Family Medicine in DeRidder, LA
Details about Service: Lived in the hospital and worked with Dr. Bonilla
Difficulty of Work environment (1 = poor, 3 = average, 5 = awesome): 5
Hands-on experience / patient interaction: 5
Expectations: Typical hours are 7:45-4PM Monday-Friday with half days on Wednesdays and Fridays. I walked from the hospital to his clinic everyday which is a very short walk. All meals are free at the main hospital. A typical day is seeing roughly 20-25 patients over the course of the day with a 1 hour lunch break.
Preparation for shelf: 5
Residents’ interest in teaching: 5
Opportunities to practice procedures or the physical exam: 5
Attendings' interest in teaching: 5
How did you prepare for the clerkship exam? Case Files - Family Medicine & AAFP questions

Family Medicine in Magnolia, MS
Details about Service: Worked with Dr. Lampton
Difficulty of Work environment (1 = poor, 3 = average, 5 = awesome): 5
Hands-on experience / patient interaction: 5
Expectations:
- “Morning starts at 9am. See patients, do physical exam, write prescriptions, discuss patients with doctor or nurse practitioner. You can do most procedures such as injections, blood draw, skin biopsies, sutures, nail removal etc. There are also in-patient in the hospital next door and Dr. Lampton will divide the patients between the students. You see them and write notes (much less detailed) as in internal medicine. Depending on Dr. Lampton's schedule, you can round and get out as late as past 6pm or as early as 1pm. Wednesdays and Fridays are usually half days. You live on the hospital ground with free parking so you just walk over to clinic and can come back for lunch, naps, whatever. You can pay $3 for hospital breakfast or dinner and $4 for lunch. There's a subway and a restaurant nearby. Pharm reps usually bring food at least one day a week.”
Preparation for shelf: 3
Residents’ interest in teaching: 3
Opportunities to practice procedures or the physical exam: 5
Attendings' interest in teaching: 4
How did you prepare for the clerkship exam?
- Pretest Family Medicine and AAFP QBank. Plenty of time, but don't get lazy, there's a lot of questions. Preventive, screening medicine. Management and treatment.
How did you prepare for your clerkship’s in-house exam? n/a
Any other tips you would like to share about your rotation experience? “Don't stress about the project. I did but it's not worth it and everyone does well.”
Family Medicine in New Iberia
Details about Service:
Difficulty of Work environment (1 = poor, 3 = average, 5 = awesome): 2
Hands-on experience / patient interaction: 5
Expectations: See as many patients as possible and write up charts. 9-6 or 7. Free parking at hospital. Free food in doctors lounge all day.
Preparation for shelf: 3
Residents’ interest in teaching: 3
Opportunities to practice procedures or the physical exam: 5
Attendings’ interest in teaching: 5
How did you prepare for the clerkship exam? Aafp questions

Family Medicine in Opelousas, LA
Details about Service:
Difficulty of Work environment (1 = poor, 3 = average, 5 = awesome): 3
Hands-on experience / patient interaction: 4
Expectations:
- “Go in a little before 9am and see any patients that are in the rooms before the doctor gets in. See patients independently before the doctor to get a general HPI and fill in any/all information on the computer. Keep rotating between seeing patients first and then seeing them again with the doctor. Essentially manage the computer. Parking is free. Lunch provided by pharm reps.”
Preparation for shelf: 2
Residents’ interest in teaching: 3
Opportunities to practice procedures or the physical exam: 3
Attendings’ interest in teaching: 3
How did you prepare for the clerkship exam? AAFP board questions and some Internal Medicine UWorld questions
How did you prepare for your clerkship’s in-house exam? n/a
Any other tips you would like to share about your rotation experience?

Slidell Family Medicine
Details about Service: 6 weeks in Slidell, LA at Rowland-Duffour clinic
Difficulty of Work environment (1 = poor, 3 = average, 5 = awesome): 5
Hands-on experience / patient interaction: 5
Expectations: 4.5 day/wk 8am-4pm.
- “Hospital rounds from 8am-9am and private clinic 9am-4pm. Schedule is flexible and Dr. Duffour encouraged me to take time off if I needed it. Dr. Duffour also was on call and offered to let me know if there were interesting cases I should come in for on the weekend. We did have longer hours than other FM sites from what I hear, but I was always busy and learned a lot.”
Preparation for shelf: 3
Residents’ interest in teaching: 5
Opportunities to practice procedures or the physical exam: 5
Attendings’ interest in teaching: 5

How did you prepare for the clerkship exam?
- “I didn't have any time to study while in clinic, aside from briefly reading up to date articles before presenting each patient to Dr. Duffour. I informally presented about 10 patients each day. After work I just tried to get through as many Uworld internal medicine and pediatrics Qs as possible. I binge-read FM case files and did pretest FM 1 week prior to exam.”

How did you prepare for your clerkship’s in-house exam?
- “FM requires we do an oral presentation on a "project" with three options: public health, quality improvement, or some kind of lit review (I forget the last one). It can be used as an opportunity for publication if you want to put a ton of time into it, but otherwise you can polish this off in 1-2 days after thinking about it a little. Everyone gets 10/10 as long as they meet predesignated criteria, so it's nothing to get in a sweat over.”

Any other tips you would like to share about your rotation experience?
- “I highly recommend the Rowland-Duffour clinic. Slidell is a small city 45 minutes outside New Orleans with lovely, kind patients and a relaxed but busy clinic. I do have to say though that Dr. Duffour usually accepts only 2 students per year, and I was the first one. Make sure to put in your request early if you want to work with him.”

Tulane Uptown Multispecialty Clinic Family Medicine
Details about Service: Outpatient family medicine clinic at the Tulane Uptown Multispecialty Clinic (200 Broadway St.). I was working with Dr. Kiernan Smith
Difficulty of Work environment (1 = poor, 3 = average, 5 = awesome): 4
Hands-on experience / patient interaction: 5
Expectations:
- Tasks: See each patient, perform an H&P, then present directly to the attending. See the patient again with the attending if time permits. I was able to perform minor procedures when indicated.
- Parking: I don't know, I took the shuttle
- Food: I ate po-boys at Singleton's Mini Mart (7446 Garfield) virtually every day and it was glorious. The roast beef and gravy is particularly good.

Preparation for shelf: 4
Residents’ interest in teaching: 5
Opportunities to practice procedures or the physical exam: 5
Attendings’ interest in teaching: 5

How did you prepare for the clerkship exam?
- “I read Case Files Family Medicine and did about half of the board review questions on the AAFP website. I felt as though the best prep was actually seeing patients and asking lots of questions. A good number of shelf questions gave vignettes that matched closely with patients I had seen.”
- “I did not agree with the characterization that the Family Medicine shelf has a lot of questions that come out of left field. I felt adequately prepared for the exam and it
seemed like the percentage of questions on each topic was close to what I saw in the clinic.”

How did you prepare for your clerkship’s in-house exam? n/a

Any other tips you would like to share about your rotation experience?

- “The most difficult thing to get good at in Family Medicine in my opinion is to give complete presentations. You must address the patients acute concerns, chronic disease management, and preventive medicine.”
- “I used the AHRQ phone app (discussed at orientation) for most of the clerkship in order to give me a list of the recommended preventive services for each patient so that I did not miss any.”
Internal Medicine Clerkship – Updated December 2015

Locations: Various (UMC, TMC, VA) – (10 respondents)

Details about Service:

*Hours vary by call schedule and team; specific expectations vary by attending.*

“Your day basically consists of getting there early in the morning to gather the info you need for the objective section of your SOAP note. Then you go and see your patient. You meet with your team later that morning to go over the assessment and plan. Then, later that morning you round with the attending physician and present your patients to the team. After rounds, you usually help the team with whatever they need and also update Phaedrus. You check in with the team once you've completed all of your given tasks to see what else you can help with, etc"

“When presenting old patients, know acute events overnight (both from patient and nursing perspective), med changes and consult recs over the past 24 hours, 24 hr vitals, O2 flow (if applicable), changes from original physical exam, I/Os (if needed), and new labs and tests. Always keep a handy list of patient meds and keep track of trending lab values of note.”

“Basically you're just supposed to be up to date on everything that's going on with your patient”

TMC: No secure places to store belongings. Cafeteria closed on weekends.
UMC: Refrigerator available in resident lounge, lockers available in locker rooms.
VA: Slow service, small patient load

Difficulty of Work environment (1 = poor, 3 = average, 5 = awesome): 3.5/5
Hands-on experience / patient interaction: 4.4/5
Preparation for shelf: 3.1/5
Residents’ interest in teaching: 4.3/5
Opportunities to practice procedures or the physical exam: 4.4/5
Attendings’ interest in teaching: 4.5/5

How did you prepare for the clerkship exam? *Learn what you can about your patients while on service; while off service commit to making time to study as soon as you begin the clerkship – find a way to study a couple of hours each day, every day. MKSAP, Uworld, Case Files, Online MedEd, and Step Up to Medicine were all recommended resources.*

How did you prepare for your clerkship’s in-house exam? *Thoroughly review the EKG material provided by Dr. LeDoux as well as the Tulane “Appriaches” study guide from DropBox.*

Any other tips you would like to share about your rotation experience? *“This is a rotation where you really get out of it what you put in. No one on internal medicine will pressure you to do more than you want to, but if you put in more effort to get to know and learn about your patients, you will get a lot more out of it.”*

“IM is what you make of it. You can get by with just copying what the residents/interns say, but if you want to maximize your experience, try to come up with your own plans first -- even if they get shot down, you still learn a lot from the process. Be proactive, use
every and any opportunity to practice doing a physical exam (and ask someone to give feedback at least once), ask questions (but not when everyone is super busy), check up on your patients multiple times during the day, try to read up on standards of care, and help your fellow teammates out. Go above and beyond, and you'll learn so much, come off as confident and competent when presenting, and be ready for shelf and the clerkship exam."
Tulane Hospital in New Orleans (4 respondents)

Details about Service: 2 weeks consult, 2 weeks of stroke service

Difficulty of Work environment: 4/5, 3/5, 3/5, 4/5

Hands-on experience / patient interaction: 4/5, 4/5, 4/5, 3/5

Expectations:

- “[Responsibilities include] Seeing all your patients before rounds, which are at variable times depending on the attending. For both consult and stroke, usually got in around 7 am, left.....4? Depends on, attending/clinic schedule/patient load. Never left before 4. Consult is HIGHLY variable. Parking is just Tulane parking, food could be left in a bag in the neurology area or med student lounge in hutch. OR hospital caf/med school caf/food trucks.”
- “For stroke, arrive at 7. See patients, preferably with the intern to save everyone time. Pre-round at the time the resident wants. Round (usually 9-9:30ish, depending on the attending). Afternoons vary. Some attendings don't show up until the afternoon. Others will round into the afternoons. When there is down time, the residents try to teach. On average, left around 6. Some interns will help get you out more quickly.”
- “For consult, depends on the attending and the number of patients. For my 2 weeks, arrive at 7 and see patients. Pre-round with resident at 8:30ish. Round with the neuro ICU attending at 9-10. May round with the consult attending late morning/afternoon, but generally the resident just did it over the phone by herself. Wed/Fri afternoons are clinic at University. Other afternoons usually involved more time with neuro ICU attending going over the patients. On average, left around 6, which I've been told is quite unusual for consult. Generally, the hours are much nicer.”
- “Consult: see assigned patients in the morning, round with ICU patients with one attending and floor patients with a different attending. Hours are variable depending on when the attendings choose to round. Arrived between 8 and 11 and left between 1 and 6. Went to clinic at UMC once a week.”
- “Stroke: see assigned patients in the morning and round with residents and attendings, perform stroke scale assessments and go to stroke activations. Stroke clinic about once a week. Hours on average 7am-4pm.”

Preparation for shelf: 3/5, 2/5, 4/5, 3/5

Residents’ interest in teaching: 5/5, 3/5, 5/5, 3/5

Opportunities to practice procedures or the physical exam: 4/5, 3/5, 4/5, 3/5

Attendings’ interest in teaching: 5/5, 3/5, 5/5, 3/5

How did you prepare for the clerkship exam?

- “Uworld and pretest all the way. Definitely didn’t have enough time to study, the days were long and draining.”
- “Blueprints was ok. It was short and easy to read but not enough detail. Pretest was decent - questions are the best way to prepare. UWorld was also pretty good. I had little downtime during my clerkship to study so I mostly had to resort to studying at night and on the weekends. Other sites may be lighter on hours/expectations.”
- “Case Files, Pretest, UWorld. Had much more time to study on consult than stroke.”
How did you prepare for your clerkship’s in-house exam?
- Reviewed the neuro exam from the SP session, practiced once on teammates and read through the neuro exam from that pocket guide to clinical skills they gave us in FIM.
- Did not prepare. I had been doing neuro exams every day for the whole month; that was enough practice. SP exam is only 10% of grade, so not a big deal.
- Reviewed the components of the neuro exam.

Any other tips you would like to share about your rotation experience?
- “Only pick Tulane if you are interested in neuro or want to learn/work a lot. It is not a site for those looking to chill for a month. Attendings are pretty good though.”

Oschner Main Campus in New Orleans (1 respondent)

Details about Service: 2 weeks consult, 2 weeks of stroke service
Difficulty of Work environment: 3/5
Hands-on experience / patient interaction: 3/5
Expectations:
- “Gen neuro: arrive like 7:15-7:30 to the 7th floor, get your patient assignments from the resident, go do chart review/see your patient/attempt to write a note, rounds at like 9-10 depending on the attending (who changes every Tuesday); after rounds you are free till the afternoon, can eat at the cafeteria 1st floor, dismissal usually 3-4 depending on needs, be aware the teams are huge because of the Ochsner-Queensland students, also budget like 10 minutes to walk to the building because Ochsner makes you park very far out, attendings are usually good teachers”
- “Stroke--similar deal as gen neuro, but rounds are at a firm 9 no matter the attending, you don’t write notes, and you present your patient to the entire 20-person stroke team, med students are very much an afterthought on this team (which is really not a good learning experience), half the time one of our attendings (they change on Thursday) forgot he had students and we didn't present, dismissal is usually a little earlier than gen neuro.”

Preparation for shelf: 3/5
Residents’ interest in teaching: 4/5
Opportunities to practice procedures or the physical exam: 3/5
Attendings’ interest in teaching: 2/5

How did you prepare for the clerkship exam?
- “I used pretest and blueprints/casefiles. Lots of downtime here, so definitely bring something to occupy your time.”

How did you prepare for your clerkship’s in-house exam?
- “Neuro only has an SP exam, for which I reviewed the green SP book and Dr. Lafaye's orientation handouts on neuro exam stuff; be aware you WILL NOT have enough time to get through everything you need to during the exam and so should make time prioritization a focus of your studying.”

Any other tips you would like to share about your rotation experience?
• “Ochsner is administratively very disorganized for neuro; you are very much on your own, which can be a good thing and a bad thing, so you need to make sure you stay on top of everything you need for the rotation (like evaluations).”

Tulane Lakeside Pediatric Neurology in New Orleans (1 respondent)

Details about Service: n/a
Difficulty of Work environment: 4/5
Hands-on experience / patient interaction: 5/5
Expectations:
  • “You will take a history and physical for every patient that comes in, then present to Dr. Nelson.”
Preparation for shelf: 3/5
Residents’ interest in teaching: 4/5
Opportunities to practice procedures or the physical exam: 5/5
Attendings’ interest in teaching: 4/5
How did you prepare for the clerkship exam?
  • “Pretest, case files, step 2 ck, Uworld”
How did you prepare for your clerkship’s in-house exam?
  • “SP-review physical exam videos.”
Any other tips you would like to share about your rotation experience?
  n/a
TMC/UMC Clinic and Lakeside L&D (3 responses)

**Details about Service**: 4 weeks clinic TMC/UMC, 4 weeks L&d Lakeside  
**Difficulty of Work environment**: 3.7/5  
**Hands-on experience / patient interaction**: 4/5  
**Expectations**:  
- “Clinic is AM or PM. You see patients ahead of the residents and present to them. You usually get to do the annual exams, pelvic exams, etc”  
- “Take H&Ps, do progress notes on inpatients, scrub in on surgeries, scrub in on deliveries”  
- “Progress notes. Hours were 5a-2pm, 5a-6p, or 5p-9a (night float), parking was good at Lakeside, food was available”  
- “Ask for hands on experience during shifts and always have a positive attitude - this will get you more opportunities to learn.”  
**Preparation for shelf**: 4/5  
**Residents’ interest in teaching**: 4.3/5  
**Opportunities to practice procedures or the physical exam**: 4/5  
**Attendings’ interest in teaching**: 5/5

Tulane Downtown Inpatient (1 response)

**Details about Service**: 2 weeks clinic, 1 week gyn inpatient, 1 week onc inpatient  
**Difficulty of Work environment**: 3/5  
**Hands-on experience / patient interaction**: 4/5  
**Expectations**:  
- “Gyn and Onc is mostly surgery in the AM and clinic or seeing patients in the PM. you get there between 430-630 and leave between 12-3.”  
**Preparation for shelf**: 3/5  
**Residents’ interest in teaching**: 5/5  
**Opportunities to practice procedures or the physical exam**: 2/5  
**Attendings’ interest in teaching**: 4/5

Ochsner (1 response)

**Details about Service**: Ochsner Baptist - 2 weeks, Gyn; 2 weeks L&D, Ochsner Main Campus - 2 weeks, GynOnc, UMC - 2 weeks, Clinic  
**Difficulty of Work environment**: 4/5  
**Hands-on experience / patient interaction**: 3/5  
**Expectations**:  
- “Gyn and Onc is mostly surgery in the AM and clinic or seeing patients in the PM. you get there between 430-630 and leave between 12-3.”  
- “Did not have time to study much on GynOnc or Clinic during the day.”  
**Preparation for shelf**: 3/5  
**Residents’ interest in teaching**: 2/5
Opportunities to practice procedures or the physical exam: 3/5  
Attendings’ interest in teaching: 4/5  

West Jefferson (1 response)  
Details about Service: 2 weeks clinic, 1 week gyn inpatient, 1 week onc inpatient  
Difficulty of Work environment: 4/5  
Hands-on experience / patient interaction: 4/5  
Expectations:  
- “We arrived at 6 and did brief rounds with the residents. Then we would usually go to a morning case in the OR then we'd sit around studying and do C-sections around noon or more cases later. Parking is not usually a problem, but the garage is preferred. Food is free (and usually pretty okay) in the doctor's lounge.”  
- You'll have lots of time to study at West Jeff. Did have time to study on Gyn and on L&D  
Preparation for shelf: 3/5  
Residents’ interest in teaching: 2/5  
Opportunities to practice procedures or the physical exam: 3/5  
Attendings’ interest in teaching: 5/5  

How did you prepare for the clerkship exam?  
- “UWorld, blueprints, case files, meded, first aid for ob/gyn”  
- “UWorld, case files, online med Ed videos were a useful framework when I didn't feel like reading”  
- “Blueprints OBGYN, APGO questions (3 tests), Uworld (2/3 of OBGYN q's), Case files (half)”  
- “UWorld, PreTest, and Blueprints. I'm usually not much for reading books, but Blueprints was really good for this rotation”  

How did you prepare for your clerkship’s in-house exam?  
- “Ask for hands on experience during shifts and always have a positive attitude - this will get you more opportunities to learn”  
- “Use the green book for the SP exam and say a prayer before you walk in”  

Any other tips you would like to share about your rotation experience?  
- “Attendings and residents are nice and are interested in teaching if you are nice to them and just ask when appropriate. They are tired, stressed, and overworked, but they are nice and helpful if you are nice and helpful to them and show them respect like you would on any other rotation.”  
- “Look, as with all rotations, the ONLY way to succeed on the wards is to HUSTLE. Anticipate what needs to be done - help nurses move and clean patients, help residents with the basic logistical tasks. Don't stand around like an idiot.”  
- “Don't blow off CSA exam. Make sure to make time to practice.”  
- “Be prepared to guide your own learning, these residents aren't much for teaching. I found the Ochsner residents to be more pleasant than the Tulane residents.”
Ochsner (4 respondents)

Details about Service: 4 weeks inpatient (1 week of sub-specialty, 1 week of general, 1 week of "nights," and 1 week of ancillary where you follow different staff every day, 2 weeks outpatient, 1 week well-baby (Tulane), 1 week NICU (Tulane)

Difficulty of Work environment: 2.75
Hands-on experience / patient interaction: 4.0

Expectations:
- Inpatient: “Arrive at 6 for sign off, round on your patients, report to the resident, go to Morning Report at 7:30, then at 9 round with the attending. Afternoon follow up on patients tasks and sign out to night med students at 2/3.”
- Outpatient: “shadow the physician”; “7:30-8:30 at morning report, 9-12 clinic, 1 to anywhere from 3-5 clinic. Clinic is mostly shadowing.”
- “There are two cafeterias in the hospital, lots of variety, good food, and plenty of time to eat. Parking is at their employee parking lot across the street. It will take several minutes to walk to the hospital or ride their provided shuttle.”

Preparation for shelf: 3.5
Residents’ interest in teaching: 3.75
Opportunities to practice procedures or the physical exam: 4.0
Attendings’ interest in teaching: 4.5

How did you prepare for the clerkship exam?
- UWorld, Blueprint Pediatrics
- “Daily morning reports and preceptor are very good at preparing you for the shelf. I read blueprints and First Aid for pediatrics on my down time.”
- “Lots of study time, especially on well baby nursery week.”
- “All of UWorld, read all of case files, and used First Aid for the Pediatric Clerkship to look up specific topics.”

Any other tips you would like to share about your rotation experience?
- “Attendings at Ochsner went above and beyond and really cared about us. One invited us to a dinner meal at his home, and another took us out to lunch.”
- “If you are interested in pursuing Pediatrics then I would definitely recommend working at Oschner. Drs. Steele and Warrier are excellent.”
- “All of UWorld, read all of case files, and used First Aid for the Pediatric Clerkship to look up specific topics.”
Tulane (5 respondents)

**Details about Service:** 2 weeks inpatient, 4 weeks outpatient (2 general, 2 specialized), 1 week NICU, 1 week wellbaby

**Difficulty of Work environment:** 3

**Hands-on experience / patient interaction:** 3.6

**Expectations:**

- **General:**
  - “Daily tasks: Depends on what part of the rotation you're on, but usually consisted of seeing patients and presenting to your attending. Outpatient was more shadowing, less patient interaction, but inpatient was more interactive.”
  - “Depend on service. Outpatient, see patients and report back to attending. Inpatient, pre round on your assigned pt, then review presentation with resident, then round with attending”
  - “Tasks varied but generally in the hospital you have one or two patients who you go to see every morning and whose care you're particularly invested in. Hours were all over the place -- on well baby and NICU we got in around 7, 7:30 and left the hospital by 2pm most days -- well baby is done before lunch but there can be other assignments in the afternoon like going to the peds ER. Peds wards hours were 6am till whenever they felt like letting us go, but we didn't usually round in the afternoon and we usually just studied until our residents got bored with us, maybe around 2 or 3pm.”

- **Inpatient:**
  - “Inpatient, you would get there around 6 a.m., be pretty busy, and leave around 4”
  - “Hours 6am to 2-4pm. Assigned 1-2 patients to see and present at rounds. Lots of time for reading/studying”
  - “PICU: 6:30-2pm. Preround early, round at 9am, do orders and help residents until time to leave.”

- **Outpatient:**
  - “Outpatient you would get there at 8:30, shadow most of the day, leave between 2-4”
  - “Specialty: Hours 8:30am-12-5pm (depending on schedule for the day). Mostly shadowing, sometimes seeing patients on your own before the attending comes in. General Outpatient: Hours 8:30am-12-4pm. Take the history/physical for well child and sick visits, then present to the attending, then the attending will go in and ask any other questions they have.”

- **NICU/Wellbaby:** Hours “NICU: 630 - 1/2, Well baby: 730 – 11”

- **Food:**
  - “Brought my own food, but cafeteria food wasn't bad at all (a little pricey though).”
  - “Food is terrible at Lakeside. Fridges in every department so I brought food everyday”
  - “The food at lakeside's cafeteria is abysmal; I highly recommend bringing a lunch. There's a fridge in the nurses' station at the end of the hallway on the 3rd
floor you can use; otherwise I got into the habit of using a little insulated lunch container with an ice pack.”
- “Brought lunch most days, the Lakeside cafeteria is not so great”

• **Parking:**
  - “Parking is always free and easy (parking garage, outside ER).”
  - “Tons in the garage”
  - “garage and lots around the hospital, all free”
  - “Parking at Lakeside is pretty simple -- if you're there early enough (before 8 or so) you can usually just park in the surface lot, and if it's full you can park for free on the 3rd floor or higher of the parking garage.”

**Preparation for shelf:** 3.8  
**Residents’ interest in teaching:** 3.4  
**Opportunities to practice procedures or the physical exam:** 3.6  
**Attendings’ interest in teaching:** 4  

**How did you prepare for the clerkship exam?**
  - BRS Pediatrics, PreTest, UWorld, Casefiles, First Aid Step 2, OnlineMedEd, NBME exams
  - “During the first month: Read BRS (very long, but comprehensive). Made it about half way through. During the second month: Read about 5-10 cases from Case Files a day + Uworld questions. Finished all of that with about 1.5 weeks left, then did about 50 PreTest questions a day. PreTest, Uworld, and CaseFiles are essentials.”
  - “Pretest and Qbank: Yes I had time during the day to study on everything except Well baby and Outpatient general”
  - “Case Files, Pretest, UWorld questions, First Aid Step 2, OnlineMedEd videos.”
  - “I read blueprints and casefiles, did the pretest and UWORLD questions, and did the NBME practice exams. I had plenty of time to study on this rotation. There was a lot of orthopedics, infectious disease, acid-base, and electrolytes on the exam.”
  - “Blueprint, case files, uworld qbank, CLIPP cases”

**Any other tips you would like to share about your rotation experience?**
  - “You move around to so many different sites on this rotation that it is hard to get meaningful evaluations from anyone. Also, some of the residents are really great with teaching and others basically ignore you.”
Baton Rouge – (3 respondents)

Details about Service: BRG- Bluebonnet- inpatient and PICU, 3 weeks. BR Clinic outpatient, 2 weeks. BRG Bluebonet- Well Baby & NICU, 2 weeks.

Difficulty of Work environment : 3.67

Hands-on experience / patient interaction: 3.67

Expectations:

- General:
  - “See patients write notes and present if there. Hours are like get there around 8 and leave around 3 at latest, no weekends”
  - “For inpatient arrive by 0545 for patient handoff. See patients (generally you'll have 2-4 patients), write your notes, and attend morning lecture if there is one. Attending rounds begin at 0900 and generally last until 1100. Finish notes, get lunch. Afternoon involves doing new patient admits and following up on morning duties. Generally, you'll stay until 1700 unless you ask to leave before.”
  - “Inpatient peds at OLOL is demanding. You get there at 6 AM for checkout and can be there until 6 PM checkout if it's a busy day. After checkout you check up on patients, either on your own or with the intern/resident. You then write the notes, ideally before rounds but on morning report days (M/W/F) this usually doesn't get done. Rounds can take a few hours and you are expected to present all your patients in family centered rounds. If they are new to the service or attending you present the whole H&P. After rounds you get lunch from the doctor's lounge and finish notes. We round again at 2 PM, usually just table rounds, and sometimes there are small didactic presentations. If there are new admits you go see them and will probably end up staying until 6, but if not you might leave at 4-4:30.”
  - “Well baby at BRG is super chill- you only have to be there from 8-11 and then stay for the free doctor's lounge lunch. Dr. Albrecht says she'll text you if there's anything interesting but this didn't happen once during the 2 weeks.”

- Clothing: “Scrubs for NICU and PICU, really cute clothes for BR clinic”

- Parking:
  - “free parking”
  - “Parking is free and easy if you get there before 0800.”

- Lunch:
  - free lunch at BRG and the lake
  - “You get food vouchers at OLOL, but the residents will let you in to the physician's lounge for breakfast and lunch.”

Preparation for shelf: 4.33

Residents’ interest in teaching: 5

Opportunities to practice procedures or the physical exam: 3.33

Attendings’ interest in teaching: 4.67

How did you prepare for the clerkship exam?

- “Know fluid and electrolyte balance and how different pathologies affect it”
- “Online MedEd / Pre-test and Uworld (I also watched the tegrity lectures which aren't worth it)”
- “UWorld and PreTest”
• “Of the two [textbooks] recommended in the syllabus one was too simplified and the other too focused.
• “Case Files, Pretest, Uworld, some onlinemeded videos”
• “The shelf is a lot of diagnosis/pathphys questions and less management questions. I would focus more on pathology when studying.”

Any other tips you would like to share about your rotation experience?
• “I’d recommend this rotation for someone interested in pediatrics. Dr. Vicari who is the preceptor in BR is wonderful and really willing to help students tailor their BR experience to their interests. Also, there's enough case volume on inpatient that you should never be bored. Be sure to study when you're doing outpatient and NICU. You won't have the time during inpatient.”
• “Make sure to be clear if you want to check out a particular sub-specialty clinic, Dr. Vicari will make sure you get placed with them for your sub-specialty week.”
Tulane Consult Liaison and Child Psych (1 response)

Details about Service: 2 weeks on Tulane Consult, 2 weeks with Child Psych
Difficulty of Work environment: 3/5
Hands-on experience / patient interaction: 3/5
Expectations:
- “CL is about 7 till 2. See patients in the ED or floor. Rounds with attendings between 8 and 9. See new consults if they come in after rounds.”

Preparation for shelf: 4/5
Residents’ interest in teaching: 4/5
Opportunities to practice procedures or the physical exam: 4/5
Attendings’ interest in teaching: 4/5

UMCNO/DePaul (2 responses)

Details about Service: 4 weeks inpatient
Difficulty of Work environment: 3.5/5
Hands-on experience / patient interaction: 4.5/5
Expectations:
- “Confer with residents, see patients in the morning, write an H&P or progress note in Epic. Attend community group events with patients on some days. Round with attending. Check up on patients again in afternoon, obtain collateral information from patients' families, and complete any other tasks that need to be done before going home.”
- exactly 8 patients on the service (manageable to keep track of them)
  - residents park on side streets off Canal; I parked in the garage because it was still free, but no longer
  - arrive at 7:00, see your 1 or 2 patients (maybe a new one), write notes on patient encounters, pre-round with residents
- BRING YOUR OWN LAPTOP
  - rounding at a different time every day, sometimes 8:30, sometimes 2:00
  - collect collateral info, help with social-work-type tasks for followup and referrals
  - go to courthouse for judicial commitments (twice in month)
  - attend family meetings for your patients
  - planning and running patient group (once or twice in the month)
  - leave at 3:00-5:00, depending on meetings and tasks
  - brought my own lunch

Preparation for shelf: 4.5/5
Residents’ interest in teaching: 5/5
Opportunities to practice procedures or the physical exam: 5/5
Attendings’ interest in teaching: 5/5
OLOL in Baton Rouge (1 response)

Details about Service: 1 week inpatient, 1 week consult, 1 week ER, some outpatient
Difficulty of Work environment: 1/5
Hands-on experience / patient interaction: 3/5
Expectations:
• “Food is available in the Drs. Lounge where all the physicians go, but you're also give 6 dollar vouchers for the public cafeteria where you can stock up on snacks. You also go meet with Dr. Shoptaugh for lectures and Dr. Trask for preceptor life-advice sessions.”

Preparation for shelf: 3/5
Residents’ interest in teaching: 5/5
Opportunities to practice procedures or the physical exam: 2/5
Attendings’ interest in teaching: 4/5

How did you prepare for the clerkship exam?
• “Did some Qbank questions, Dr. Shoptaugh had some very good lectures and handouts up in Baton Rouge”
• “Not a lot of down time during the day, most of my studying done after going home. NBME practice exams were most like the shelf, UWorld questions were good but very easy compared to shelf. Blueprints and Case Files were OK, but they both had some DSM-IV material that has since changed since DSM-V. I heard First Aid for Psych was good, but didn't use it.”
• “Read Psychiatry First Aid, do lots of PreTest and do UWorld.”
• “UWorld, USMLERx, Picmonic, OnlineMedEd, First Aid for Step 2”

How did you prepare for your clerkship’s in-house exam?
• “The SP exam was brutal - I forgot all the basics of a psych interview. Pretty sure I bombed. Just review the sheet you get for the practice session and do a improv dry run with another student.”
• “Reviewed that sheet they gave us in the SP session at the beginning of the rotation to refresh everything to ask. Reviewed the psych section in the green FIM book they gave us in first year. Didn't need to practice physical exam techniques much because we did that multiple times per day at UMC/DePaul.”
• “memorize the psych history questionnaire (social history, DIGFAST, SIGECAPS). Make sure you ask your patients the difficult questions that feel strange to ask. "Have you been thinking about killing yourself?" etc.”

Any other tips you would like to share about your rotation experience?
• “It's chill and fun - just show some interest and you'll be fine.”
• “Know psych meds and med side effects, since side effects are the main things used to determine which meds to start on a patient. Take a good stab at the A/P and back up your reasoning with literature/uptodate. Even if you're wrong, the residents/attendings appreciate the effort. And don't read straight from your notes during presentations, try to make eye contact and address the team.”
• “Only ask for child psych if you’re really interested.”
-- Tulane Hospital – (2 responses)

**Details about Service:** Transplant Surgery  
**Difficulty of Work environment:** 3.5/5  
**Hands-on experience / patient interaction:** 3/5  
**Expectations:** Arrive at 4:30 am. Obtain labs/info for 3-4 patients overnight, get inputs and outputs for all patients on service, and print round reports. Resident rounds at 6 am. Floor work and either clinic or surgery for the rest of the morning. Attending rounds at 1 pm generally. We sometimes then had teaching sessions, and other floor work responsibilities. Food is at cafeteria, no set time for lunch. Usually get out between 3-5. You work one weekend in your entire month there (both days).  
**Preparation for shelf:** 3/5  
**Residents’ interest in teaching:** 4.5/5  
**Opportunities to practice procedures or the physical exam:** 4/5  
**Attendings’ interest in teaching:** 4.5/5

-- Tulane Hospital – (3 responses)

**Details about Service:** Elective Surgery  
**Difficulty of Work environment:** 3.3/5  
**Hands-on experience / patient interaction:** 3.3/5  
**Expectations:** Get there about an hour before rounds (which is at a different time every morning) to get the inputs and outputs for your patient and to examine them. You report to your intern, who presents the patient to the chief and attending during rounds. Then you go to clinic or surgery each day. You get a break for lunch during clinic, but if you have surgery, you may not get lunch (you are expected to go to clinic when you finish surgery). Sometimes clinic involves seeing and presenting, sometimes shadowing. You usually finish clinic at 4-5 and then finish floor work. Hours are highly variable. Per one student, hours were typically 5 am-6 pm. Practice being very concise.  
**Preparation for shelf:** 2.97/5  
**Residents’ interest in teaching:** 3.6/5  
**Opportunities to practice procedures or the physical exam:** 3.3/5  
**Attendings’ interest in teaching:** 3.6/5

-- Tulane Hospital – (1 responses)

**Details about Service:** Acute Care  
**Difficulty of Work environment:** 4/5  
**Hands-on experience / patient interaction:** 4/5  
**Expectations:** See your patients every morning and pre-round and round. One student per surgery. Clinic runs Monday and Thursday, Wound-care clinic on Wednesday. Hours run between 5am-7/8pm.  
**Preparation for shelf:** 4/5  
**Residents’ interest in teaching:** 3/5
Opportunities to practice procedures or the physical exam: 3/5
Attendings’ interest in teaching: 4/5

-- Lakeside Hospital – (1 response)
Details about Service: Breast/Peds Surg
Difficulty of Work environment: 3/5
Hands-on experience / patient interaction: 4/5
Expectations: parking is free in the lot or garage. There is a cafeteria.
Preparation for shelf: 3/5
Residents’ interest in teaching: 4/5
Opportunities to practice procedures or the physical exam: 4/5
Attendings’ interest in teaching: 3/5

-- Children’s Hospital – (1 response)
Details about Service: Pediatric Surgery
Difficulty of Work environment: 3/5
Hands-on experience / patient interaction: 3/5
Expectations: Arrive at 5 am to see 1 patient and write up a SOAP note. Resident rounds are around 6:30-7 am, followed by cases until early afternoon. Other responsibilities include seeing consults in the ER or other floors, taking out lines, and writing orders.
Preparation for shelf: 4/5
Residents’ interest in teaching: 5/5
Opportunities to practice procedures or the physical exam: 5/5
Attendings’ interest in teaching: 4/5

-- University Medical Center/ILH – (3 responses)
Details about Service: Trauma
Difficulty of Work environment: 3.3/5
Hands-on experience / patient interaction: 3.96/5
Expectations: You arrive by around 4:45-5 am. You write out the inputs & outputs, lab values, and vitals for each patient on the list and see your 1-4 patients. You run the list with the interns around 6 am and then pre-round with the 4th year resident and present the patients at 6:30 am. 7 AM is trauma conference. Then you either go into surgeries or round with the attending. Clinic is half day on Monday and all day Tuesday. Most elective surgeries are Wednesday and Thursday. In the afternoons/freetime, you do dressing changes, help with consults, and do floor work for the patients. Throughout the day, there are trauma activations so you run down to the ER. Dismissed anytime between 3 pm – 9 pm. Weekends are not necessarily off. Trauma call days happen every 3-4 days and you take notes and help the intern during activations. You will also do at least one overnight each. Trauma is a lot of managing patients, but not always a lot of surgeries.
Preparation for shelf: 3.63/5
Residents’ interest in teaching: 3.3/5
Opportunities to practice procedures or the physical exam: 2.97/5
Attendings’ interest in teaching: 4/5

--The Surgery Group of Baton Rouge, Our Lady of the Lake – (2 response)

Details about Service: General Surgery
Difficulty of Work environment: 4/5
Hands-on experience / patient interaction: 4.25/5
Expectations: You get there around 5:30 AM and see your patients (patients whose surgeries you scrubbed in on). The team meets at 6:30 AM to go over the patients. During the meeting, the surgeries for the day will be divided between all of the students. All cases should be bird-dogged. You scrub into the cases that you bird dogged. Sometimes you help with floor work and consults, but you mostly will just be in surgeries all day. You leave around 5-7 pm each night. You can park anywhere. Students get five $6 meal vouchers for each week there. There are no residents to work with.
Preparation for shelf: 5/5
Residents’ interest in teaching: 4/5
Opportunities to practice procedures or the physical exam: 3.5/5
Attendings’ interest in teaching: 4/5

--West Jefferson Hospital – (2 response)

Details about Service: General Surgery
Difficulty of Work environment: 2.5/5
Hands-on experience / patient interaction: 3.5/5
Expectations: Days begin around 6:30, pre-round and round on patients. Go to surgeries with Drs. Treen, Ballot, and Minnard. Residents do not scrub with, or see patients of Dr. Minnard. Monday and Wednesday clinics with Dr. Minnard for students. Dr. Minnard is the only staff that evaluates you, however you still need to go to cases with the residents. Usually the day ends around 4pm. Free food almost everyday in the Drs lounge. Free parking outside in the lot or in the parking structure.
Preparation for shelf: 4.5/5
Residents’ interest in teaching: 4.5/5
Opportunities to practice procedures or the physical exam: 4/5
Attendings’ interest in teaching: 4.5/5

--Ochsner Main Campus – (3 response)

Details about Service: 2 weeks transplant, 2 weeks lap/bariatric, 2 weeks surg onc, 2 weeks Thoracic
Difficulty of Work environment: 3/5
Hands-on experience / patient interaction: 3.6/5
Expectations: On transplant, you will follow 1-2 patients at a time. You arrive around 6:30 am and rounds with the attending are usually 8:30-9 am. You work with the resident in the ICU if
You are waiting. OR time varies based on transplants vs other scheduled cases. Resident may not tell you about cases, need to watch the board. Lap/Bari arrival is around 5:45 am to pre-round on pts, then round with residents before the first case rolls at 7. You alternate with the other medical student on the team with both of you doing half day in the clinic and half in the OR. Parking is in the B lot. There may be free food if there is a lecture. There is also a cafeteria with reasonably priced options. Usually are done by 6pm. Surg Ong is usually about 4:15am to 6pm with caseload and case length highly variable. Clinic runs MTW with plenty of opportunities for students to help. Thoracic runs from 4:50am to 6pm. A high volume service with both short and long cases. Pre-round and round everyday, lectures MW and clinics 1-2 times per week in the am.

**Preparation for shelf:** 4/5  
**Residents’ interest in teaching:** 3.6/5  
**Opportunities to practice procedures or the physical exam:** 3.6/5  
**Attendings’ interest in teaching:** 4/5

--Lakeside Covington – (1 response)

**Details about Service:** General Surgery  
**Difficulty of Work environment:** 3/5  
**Hands-on experience / patient interaction:** 3/5  
**Expectations:** Not much is expected.  
**Preparation for shelf:** 2/5  
**Residents’ interest in teaching:** N/A  
**Opportunities to practice procedures or the physical exam:** 1/5  
**Attendings’ interest in teaching:** 2/5

**How did you prepare for the clerkship exam?**
Six students noted reading Pestana with two students noting that they read it twice. One student found Pestana to be the most helpful resource they used. Five of five students noted doing all of the surgery UWorld questions. Three students did pretest questions. Two students utilized case files and NMS. Resources used by one student only included the, Blueprints, and USMLE Rx.

**How did you prepare for your clerkship’s in-house exam?**
All five student responses noted that they used the document on Dropbox that has the oral exam topics written out. One student noted that they were asked some questions not included on the handout as the faculty are aware of the handout’s existence. Two students used surgical recall to focus on more intensively learning one topic in each category. One student used Sabiston, one student used NMS, and one used only lectures slides and handouts.

**Any other tips you would like to share about your rotation experience?**
-Find out what your residents/attendings expect early and then master that. Learn to anticipate what is going to happen/what residents will need. For example, if you know dressings need to be changed, have everything ready to do it.
- Start studying for shelf early, use UWORLD questions as soon as possible and make sure to get through all of the surgery questions plus GI/endocrine/pulm questions.

- Get as much sleep as possible