of the Shelf exam because it can be tricky!

**RESOURCES, TEXTBOOKS**

First Aid for the Psychiatry Clerkship, third edition
ISBN-10: 0071739238  
This book is everything you need to know about psychiatry in 218 pages. It is dense but will give all major diagnoses classifications needed to do well on the shelf.

Psychiatry Pre Test Self-Assessment and Review, Thirteenth Edition
ISBN-10: 0071761012
Great question bank source and gives detailed explanations. This is a great resource and preparation for the shelf exam.

**Case Files Psychiatry, Fourth Edition**
ISBN-10: 0071753915
These 60 cases cover all the major topics of psychiatry and give you a general overview about diagnosis and treatment. Generally these cases and questions are easier than the shelf exam question; however, it is still great review.

**USMLE World Question Bank for Step 2, Psychiatry Portion**
[https://www.usmleworld.com/purchase.aspx](https://www.usmleworld.com/purchase.aspx)
There are about 150 questions in the UWorld Qbank for psychiatry.
SURGERY

Surgery is an intense 8-week rotation. You’ll get to wear scrubs everyday. You’ll get to see and participate in a lot of cool stuff. You’ll be working with people who love what they do. And you’ll definitely be surprised to see how much anatomy you’ll remember. It’s a lot of hard work, but you enjoy the challenges and you’ll have a good time.

LOCATIONS/SCHEDULE

8 weeks of surgery total; divided into 4 weeks at one location and 4 weeks at another; some require weekend work (Saturday or Sunday), some don’t.

GENERAL SURGERY LOCATIONS

Tulane Medical Center (TMC): TMC now hosts VEP, Acute Care, Transplant Service and Cardiothoracic. In the mornings you will see your patients on the 5th, 6th, or 7th floors, or Outpatient Surgery or Surgical Intensive Care Unit (SICU) on the 3rd floor. The OR is on the 3rd Floor.

- **Acute Care:** You have no idea what your schedule is going to be. It’s long hours. You get to do a true general service, you WILL be up to your elbows in guts, but it can get tedious. The average time spent at the hospital really varies but could be as early as from 5:00am until as late as 6:00pm, 5-6 days a week. Grading is difficult and the hours are long, but the breadth of cases covered is extensive. There is a lot of clinic, and you need to be ready to transition from clinic to OR quickly.

- **CT/Vascular (Cardiothoracic and Vascular Surgery):** The hours and workload are less than Acute Care. 5am-5pm 5 days a week, no or minimal weekend work, and cases are not too long (1-3 hours). Bread-and-butter cases are fistula placement, femoral-popliteal bypass, and Coronary Artery Bypass Grafts (CABG). This service can get fairly specific as you do not get to see any abdominal surgery, but seeing a CABG and vascular repair is truly an amazing experience. Grading is pretty fair, but work outside of the hospital hours is required to keep up on the breadth of surgery knowledge for the shelf. Additionally, only 1 student at a time is on this service, so you will need to be assertive and prepare well for the cases if you want the surgeons to take you seriously.

- **Transplant:** This service can be hit or miss. The surgery load can be low or high depending on how things are going that month. If at all possible try to go to a harvest; students can go as long as the location is within driving distance. The attendings generally enjoy having students and grade fairly.

- **VA:** A very chill service. There are usually only 2-3 patients so the day is fairly short.
Tulane-Lakeside: Breast service. Good hours and an easy service to generate face time with attendings.

Ochsner: In addition to Tulane students there are University of Queensland (UQ) students who are on the same rotations as you. Hours are approximately 5am to 5pm. Students have variable experiences at Ochsner. There are times when residents and attendings will definitely teach you; in fact, some of the attendings are very enthusiastic. The operative experience is good, as the residents sometimes allow you to participate. The 4 weeks are divided so that you’ll spend 2 weeks on two different services. This will include things like acute care/gen surg, surgical oncology, transplant, CT surgery, bariatric surgery, and more. Also, you are expected to go to school with the UQ kids on Monday from 7-12 (in addition to Tulane Friday school).

Trauma: At UH. Awesome. You have to take call. Calls are hard. It’s call like “an Ak-47 just tore someone in half. Literally. Sew them together.” Hard work and long hours with an experience any future surgeon will love.

West Jefferson: Excellent experience covering general surgery with attendings who enjoy teaching. Often teaching time is dependent on resident team.

East Jefferson: Good balance between general and colorectal surgeries. Attendings who also enjoy taking time to teach. However there is a general lack of patient/student interaction due to the private hospital designation.

Baton Rouge: For this rotation you will be working for one month at Our Lady of the Lake (OLOL) or Baton Rouge General (BRG). Attendings are very friendly. The OLOL service is resident-based and you will be working with LSU residents. The BRG service has more one-on-one time with the attending, as he does not have residents. You will be living in the residential portion of the Tau Center, the psychiatric ward at OLOL. It is free but it has very little to offer in terms of a kitchen (mini-fridge and coffee maker). Additionally, no alcohol is allowed at Tau Center. The main campus of OLOL is very close (5 minutes away) and is in general a nice hospital. Use the free food vouchers (5 per week, each worth $6) for meals; occasionally the residents will take you with them to the Doctor’s lounge. If you are rotating at Baton Rouge General, you have access to the Doctor’s lounge and the free food there. You will be attending the Friday morning lectures via video conference. Parking is free at both locations.

**LIKELY SCHEDULE**

Shifts usually end up as 12 hours on general, plan on 6 to 6, but allow an hour earlier or a few hours later. Depending on the organization of your team, you will usually pre-round, then round, then head to the OR. The rest of your day consists of standing around or running around, learning what you can where you can. The day is usually over when you have rounded with an attending or 2 and accomplished
all of the floor work (dressings, vacs, orders, discharges, etc.) The floor work is not totally known until your round with the attending, and that will be about 3 hours after you would like it to be.

RESOURCES

- **Surgical Recall:** the most concise preparation for the questions you’ll get on rounds and in the OR. It’s mostly useful for the oral exam at the end, but it’s set up in a question-answer format. It is not the best resource for the shelf Exam. ISBN-10: 1451176414, ISBN-13: 978-1451176414

- **Abernathy’s Surgical Secrets:** Only get this book if you are going into surgery. It is resident level material that will make you sound like a surgery god by learning it. Great for rounds or impressing your staff, USELESS for the shelf. ISBN-10: 032305711X, ISBN-13: 978-0323057110

- **NMS Surgery Casebook:** Good for the shelf once you have run through other more foundational books. Walks through basic cases and variations upon the basics. It is most useful for learning about the variations on the basic ideas of surgery. Easy to read, case-based structure. ISBN-10: 0781732190, ISBN-13: 978-0781732192

- **Kaplan’s Review Book on Surgery, also called Pestana Notes:** A series of vignettes with diagnosis, treatment, and management. This is an excellent resource! ISBN-10: 1609789164, ISBN-13: 978-1609789169

- **A qBank.** Either Kaplan or USMLE World has less than 200 Surgery questions, but they’re on point for the Shelf Exam.

Other Resources:


THINGS TO KEEP IN YOUR WHITE COAT

Penlight, pens, Maxwell’s, small notepad with removal pages, *Surgical Recall* and/or something else to read, phone, **blank progress notes/orders (key on this rotation)**—seriously, you will look amazingly prepared when you hand one to your intern/resident, trauma shears (scissors) (again, worth having so that you can hand them off when needed), 4×4 gauze pads, alcohol pads, some form of bandage or tape (some like paper, some like cloth, some prefer the big 4” rolls), stethoscope (you’re the only who’s going
to have one, and they expect you to have it), food (that’s what the inside pocket of your white coat is for).

**Note:** You’ll acquire all these things as you go, so don’t worry about having them on Day 1.

**GRADING**

25% Evaluation on month 1, 25% Evaluation on month 2, 25% shelf exam, 10% oral exam, 5% Case Summaries, 5% Knot Tying and Suturing Exam, 5% Principles of Surgery Exam (after orientation)
ELECTIVES

Electives are 3rd and 4th year rotations that are not a part of the “core” group of clerkships. One of the strengths of starting our third-year rotations earlier than other schools is the ability to investigate areas of medicine outside the major clerkships before having to decide on what to do with the rest of your life. If you are interested in one of these specialties, it usually requires completion of the associated core clerkship first (ENT would require you to complete Surgery, Cardiology would require you to complete Internal Medicine) and then scheduling through the department. Elective rotations are either 2 weeks or 4 weeks long. Remember that 4 week long electives almost always offer a grade of Honors/High Pass/Pass/Fail, while 2-week electives are Pass/Fail unless otherwise specified. If you are unsure, ask Rondel.

Potentially any specialty in the field of medicine can be taken as an elective. Scheduling them can be a little difficult as a conversation with the clerkship director or department head is usually required before scheduling with Rondel. For example, if you are interested in Dermatology, you NEED to speak with the Dermatology department before scheduling with Rondel.

Students do get exposure to some specialties during their core rotations. For example, during Ambulatory medicine, students can ask to rotate in Gastroenterology or Cardiology. Alternatively, during the two-week Outpatient Surgery, students can request to rotate in Urology, ENT or Orthopedic Surgery. However, these spots can be difficult to obtain, and the best way to make an impression on these specialties is to schedule a one-month elective in them. If you are very interested in matching into a specialty like ENT, Orthopedic Surgery, Neurological Surgery, Dermatology, or Radiology, it is best to get to know the department EARLY and then ask to do a 1-month rotation after you complete your associated core clerkship. These can be competitive specialties that require you plan ahead and get to know the departments before you can match.

Ultimately, third year gives you some flexibility to schedule electives and learn about specialties outside of the core clerkships. If you are interested in a specialty, ask to shadow a day in the OR, clinic or rounds as early as you can to get a better idea of what the specialty entails. If you continue to be interested in that specialty, schedule an elective in it early to see if you really want to do it, and then get to know the department residents and attendings.