Welcome to the clerkship guide.

The primary goals of this guide are:
1. To smooth the transition from the classroom to the clinical years by helping you to understand the nature of your new responsibilities.
2. To prepare you for each clerkship before it begins.
3. To help you establish and meet your personal goals for third year.

This is a guide for students that is written by students. It is designed to not only get you through third year but to help you do really well personally and professionally.

General Principles to Third Year

As you begin reading through the clerkship sections of this guide, you will notice some redundancies—this is intentional. There are certain things about third year that are relatively universal. Our intention is that this clerkship guide will set a framework with which you can begin to conceptualize your role as a third year medical student.

The most common thought on your first day of third year is “I just spent 5 weeks studying for step 1, why does it feel like I don’t know anything!?”

Don’t panic. You know everything you need to. The problem is that you learned it all backwards. First and second year categorize information by system and disease process versus third year which categorizes information by symptom and differential diagnosis. It takes some time to get used to this but it will come to you in time.

Your time is not your own

Second year is all about you and your schedule: when you are going to study, how you are going to fit in your gym time, what vacations you are going to go on, etc. Third year is very different. The hospital or clinic takes precedence and you are a part of a team that is counting on you. There will be times when you want to get out of the hospital to catch a certain shuttle, but if you have a patient who needs your help, or a busy intern that could really use the extra hand, consider staying to help out. Alternatively, you may stay up several hours at night to prepare a presentation that the team won’t have time to hear the following day—it’s really annoying, but that’s just part of the experience.

You have just been hired to play the role of “awkward person on the team”

Every team you work with will operate slightly differently; your role will range from lackey to primary physician. One team may give you full independence while the next team won’t let you draw blood alone. True success during third year will require you to adapt quickly to your new setting.

Be your patients’ doctor

Patients of medical students often feel like they received better care as a result of all the extra attention they get. It is often the medical student who the patient comes to trust and appreciate. You will, in this way, learn things about the patient that the team may not know and that can be relevant to their care. This is a potentially very special relationship. The interns and residents are usually too busy to spend significant time with each patient, but try not to let that influence you into spending less time with your few patients.

Third year is a team sport

You may be graded from now on but this is no time to turn up the burn on your classmates. Working
together and communicating with your peers will benefit you tremendously on a rotation. It shows teamwork and every single residency is looking for that quality in a candidate. If you want to make a presentation, tell your peers. If you find an interesting physical finding, tell your peers. If you find a copy of this year’s shelf exam, tell the deans…then tell your peers. Remember that the residents you’re trying to impress were medical students just a few years ago and they most likely disliked that one person who always tried to one-up everyone else too.

**Practice professionalism**

*Compassion*- Just imagine if it were a loved one in that hospital bed

*Honesty*- You will get honors for saying “I didn’t remember to do that test” over making up a lab value. With all the safeguards currently in place, lying to save face is the only conceivable way to seriously harm a patient in third year.

*Respect*- Patients’ personal information should not be discussed in public places, nor should their behavior or back-stories serve as jokes for you and your friends.

*Balance*- This is the real beginning of your self-directed learning as a future physician. You will have to work all day and still come home and read up on your patients and study for your shelf exams. This is something you will have to do for the rest of your career. Learning how to balance these tasks while still having time for yourself is a necessary component to becoming a successful physician. So even when you feel as if there aren’t enough hours in a day, take the time to enjoy a moment or two.

**Practical tips:**

- Always be on time- always.
- Wash your lab coats and have a bunch of pens in the pockets.
- Print out the Monte/LIJ shuttle schedule if you are rotating there.
- Make sure that you eat and that you know the cafeteria hours – meal tickets always makes this easier. (Not every hospital has kosher options, so be prepared.)
- Bronx Lebanon/Jacobi have no or extremely limited kosher options.
- If it doesn’t fit in your pocket, leave it at home. It will get lost/stolen in the hospital.
- Men- when in doubt, always wear a tie.
- Women- wear flats. You’ll be glad you did at the end of the day.
- Find out the codes to the bathroom/supply room, and write them down.
- Keep up with your patient log. It’s really annoying to have to finish it at the end of the rotation when you don’t remember who you saw at the beginning of the rotation. Also, make sure you photocopy the log before you hand it in- you always want to have a back-up copy in case you need it.
- Don’t throw away any documents from the rotation until after you’ve gotten your grade back.
- ***Always shred confidential patient information***
- If you need to miss a day, let someone on your team know. (besides following the official procedure)
- Don’t put off the write-ups until the last week of the rotation. You don’t want to have to worry about studying for the shelf and still have the write-ups hanging over your head.
- Use the language line if you have a patient who speaks a foreign language. You’re the one who will get the most encompassing history, so it’s worth the extra time to do it. Though it seems so basic, this will always make you look like a star.
- Your Dean’s letter is comprised of you end of clerkship evaluations plus a paragraph at the end written by someone in the field you are applying to as designated by a dean.

**Important Apps:**

Calculator, Epocrates, Medscape, Diagnosaurus, QXCalculate

Important Websites:
UpToDate.com, accessmedicine.com

MEDICINE
Written by: Sarah Turbett; Edited by: Sheela Reddy and Julia Keltz

Introduction:
The Medicine clerkship at Einstein is the longest rotation you will have during your third year. The majority of your time will be spent on the general medicine wards, which cover a wide variety of medical conditions. The goal of the clerkship is to introduce you to the presentation, diagnosis, and management of the “bread and butter” topics of adult medicine such as pneumonia, heart failure, and asthma. As a result of this, the clerkship is heavily focused on the history and physical exam with an emphasis on critical thinking, differential diagnoses, and problem solving. Other goals include learning how to convey patient information in a competent and yet efficient manner as well as learning how to perform many basic procedures including ECG’s, blood draws, and arterial blood gases. Overall, the skills you develop during this clerkship are applicable to all fields of medicine and will be needed in your future careers as physicians. So, carry out every task with enthusiasm, ask every question you might have, and learn everything you can from your patients because in the end, it will pay off.

The night before:
• Make sure you have a Massachusetts General Hospital Pocket Medicine by Marc S. Sabatine. It outlines the symptoms, diagnosis, and management of almost every adult disease you might see on the wards. Many answers to common “pimp” questions are in this book.
• Obtain a Maxwell’s Quick Medical Reference Book. This is another little pocket guide you will see in your resident’s pocket. It contains lab reference values, commonly used equations and quick and easy SOAP note guides. It also includes the mental status exam, neuro exams, and how to write notes for many other services so it’s a good guide to have for most of your rotations.
• Find some sort of medication reference guide. You need to know every medication your patient is taking. Most people tend to use Epocrates if they have a PDA but if you do not have one, Tarascon Pocket Pharmacopoeia will also work.
• Review how to write a standard H&P (see Appendix A).
• Review how to write a SOAP note (see Appendix B).
• Wear comfortable shoes (no sneakers). You will likely spend most of your time running around and seeing patients. Additionally, if you have an attending who likes to do walk rounds, you will definitely be standing for hours a day. Wear flats, your feet will thank you…

What to carry in your pockets:
• Stethoscope
• Pen light
• Pocket Medicine book, Tarascon's or PDA, Maxwell Reference Book
• Patient log (you will get this on the first day)
• Pager (you will get this on the first day)
• Cell phone (so you can answer pages if there is not a phone around)
• Guaiac developer (if you see one grab it!)

The role of the medical student:
Admitting a patient: Every fourth day, you will admit with the intern to which you are assigned. You will be responsible for picking up one to two of your intern’s patients on every admission day and you will follow them throughout their hospital stay. You should perform a very thorough history and physical exam the first time you meet each patient. Remember you are only responsible for your one or two patients so really take the time to get a good history. If you forget to ask a certain question, go back and ask it. If you forget to perform a certain physical exam maneuver, go back and do it. Getting those details are important and your attending will notice
the effort.

**That night:** While still in the hospital, write up a formal admission note to go in the chart. Your intern will likely help you formulate the plan (or may have already come up with one). Before going home, photocopy or print out your admission note and and labs or imaging results that have come back already. Then, go home and write up a formal H&P using your admission note. Make sure you understand the plan including any medications the patient was put on. This serves multiple purposes: 1. it helps you organize yourself for your presentation tomorrow and 2. can serve as your write-up for the week. Then choose one aspect of the patient’s presentation or diagnosis, do a few minutes of research, and put together a 3-5 minute presentation about it. It can be a quick review of pathophysiology, symptoms, diagnostic work-up and treatment, or a recent article on the topic. Print out enough copies for the entire team. (For example: if you have a patient with atrial fibrillation, bring in an article discussing rate vs. rhythm control)

**Presenting the patient:** On the day following an admission, you will be presenting your patient’s full H&P to the attending. Your work last night makes this a smooth and organized presentation. In addition, make an effort to summarize the pertinent points at the end of the presentation and come up with a differential diagnosis. If possible, spend some time really thinking about your differential. What do you think is going on with your patient? What are the possible diagnoses? Does one diagnosis seem more likely than another and if so, why? Why do the other diagnoses seem less likely? How do you test for these diseases? How do you treat them? These are all questions your attending will ask you so make sure you know this information. If for some reason a question is asked that you do not know the answer to, offer to look it up and present it the next day. If you do not understand something, ask for clarification. Remember, this is your time to learn the information so make sure you are actually understanding it!

**Make your presentation:** Let the attending know that you have prepared something and ask if there is time during rounds to present it. If he says yes, go for it! If he says no, don’t be discouraged. You get points for having prepared one, and now you have it in your pocket for when there is more time.

**Following your patient:** Once you have patients, you are their doctor. That means, do everything for them! You should see them every morning before rounds, review their vital signs and labs, and write a daily SOAP note on them. In addition, call consults, make sure the appropriate tests are being done, draw blood if it hasn’t been done, write up discharge summaries, and make follow-up appointments. This is the daily work of an intern and the best way to learn is to assume an intern-like role. Furthermore, by doing this work your patients will truly feel taken care of, which is a rewarding feeling.

**Teamwork:** Ultimately, internal medicine is a team sport. As a result, when you start on the wards you become a member of a team and it becomes your job to help your teammates in any way you can. This means helping with daily scut work such as blood draws, ABG’s, and discharge summaries. Helping relieve your intern of a few of his many burdens will give him more time to teach you, which will overall increase your total learning experience. Finally, it never hurts to try and impress your attending with your enthusiasm and work ethic. If possible, try to give at least one short presentation a week on a relevant topic that the team has brought up during rounds. Try to be concise- no one likes hearing long presentations especially when they have lots of work to do. Aim for a presentation of approximately 5-10 minutes. If possible, go to the primary literature for your information. Although Up To Date is a great resource it is not the only resource and people will be impressed with your ability to find relevant articles and interpret them. Finally, try to present the information in a polished way. Use Microsoft Power Point or make handouts for your teammates.

**How to present a patient:**

- Take a thorough history and physical exam. Remember it is OK to go back and ask more questions….
- Ensure you take a good family history and social history including a sexual history.
- Do not make things up. If you forgot to ask a question and your attending asks you about it, be honest and tell them you forgot to ask it. They know you aren’t perfect and they would rather have the truth.
- When presenting the case to your attending, include all relevant information in the HPI. This includes family history, social history, and sexual history if they are pertinent to the story you want to tell.
- Do not put physical exam findings in the HPI. The HPI is about the patient’s story, not the objective physical findings.
- Include pertinent negatives in your HPI. For example, if you are relaying a story of pneumonia in a
patient that did not have a cough, include “no cough”.

- Always photocopy your patient’s admission EKG’s and have them at rounds. Your attending will always want to see them.
- Always have a differential diagnosis in mind and be able to weigh the value of each item in your differential. Remember, medicine is more about the process of finding out the answer than the answer itself.

**Studying for the shelf:**
Medicine is the one clerkship where you really do not need to stress out about the shelf! The grading structure is heavily clinically based, meaning that it is your clinical time, not your shelf score that counts. Therefore, spend the majority of your time in the hospital with your patients, not in the library! MKSAP and Kaplan questions are very helpful and review books such as case files, step up to medicine, and blueprints medicine can help give you a strong foundation (they’re also helpful when making handouts/presentations).

**How to excel:**
If you follow this guide and approach each day with enthusiasm you will go above and beyond. Also, be your patients’ advocate by helping them get what you think they need (i.e. social services, a change to their pain regimen, hospice care).

**Tidbits:**
- Ask for feedback from your interns, residents, and attendings. There is always room for improvement.
- Personality goes a long way…. Be a good team member and treat your patients with respect.
- If you and your intern aren’t totally “clicking”, don’t worry about it. The intern evaluation does not count as much as the attending evaluation. Just do your best.
- Prepare for preceptor conference. Remember, they evaluate you too!
- Don’t be late for preceptor conferences or lectures because you needed to get lunch first. It looks as if eating was more important than being on time….
- Remember to drink water, eat, and pee. This isn’t supposed to be torture!

**If you’re really interested in the field:**
If at the end of this rotation you decide medicine is the career for you, there are some things you can do:
- Speak to your attending about writing a letter of recommendation on your behalf. You will need them for your residency application.
- Speak to your attending, residents, and interns about how they made their decision and what they think will be helpful for you in your decision making process. The more information you can get the better!
- Ask around about opportunities for research during your fourth year.

**SURGERY**
Written by: Lisa Balzano Puglisi; Edited by: Joshua Hamburger

**Introduction:**
The surgical clerkship experience is slightly variable, depending on which site you are assigned, but the goals are the same:
1. **To participate in as many surgical procedures as possible**- Be aware each day of the schedule of surgeries for the following day. This will allow you to go home at night and do a bit of reading about the procedure you plan to participate in. You will want to understand the indication for the surgery (i.e. what pathological process is remedied or diagnosed by this surgical procedure), the anatomy that you will expect to see in the operating room (for your own knowledge and in case you get pimped by the attending or resident), and potential post-surgical complications. In the operating room, your responsibilities will vary- just try to stay alert and ask questions when appropriate. Keep in mind that though participating in surgeries is a primary daily duty, you are not responsible for learning how to perform surgeries. For example, you will never be tested on what suturing material to use.
2. **To learn the medical management of surgical patients**- Medical management of surgical patients refers to
decision-making regarding antibiotic choices, fluid resuscitation and management, wound care, etc. These are topics that you will learn by following your patients on the floors, asking questions during rounds and evaluating patients in the emergency room.

This can be a tiring eight-week-long rotation, but if you can stay focused, you are sure to learn an immense amount.

The night before:

- Make sure you have a copy of Surgical Recall (roughly $40 new and $10 used) - it is a reference book that gives basic information on all surgical procedures that you will see and reviews pertinent anatomy. It is often useful to keep this book with you during the day - during a break from surgeries, you may find it helpful to use for studying and reviewing any upcoming surgeries. Most students find that this book serves as a great resource during the clerkship.
- Having your Netter’s handy will be helpful in preparing for surgeries when you come home in the evening.
- You will receive scrubs on your first day of the rotation, so for the first day, dress professionally. On most other days, scrubs will suffice.
- Proper, comfortable footwear is very important for this rotation. Some surgeries can last 6-8 hours, and this can be hard on your legs and feet. You should have a pair of sneakers or clogs that can get dirty when you are in the operating room.
- Have some easily accessible snacks - you are never sure when you will get lunch. Eating something small and drinking water before you go into the operating room will help prevent against getting dizzy or fainting while you are there.
- Briefly review the abdominal exam to assess for acute abdomen.

What to carry in your pockets:

- Stethoscope (you will be conducting heart and lung exams on patients during pre-rounds)
- A Granola Bar
- 4x4 gauze pads
- Tape - paper and silk tape
- Scissors - for cutting bandages
- If on vascular - kerlex
- Patient log

The role of the medical student:

Pre-rounding - begins around 5:30 a.m. During pre-rounds the medical students, as well as the intern who has been on-call and some of the other interns, see and examine all patients and collect their laboratory data. Don’t be afraid to ask and clarify what they expect of you.

Rounding - Typically the chief resident (the 3rd or 4th year resident) will arrive for rounds at around 6-6:30 a.m. The goal of rounds is for the team to see and discuss all patients on the surgical service, their post-operative course, and their discharge planning quickly and efficiently before the team must head to the O.R. around 7:30 a.m. Part of post-op management is wound care, and this is where the medical student is useful.

One of your jobs on rounds is to make sure that the dressings are down before the team reaches the room, and that the wound is redressed once it has been seen by the chief resident. During this time you will also be flushing any drains or naso-gastric tubes. There is often not enough time on rounds for you to ask questions, but save your questions for later in the day.

The OR - Once rounds are complete, you should make sure to eat something and head to the O.R. for the scheduled procedures. Contrary to popular belief/legend, most of your day should be spent in the O.R. Your role is NOT to stay on the floor and help the interns. Sometimes you will be helping with work on the floors, especially when there is a large service, but this is not your primary responsibility (and the interns do not really evaluate you). You will need to find a balance between being helpful to your team (which you should try to do) and completing your goal of participating in a variety of surgeries (you should try to scrub into as many surgeries as possible). Try and stick with the chief resident as they will likely be in the OR all day.

In the O.R. your role will vary from just observing without scrubbing in (this can happen during
laparoscopic procedures where you can observe on the television screen) to scrubbing in, cutting, suctioning, maneuvering the laparoscopic camera, and suturing. The nurses essentially run the O.R. when the surgeon is not in the room. When you go into a room, introduce yourself to the nurse (she will not be scrubbed in) and she will tell you what to do, where to stand, etc. Being very friendly to these nurses can potentially make your life much easier. Getting in to the O.R. before the surgery begins will also give you time to look at the patient’s chart so that you can understand the indication for the procedure. It is best, whenever possible, to go to the pre-operative room where you can meet the patient, introduce yourself and explain your role. It is good to ask yourself the question, “How did this patient present with this illness and why do they need this surgery?” Also be sure to introduce yourself to the surgeon when the time seems appropriate. ***Note- if you ever feel like you are going to pass out during a surgery, it is best to step away from the surgical field and say you are not feeling well. Don’t be embarrassed. It is better to excuse yourself than to collapse and startle everyone. When the surgery is complete, stay with the patient and accompany them into the PACU (post-anesthesia care unit).

On Call- Working with the consult resident when you are on call (call works very differently at all sites) is an excellent opportunity for learning. You will see patients in the ED who are being evaluated by the surgical service. This means that it is often not yet clear whether they will need a surgical intervention. This is essentially what is asked during your exams! The physical exam of the patient with an acute abdomen, and the clinical decision making that you will learn on consult service will be very useful for any area of specialty you end up pursuing.

Lectures- You will also have numerous lectures to attend. As always, be on time even if the surgeon isn’t. Better this than the other way around- this is part of learning professionalism.

Studying for the shelf:
This is primarily a shelf on medical management of surgical patients- but don’t ignore trauma and emergency management. You don’t need to know surgical techniques or suturing, but you will want to know what to do if a patient spikes a fever on post-op day 2, for example, and what antibiotics you would use if you suspect diverticular abscess, for example.

- Study books that people generally seem to like include:
  - NMS casebook- especially for the oral
  - Case Files
  - Kaplan packet for review

How to excel:
Be present- a team can tell when there is a student who is always running off to study, rather than helping out with the patients.

If you’re really interested in the field:
Make some connections with a surgeon that you may be able to do some 4th year work with, or that might be able to write you a recommendation. Surgeons are used to students not wanting to go into surgery, and will be excited to hear that you are interested.

OBSTETRICS/GYNECOLOGY
Written by: Lisa Zuckerwise; Edited by: Mohak Mhatre and Julia Keltz

Introduction:
This is a 6-week clerkship designed to expose you to the major areas of general OB/GYN practice:
- Labor and Delivery: Triage laboring patients and follow them through labor, delivery, and postpartum.
- Inpatient Gynecology: Manage patients admitted to the GYN service and scrub in on GYN surgical cases (such as hysteroscopy, abdominal hysterectomy, and ovarian cystectomy).
- Ambulatory: Practice performing pelvic exams and discussing issues of outpatient gynecology (contraception, sexually transmitted infections, and menopause). Also see pregnant patients in the outpatient setting, and learn about prenatal care and medical issues during pregnancy.
- Depending on the site, you may also get to experience some subspecialties, including gynecologic-oncology, reproductive endocrinology and infertility, and urogynecology.
The night before:
- Memorize the G&P shorthand: G stands for “gravidity,” which is the number of pregnancies, and P stands for “parity,” which describes the outcomes of each pregnancy by 4 numbers, representing Term, Preterm, Abortions (spontaneous or therapeutic), and Living (TPAL).
  - For example, G3P2012 describes a woman who has been pregnant 3 times with 2 deliveries at term, 0 pre-term deliveries, 1 abortion and 2 living children.
- Review the stages of labor and how to read fetal heart rate tracings.
- Review the history & physical for labor and delivery (See Appendix C)
- Prior to starting Ambulatory, review screening guidelines (Pap smears, mammograms, DEXA) and refresh yourself on how to perform breast and pelvic exams

What to carry in your pockets:
- Pregnancy wheel
- Surgi-lube (you can pocket some when you’re at the hospital)
- Reflex hammer (very important for evaluating women on magnesium sulfate for preeclampsia)
- Patient log
- Granola bar

The role of the medical student:
- Try to get involved in as many patients’ cases as possible. Follow your patient log and checklist as a guide.
  - Labor and Delivery: try to get involved in as many deliveries as possible. During signout, take note of which stage of labor each patient is in, to get an idea of who will likely deliver during your shift. After signout, go into each laboring patient’s room and introduce yourself. Then check in on these women periodically and watch the board closely. This will allow you to know when delivery is imminent, so that you can go into the patient’s room and begin “pushing” with her.
  
  During downtime:
  - Help out in Triage (always have a resident with you when examining a patient in labor)
  - Write SOAP-style “Mag Notes” for preeclamptic patients on magnesium sulfate. These notes have to be written in their charts every 2 hours. Evaluate them for signs/symptoms of preeclampsia (i.e. headache, changes in vision, RUQ abdominal pain) and magnesium toxicity (loss of deep tendon reflexes). Make sure a resident co-signs your note.
  - Write SOAP notes on laboring patients- ask a resident which patient would be a good note to write.
  
  Inpatient Gynecology: Help your team on rounds in the morning and then spend the rest of the day in the OR. Scrub in on as many cases as possible; your chief resident will assign you to appropriate cases. Once the attendings get to know you, they may let you practice various surgical skills. At the end of the day, find out the next day’s cases so that you can read up on them. If you get a chance to learn knot tying, many attendings will let you tie some knots or suture port sites for laparoscopic cases.
  
  During downtime:
  - Check in with whomever is carrying the GYN pager and see consults with them. If you feel comfortable doing so, you should offer to go and get the history and have the resident meet you there for the exam.
  
Ambulatory: You will most likely shadow residents the first day or two, but by day three, you should definitely start seeing patients on your own. The attendings and residents will pick out good basic GYN patients, and you will take their history, perform the exam (with a resident chaperone) and present them to the attending. You should also write notes on each patient you see that the resident or attending can then co-sign.

How to present a patient:
- You should start each patient presentation in the following way: “This is a ___ year-old gravida ___, para ___, who presents with…”
- For labor & delivery, be sure to then mention the gestational age (based on ultrasound or last menstrual period (LMP)) and comment on the contractions, membranes (intact vs. ruptured, time of rupture and color of fluid), vaginal bleeding, and fetal movement (presence or absence).
- For GYN, if presenting surgical patients, be sure to state the post-operative day and comment on the surgical site, PO intake, GI function (flatus, bowel movements), ins and outs, and ambulation.
Studying for the shelf:
- DO ACOG QUESTIONS- these questions are very similar to those on the written shelf
- Study the APGO objectives: part of the oral exam are questions taken directly from the objectives
- Textbooks: You will be given a copy of Beckmann Obstetrics and Gynecology to borrow for the clerkship. It covers all of the information on the shelf, but some students think it is too wordy- in that case, Blueprints, CaseFiles, PreTest are also great resources. Either way, keep up with the reading. Beckmann is great to help fill in missing topics and better explain others.

How to excel:
- Be enthusiastic, show interest, be proactive, be a team-player, ask questions that show you’re interested and have read about the topic
- Both the written and oral shelf exams count for a significant portion of your grade

Tidbits:
- Carry your patient log around with you at all times. There are a lot of objectives to meet, so try to find a way for each patient to fulfill at least one of these.
- Personality goes a long way…OB/GYN is a stressful, busy field, but if you act even-tempered and reasonable, the residents and attendings will most likely respond in a likewise manner.
- Eat when you can, pee when you can, sit when you can.

If you’re really interested in the field:
- Speak to residents and attendings about their reasons for choosing OB/GYN and how they feel about their decision. The more information you can get about life as an OB/GYN, the better.
- Speak to Dr. Kesselman about your interest- she is very invested in mentoring students and helping them decide if OB/GYN is the career for them
- Seek out opportunities to experience the many subspecialties of OB/GYN (gynecology oncology, maternal fetal medicine, family planning, reproductive endocrinology and infertility, urogynecology, etc.)- you may fall in love…
- Ask around about opportunities for research during your fourth year.

PEDIATRICS
Written by: Elana Den; Edited by: Kristin Capone, Maya Ilowite, and Judith Green

Introduction:
The Pediatrics clerkship is generally one of the most enjoyed, as you work with cute children and interact with pediatricians, who are some of the nicest doctors in all of medicine. It shares aspects with both the Medicine and Family Medicine clerkships, but you will learn that we don’t just treat kids as little adults. This 7-week rotation will be split equally between the inpatient floors and the outpatient clinics. Pediatrics is also unique to these other rotations in giving students the opportunity to spend time in the Pediatric Emergency Room, which will allow you to train in the treatment of patients in acute settings. Various sites may assign students to floors covering only certain ages of patients, but in general, you will see patients up to 21-years-old. As with both Medicine and Family Medicine, you will learn “bread and butter” diseases for children (for example, asthma or upper respiratory infections), and be able to see “zebra” conditions you normally only read about in books. The history and physical exam are very important in this field, but are different from Medicine in certain important aspects- the birth, development, vaccination, and social history of the child within school and with peers and family members assumes a great deal of importance. Moreover, most of this history will come from a third party (usually a parent or caregiver). How to perform a physical exam on an infant or an unwilling child is also a skill to be learned. While not everyone will become a pediatrician, almost everyone will have future experiences with children, via inquiries from your adult patients, extended family or within one’s own family, so enjoy this time to learn about illnesses that you will almost certainly be questioned about some time in your future. As with all of the clerkships, be enthusiastic, ask questions, and care for your patients.
The night before:

- Review how to write a standard history & physical (but as mentioned above, there will be important additional elements). An example Pediatric H&P is presented in Appendix D.
- Review how to write a standard SOAP note (see Appendix B).
- As always, wear comfortable shoes.

What to carry in your pockets:

- Stethoscope
- Pen light
- Patient log
- It can be helpful to carry a vaccination schedule on you, but this is something that you will receive as part of your Orientation packet, and that is posted in almost every outpatient clinic.
- Some people may also find it useful to carry around a Denver Developmental Screening sheet (also received as part of your Orientation packet), but don’t worry, you don’t need to memorize the whole thing.
- The ranges of normals for pediatric vital signs vary by age group, and are different from that of adults, so this can be very useful. You can photocopy the chart from the Harriet Lane book that you will find on the wards (this Harriet Lane book is mainly used to calculate appropriate drug dosages for children).

The role of the medical student:

Your role on the inpatient service is very similar to your role on the inpatient Medicine service (please see the Medicine section for more details). In brief, pick up 1-2 patients every few days, follow them for their entire hospital course, and do everything that needs to be done for them (including writing daily notes, calling consults, filling out discharge paperwork, having family meetings, etc.). Pre-round on each patient in the morning, and present that patient to the attending during rounds. If interesting questions are raised, look up the answers, and bring them in the next day for rounds. Also, aim to give at least one brief presentation weekly on a relevant topic that the team has brought up. Presentations should be brief, and you should be very familiar with the material you are presenting. Up-to-Date is an amazing resource, but also try to look up primary literature. As always, don’t be shy or embarrassed to ask questions.

On the outpatient service, you will be assigned to a precepting attending, who will assign you to see various patients. You may see patients with acute complaints, or patients who are there for regular follow-up. Find out why the patient has come to the clinic, and do a focused history and physical. Always check for appropriate development, as this is important for myriad reasons: it makes it easier to understand when development is abnormal and early intervention is indicated, and it often shows up on shelf and board exams. Also see if the patient needs any vaccinations at that visit. Make sure that the child is in a safe environment at home, and inform the parent/caregiver what they can do to improve/ensure the health of the child.

How to present a patient:

- On the inpatient service, this is very similar to the Medicine clerkship (please see the Medicine section for more details). Be sure to include birth history, developmental milestones, vaccination history, child abuse, and social history (HEADSS for adolescents).
- On the outpatient service, this is very similar to the Family Medicine clerkship (please see the Family Medicine section for more details). Again, be sure to include birth history, developmental milestones, vaccination history, child abuse, and social history if relevant. Always plot your patients on the appropriate growth charts at every health care maintenance visit.

Studying for the shelf:

Pediatrics is a rotation that requires a certain grade on the shelf to qualify for Honors, so study hard!

- Pretest ($30)- almost everyone uses this
- Blueprints ($40)
- Case Files ($30)
How to excel:

In general, be present, be enthusiastic, ask lots of questions, and give good, brief, relevant presentations. If you have downtime, offer to help the interns/residents with their work- they’ll definitely appreciate it. Develop relationships with your patients and their families during the extra time that you have to spend with them- you will often learn important details about the patient which may not have otherwise been apparent to anyone else on the team.

Tidbits:

1. Ask for feedback periodically during the rotation so that you can see how you’re doing and how to improve and will not be stuck handing out 10 evaluations at the end of the rotation.
2. Be a good team member and treat everyone else with respect.
3. Come prepared for all conferences, especially the ones where each medical student has been assigned a particular topic to present regarding a case- you don’t want to be the one to give a bad presentation to your classmates.

If you are really interested in this field:

Speak to the interns/residents about how they chose this career. Speak to your attending and the site director about your interest, and ask them about the possibility of writing a letter of recommendation for you. Take Pediatric electives during your fourth year, or do research in a pediatric field.

PSYCHIATRY
Written by: Sarah Turbett; Edited by: Angela Jacques and Judith Green

Introduction:

The psychiatry clerkship is one of the most unique rotations you will experience throughout your time in medical school. As with most rotations, it is primarily patient-based. What makes it so unique is that your focus will be on human behavior and the socio-cultural aspects of illness. As a student, you will be introduced to the presentation, diagnosis, and management of numerous psychiatric conditions including depression, schizophrenia, and bipolar disorder. As these diseases are diagnosed based on clinical parameters, the clerkship is heavily focused on patient interviewing with an emphasis on the mental status exam (MSE). You will learn how to integrate a patient’s history and MSE into a comprehensive story that can aid in diagnosis and management. Ultimately, no matter what field you enter in medicine, you will be treating patients with active psychiatric conditions.

The night before:

- Review the MSE. This is the structured set of interview questions and clinical observations that are used to identify a patient’s state of mind. It includes things such as appearance, mood, affect, thought process, and thought content. See Appendix E for detailed notes on a MSE and consider printing it to carry with you.
- Each site may have its own MSE that they suggest you follow, so ask your site leader and/or residents you rotate with about the exact set-up of their MSE once you begin the rotation.
- Try to relax. Students are often nervous when approaching and interviewing patients with severe psychiatric conditions, as they fear these patients might become argumentative and combative. Be assured that although there have been occasions where patients have become violent, they are rare. More commonly, these patients are friendly and eager to tell students their stories, as long as you make them feel comfortable doing so. But just in case, here are some safety tips:
  - Women: dress conservatively. Although these patients are not likely to be dangerous, they can be hyper-sexual.
  - Sit closer to the door than your patient, so you can get out in an emergency.
  - Don’t wear your ID on a neck chain.
  - If you feel uncomfortable at ANY point, do not agree to be alone with the patient.

What to carry in your pockets:

- A copy of the MSE. Templates of the MSE if you wish to have one for each patient.
The role of the medical student:

As with most rotations, you will learn the majority of your information from your patients. You will be required to pick up patients as they are admitted and follow one to two of them at a time. On admission, you should perform a thorough history and MSE. In this setting, you will not be required to perform a typical physical exam so really take the time to get a good history. This might be difficult as many of these patients have thought disorders and will be challenging to interview. Be patient and persistent. If you have to ask a question again, ask it again. If you need clarification, get it. Almost all psychiatric illnesses are diagnosed based on clinical criteria and as a result the history is vital to a proper diagnosis.

On rounds, you should be the one presenting your patients to the attending. Write out the history and MSE prior to your presentation, and come up with a differential diagnosis for your patient’s symptoms. You should be able to weigh the strengths and weaknesses of each diagnosis, so that you can give a well thought-out assessment and plan at the end of your presentation, using The American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSMIV) criteria for each possible diagnosis. This is a book that outlines all of the clinical criteria that need to be met in order to diagnose a patient with a certain psychiatric condition. Try to come up with the management options for each diagnosis and be able to explain your rationale for using them.

As with most rotations, once you have your patients you are their doctor. It is your job to manage their care. You should see each of your patients everyday and write a daily SOAP note on them (see Appendix E) that includes a daily MSE and possibly (although unlikely) a physical exam. Follow up on any labs or tests that are ordered on your patients. If you have free time, spend it with your patients. Psychiatry is field in which trust between a patient and his or her doctor is key to proper treatment so the more time you can spend getting to know your patients the better.

Finally, as stated before, showing your enthusiasm for learning is always beneficial. If a clinical question is asked, go to the literature and find the answer. Then create a mini-presentation and present it to your team. Try to keep it concise (under 10 minutes) as everyone is busy-. Create a short hand out on the subject for future reference.

How to present a patient:

Take a thorough history. Psychiatric patients often have a long history of illness with multiple hospitalizations. This information is an important part of their history. Therefore, you must take the time to really learn about how their illness first presented and how it has progressed over the years. Again, these patients often have disorganized thoughts, so obtaining this history can be difficult. Try to be patient, as it will be beneficial for you to understand the full course of their disease. Sometimes making a timeline with the patient is helpful if chronology of the history is confusing. If necessary, talk with family members or case-workers who help care for the patient to fill in the gaps of your history.

Always obtain a baseline status on your patients and start your presentation with a brief sentence or two about how the patient functions normally. This will help give your attending perspective on the current situation.

Get a good social history including a drug history. Patients with psychiatric conditions often have problems with drugs and alcohol as well.

When presenting the case to your attending, include all relevant information in the HPI. This includes family history, medications, social history, and sexual history if they are pertinent to the story you want to tell. Include pertinent negatives in your HPI. For example, if you are relating a story about depression and the patient did not have any suicidal thoughts, emphasize “no suicidal ideation.” If the patient denies auditory and/or visual hallucinations, be sure to mention this.

Know the current medications your patient is taking and find out if they are compliant with them. Look them up before presenting to your attending so that you know a little bit about them (most psych meds have a handful of serious side effects- stay alert for signs/symptoms).

Make sure to present a complete MSE in an organized manner (see Appendix E)

Always have a differential diagnosis in mind and be able to weight the value of each item in your differential. Remember the DSM-IV criteria!
Studying for the shelf:
Psychiatry is one of the rotations where the shelf matters.
- **First Aid for Psychiatry ($38)** - most use
- **Case files for psychiatry ($27)** - some use
- **Pre-Test Psychiatry ($24)** - It should be warned that these questions are significantly easier than the questions on the shelf.
- **Appleton and Lange’s Review of Psychiatry ($40)** - a question book that some use to prepare for the shelf; more in-depth than pre-test and covers adolescent psychiatry a bit better.
- **20-minute essay after taking the shelf**: It is a clinical vignette of a patient with a psychiatric condition and you are required to come up with a differential diagnosis and explain why you feel each disease should be considered in the differential. You also must come up with a treatment plan for the patient based on your differential. Case Files is a good study guide for this, as the clinical vignettes are similar to the one you might receive. Just think about how you would work up a patient on your own, discuss your differential diagnosis and how you would begin to treat this patient. Think of systemic disorders, drug side effects, as well as psychiatric disorders in your differential. The people who grade the essay are looking for a reasonable (not necessarily perfect) approach to the clinical scenario. Don’t panic about this section!

How to excel:
In general, if you follow the above advice you will succeed in this rotation. One of the main pitfalls that students tend to encounter is that because psychiatry is not as demanding in terms of time, they do not take it as seriously as some of the other rotations. It is true that you will not be forced to work on the weekends or take call as often as you do in other clerkships, however, your attendings will expect you to take the clerkship seriously and work while you are there. Act interested. Be curious. Spend time with your patients and really observe them. In addition, attend all class sessions, and be on time, as the session leaders might be evaluating you at the end of the clerkship, so showing a strong work ethic will not go unnoticed.

Finally, during the clerkship you will be required to do a few case write ups on patients with whom you have interacted during your time on the wards and submit them to your attending. These usually are the fairly standard write-ups you have done for other classes except the MSE is the physical exam. As part of these papers, you will be required to formulate a differential diagnosis. Write up a brief discussion of the different differential diagnoses in terms of their epidemiology, clinical presentation, diagnosis, and treatment. Use references (i.e. DSM-IV) when applicable. Once you have discussed the differential, explain why you feel one diagnosis is more probable then the other and come up with a treatment plan. Try to use standard treatment guidelines or go to the primary literature when creating your treatment plan. Evidence-based medicine is important in psychiatry and your attending will appreciate your efforts in trying to come up with an evidence-based approach to your patient’s care.

Tidbits:
1. Ask for feedback from your interns, residents, and attendings. There is always room for improvement.
2. Be a good team member, work with your fellow classmates, team residents and attendings.
3. Treat your patients with respect.
4. Finish your write-ups as soon as you can so you are not stuck writing them the week of the shelf exam.
5. Be on time for lectures and rounds.
6. Stay safe when you are alone with a patient. Take necessary precautions. Depending on your site and your patient you will be able to judge what may be necessary to keep yourself safe (ie leaving door open, placing chair near door, having security outside door or inside room, etc).
7. Ask questions. If there are diagnoses you do not understand, ask for clear explanations. Often the DSM IV can be confusing and those who have been in the field can help you make sense of the diagnoses.
8. Talk with your classmates who are at your site. If they have interesting cases discuss them, if they have interesting patients to see, ask to see them as well.
9. Be consistent with your MSE. Like a physical exam, a methodical approach is best. Sometimes it is hard with a difficult patient, but following an order will help ensure you do not forget specifics of the exam.
10. Psychiatric drugs are hard to learn! Try your best to learn popular drugs and their specifications, but
don’t go crazy memorizing every drug and every side effect. Approach the drugs in classes; learn the major disorders each treats and the major, unique side effects of each class and/or specific drug.

**If you are really interested in this field:**

- Speak to your attending about writing a letter of recommendation on your behalf. You will need them for your residency application and it is never too early to ask.
- Speak to your attending, residents, and interns about how they made their decision and what they think will be helpful for you in your decision making process. The more information you can get the better!
- Ask around about opportunities for electives during your fourth year. There are also many research opportunities and often some chief residents and attendings will be working on various research projects.
- Contact your site director or psychiatry residency directors at a teaching hospital site and see if he/she can help you get in touch with previous Einstein grads who pursued psychiatry. Einstein alumni are often very happy to talk to other students regarding their career choice.

**FAMILY MEDICINE**

Written by: Lisa Balzano Puglisi; Edited by: Judith Green

**Introduction:**

Family Medicine is an outpatient clerkship, with a component of community involvement. The majority of your daily responsibilities will involve seeing patients in the clinic to which you are assigned while being directly mentored by an attending physician. This serves as an excellent one-on-one exposure to a seasoned clinician, so take advantage of this opportunity (it is unique to this elective). Family Medicine is a field in which the provider treats patients of all ages, including infants, pregnant women, and the elderly. Because of this, providers often come to know patients within the context of their family. Moreover, the social component to the history is important in this elective and should not be neglected. This is a great opportunity to practice the art of asking patients difficult questions regarding sexual practices, risky behaviors, criminal activity, etc. At first these questions might seem difficult to ask so don’t be afraid to ask for help from the clinic mentor. This is also a great opportunity to practice your physical exam skills and receive feedback from your clinic mentor. Examining “normals” repeatedly will give you more confidence in your findings when you think you have found an abnormality in the physical exam.

Another component to the clerkship are the online modules and Friday morning classes. MAKE SURE you complete the modules on time and show up to the classes promptly and prepared as n to doing this can negatively influence your grade.

**The night before:**

Just make sure you know what clinic you need to go to, how you are getting there, and what time you need to be there. If you are taking Vital, you may need to call them in the morning an hour or so before you need to leave. You can also take some time to quickly review some of the guidelines for diagnosis and treatments of the most common outpatient diseases like hypercholesterolemia, HTN, and Type 2 DM. Considering that so many of your patients will have diabetes, you should also be familiar with blood pressure and lipid goals in diabetic patients (as they differ from non-diabetics). Being familiar with these sorts of guidelines will be useful clinically and will make you look prepared.

**What to carry in your pockets:**

- Stethoscope
- Pocket Medicine book, Tarascon’s or PDA, Maxwell Reference Book
- A pregnancy wheel
- Some reference of normal ranges for pediatric vitals

**The role of the medical student:**

- See patients on your own in clinic and present them to the attending. Afterwards you will go see the patient again with the attending, write-up the patient note, and have it cosigned by the attending
Identify patients during the clinic visit that you think could use additional services from the social worker and help connect them with the clinic social worker.

Show up to all lectures- this is very easy to do, and positively influences your grade.

Complete a community project- This is an opportunity to better acquaint yourself with the community in which your patients live. The goal is to connect with patients on issues of health and wellness in a forum outside of the office. Attend all meetings for your community project and at the end of the rotation you will have to present your community work to the student and preceptor group with a formal Power Point presentation.

**How to present a patient:**

The patient visit during the Family Medicine clerkship is usually relatively brief, and involves preventive care, well child visits, problem specific care, and chronic disease management. When writing up and presenting your patients, you will follow the same SOAP note format used during your Medicine clerkship (see **Appendix B**). Again, be sure to always note family and social history, including toxic habits and sexual history. Also, if the patient is in the clinic for a physical, you should include routine health maintenance areas like last PAP, last mammogram, and last colonoscopy in your history and presentation.

**Studying for the shelf:**

There is no official shelf exam for this clerkship, but there is a 50-question multiple-choice exam made up by the clerkship directors that you need to pass. USPSTF website outlines screening guidelines for various diseases which are key to success on this exam. If you keep up with the reading in the book that is lent to you at the beginning of the clerkship, and do the online modules, you should not have a problem on the final exam. Also, remember that in this clerkship, you have to do well in the clinical setting in order to get honors.

**How to excel:**

The key to this rotation is being interested in your patients both in terms of their disease processes as well as their social situations. If you ask the right questions, you will find teenagers who are suicidal or scared they are pregnant, families that are facing the prospect of homelessness, and substance abusers who are looking for help. Your clinic preceptors will be impressed by your holistic approach and your patients will be thankful for your interest.

For the lecture portion of the rotation, doing the homework and speaking up in class will show the course leaders that you are interested. Class participation is a very important component to the grade. For the project requirement, it looks good to try to do some sort of small research project. For example, some of the students assigned to going into the schools to teach children have completed small studies where they tested the students’ knowledge with a questionnaire at the beginning of their teaching assignment and then again after the lectures. They then compared the pre and post-intervention findings and presented that information during their project presentation.

**Tidbit:**


**If you are really interested in this field:**

There are a lot of social/family medicine projects available for fourth year students. During this rotation, you will meet both the preceptors at your sites as well as the preceptors for the clerkship which provides great contact with clinicians. Even if you don’t “click” with the physicians at your site, the course preceptors can always get you in touch with a mentor who might be a better fit for your personality and interests.
# Appendix A: Medical History and Physical Notes

**Name:**

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<th>M</th>
<th>F</th>
<th>Age:</th>
<th>Date:</th>
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## Chief complaint
(What brings you here today? Major concerns? Key questions/agenda/goals for appt?)

## HPI

### Symptoms
- Onset/Duration
- Quality
- Severity (0-10)
- Location/Radiation
- Alleviating/Exacerbating factors
- Timing
- Previous episodes

### Associated Symptoms

### Impact of symptoms
Acute? Chronic adaptation? Functional impact

### Explanatory model
What causing? What worried about? Expectations of care?

## PMH

### Major illnesses:

### Hospitalizations:

### Surgeries:

### Serious Injuries:

### Psych:

### Meds:
Name, dose, route of administration, frequency

### Allergies:
reaction?

### Menstrual Hx:
- Menarche:
- LMP:
- Frequency:
- Duration:

### CAM:

### Repro Hx:
- Pregnancies:
- Miscarriages:
- Abortions:
- # Live Children:

### Prevention
- Vaccines Y N
- Seat belt Y N
- Helmet Y N
- Physical Y N
- Tests (circle):
  - Pap/PSA
  - Mammogram
  - Colonoscopy
  - B/T self-exam

### Sexual History
Active? Y N
Contraception? Barrier/hormonal? Frequency of use?

### Occ/Environ
(exposures, functional limitation, stress)

### Domestic violence
(hurt/threatened at home, safe at home, describe fights?)
<table>
<thead>
<tr>
<th>Family History</th>
<th>Social History</th>
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<tbody>
<tr>
<td>Age, health, cause of death, medical problems (Cancer, BP, heart, DM, EtOH, depression)</td>
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<tr>
<th>Father</th>
<th>Exercise</th>
<th>Diet</th>
<th>Tobacco # pack-years?</th>
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<th>Mother</th>
<th>EtOH (CAGE)</th>
<th>Drugs</th>
<th>Financial/Employment</th>
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- **Living sit.**
- **Relationships**
- **Support**
- **Religious**

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<th>Review of Systems</th>
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<td><strong>General/skin/sleep</strong></td>
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<td>- Δ weight</td>
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<td>- Fatigue</td>
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<td>- Weakness</td>
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<td>- Fevers</td>
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<td>- Chills</td>
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<td>- Rash/itching/dryness</td>
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<td>- Δ hair</td>
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<td>- Δ nails</td>
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<th><strong>Respiratory</strong></th>
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<td>- Cough</td>
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<td>- Dyspnea</td>
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<td>- Wheezing</td>
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<td>- Asthma</td>
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<td>- Bronchitis</td>
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<td>- Emphysema</td>
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<td>- Pneumonia</td>
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<td>- TB</td>
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<th><strong>GI</strong></th>
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<td>- Heartburn</td>
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<td>- Nausea</td>
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<td>- Vomiting</td>
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<td>- Abd. Pain</td>
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<td>- Bloating</td>
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<td>- Lactose intol.</td>
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<td>- Diarrhea</td>
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<td>- Constipation</td>
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<td>- Gas</td>
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<tr>
<td>- Hemorrhoids/rectal bleed</td>
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<tr>
<td>- Liver/gallbladder</td>
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<tr>
<td>- Jaundice/hepatitis</td>
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<th><strong>Cardiovascular</strong></th>
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<td>- High/low BP</td>
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<td>- Murmurs</td>
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<td>- Orthopnea</td>
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<td>- Nocturnal dyspnea</td>
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<td>- Edema</td>
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<tr>
<td>- Chestpain</td>
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<tr>
<td>- Palpitations (rapid/skip)</td>
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<td>- Claudication</td>
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<td>- Varicose veins</td>
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<td>- Thrombophileitis</td>
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<td>- Easy bruise/bleed</td>
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<td>- Anemia</td>
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<td>- Transfusions</td>
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<th><strong>Endocrine</strong></th>
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<tr>
<td>- Heat/cold intolerance</td>
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<td>- Polydypisia</td>
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<td>- Polyphagia</td>
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<tr>
<td>- Diaphoresis</td>
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<tr>
<td>- Thyroid problems</td>
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<tr>
<td>- Diabetes</td>
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<tr>
<td>- Skin color change</td>
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<tr>
<td>- Excess hair growth</td>
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<tr>
<th><strong>Neuro/psych</strong></th>
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<tr>
<td>- Headache</td>
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<td>- Fainting</td>
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<td>- Blackouts</td>
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<td>- Seizures</td>
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<tr>
<td>- Paralysis</td>
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<td>- Numbness/tingling</td>
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<tr>
<td>- Vertigo/dizziness/difficulty walking</td>
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<tr>
<td>- Confusion</td>
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<tr>
<td>- Memory loss</td>
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<tr>
<td>- Tremor/coordination</td>
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<tr>
<td>- Anxiety/tension/stress</td>
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<tr>
<td>- Depression/tearfulness</td>
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<tr>
<td>- Suicide attempts</td>
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<th><strong>GU</strong></th>
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<td>- Dysuria</td>
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<td>- Nocturia</td>
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<td>- Polyuria</td>
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<td>- Hematuria</td>
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<td>- Urgency</td>
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<td>- Hesitancy</td>
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<td>- Incontinence</td>
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<td>- UTI</td>
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<th><strong>Genital/sexual</strong></th>
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<td>- Itching</td>
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<td>- Sores</td>
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<td>- STD</td>
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<td>- Hernias</td>
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<tr>
<td>- Test/vag pain</td>
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<td>- Testicular mass</td>
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<td>- Interest</td>
</tr>
<tr>
<td>- Function</td>
</tr>
<tr>
<td>- Satisfaction</td>
</tr>
<tr>
<td>- Problems</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Gynecological</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Menarche age</td>
</tr>
<tr>
<td>- Irregular period</td>
</tr>
<tr>
<td>- Period freq</td>
</tr>
<tr>
<td>- Period duration</td>
</tr>
<tr>
<td>- Bleed between? Y N</td>
</tr>
<tr>
<td>- Last period</td>
</tr>
<tr>
<td>- Menopause age</td>
</tr>
<tr>
<td>- Symptoms</td>
</tr>
<tr>
<td>- Post-men bleed? Y N</td>
</tr>
<tr>
<td>- Breast lumps</td>
</tr>
<tr>
<td>- Breast pain</td>
</tr>
<tr>
<td>- Breast discharge</td>
</tr>
<tr>
<td>- G_P_A_</td>
</tr>
<tr>
<td>- Preg complications</td>
</tr>
<tr>
<td>Physical Exam</td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td><strong>Vitals:</strong></td>
</tr>
<tr>
<td>BP- P- R- Tm-</td>
</tr>
<tr>
<td>O2Sat-</td>
</tr>
<tr>
<td>Wt-</td>
</tr>
<tr>
<td>Ht- BMI-</td>
</tr>
<tr>
<td><strong>General:</strong></td>
</tr>
<tr>
<td>NAD, A&amp;Ox3</td>
</tr>
<tr>
<td><strong>Skin:</strong></td>
</tr>
<tr>
<td>WNL, intact grossly, no rashes</td>
</tr>
<tr>
<td><strong>Head:</strong></td>
</tr>
<tr>
<td>no tenderness, no adenopathy, no scars or bumps</td>
</tr>
<tr>
<td><strong>Eyes:</strong></td>
</tr>
<tr>
<td>Conjunctiva pink, no scleral icterus, no injection</td>
</tr>
<tr>
<td><strong>Ears:</strong></td>
</tr>
<tr>
<td>no exudates, no erythema, no abnormalities on gross exam</td>
</tr>
<tr>
<td><strong>Nose:</strong></td>
</tr>
<tr>
<td>septum midline, patent nares, no exudates, no erythema</td>
</tr>
<tr>
<td><strong>Mouth:</strong></td>
</tr>
<tr>
<td>no erythema, no exudates, no abscesses, tongue midline, good dentition</td>
</tr>
<tr>
<td><strong>Throat:</strong></td>
</tr>
<tr>
<td>no erythema, no exudates, uvula midline</td>
</tr>
<tr>
<td><strong>Neck:</strong></td>
</tr>
<tr>
<td>supple, NT, no adenopathy, no thyromegaly or nodules, no JVD, no carotid bruits</td>
</tr>
<tr>
<td><strong>Spine:</strong></td>
</tr>
<tr>
<td>midline, no point tenderness</td>
</tr>
<tr>
<td><strong>Lungs:</strong></td>
</tr>
<tr>
<td>CTA B/L, no w/r/r</td>
</tr>
<tr>
<td><strong>Heart:</strong></td>
</tr>
<tr>
<td>normal S1, S2, no m/r/g, PMI non-displaced in midclavicular line</td>
</tr>
<tr>
<td><strong>Abdomen:</strong></td>
</tr>
<tr>
<td>soft, NT, ND, +BS, no hepatosplenomegally, no CVA tenderness</td>
</tr>
<tr>
<td><strong>Pulses:</strong></td>
</tr>
<tr>
<td>2+ Dorsalis Pedis pulses B/L, 2+ radial pulses B/L</td>
</tr>
<tr>
<td><strong>Extremities:</strong></td>
</tr>
<tr>
<td>Full ROM B/L in all extremities, no ecchymosis, no purpura, no erythema, no muscular atrophy</td>
</tr>
<tr>
<td><strong>Neuro:</strong></td>
</tr>
<tr>
<td>EOMI, PERRLA, Strength 5/5 in all extremities B/L, CN II-XII grossly intact, sensation (fine touch, dull touch, vibration) intact, proprioception fully intact, normal finger-to-nose, normal gait</td>
</tr>
<tr>
<td><strong>Other:</strong></td>
</tr>
<tr>
<td>UA:</td>
</tr>
<tr>
<td>Urine culture:</td>
</tr>
<tr>
<td>Blood culture:</td>
</tr>
<tr>
<td>LP:</td>
</tr>
<tr>
<td>Chest Xray:</td>
</tr>
<tr>
<td>Ultrasound:</td>
</tr>
<tr>
<td>CT:</td>
</tr>
<tr>
<td>MRI:</td>
</tr>
<tr>
<td>Other:</td>
</tr>
</tbody>
</table>
APPENDIX B: SOAP Note (Daily Progress Note)

The SOAP note is a brief patient note used on the inpatient medicine and pediatric services, as well as in outpatient clinics of all specialties. It is used as an update once a full H&P has been recorded in the chart. The role of the SOAP note is to document that the patient has been seen by a clinician and to communicate to nurses, consults etc. Therefore, your assessment and plan should change each day based on the patient’s condition and updated information.

S: Subjective: This section details what the patient reports (exactly like taking a brief HPI). For example, if he is here for rule-out MI, does he still feel chest pain? If yes, where’s the pain and how bad is it? Does he feel shortness of breath? Etc.

O: Objective: This section details objective findings which include vital signs, your physical exam, and any new labs or imaging that came back since yesterday.

Vitals: BP, P, RR, T_{now}, T_{max}, O_2 sat (on room air, nasal cannula, face mask?)

PE:
- General:
- HEENT:
- CV:
- Pulm:
- Abd:
- Extremities:
- Pulses:

Labs: note results of daily labs, and if a lab test is still pending (i.e. a test that takes a few days to come back) note “result pending”. This way you have documented that you are following that lab value and have fully reviewed the chart

Radiographic Studies: note results of any new imaging

A/P: Assessment/Plan: This section is where you summarize the patient’s history, reason for admission, and clinical status in 1-2 sentences and then write out the plan for the day either by problem or by system. You will learn more about writing a plan from your intern.
APPENDIX C: Labor History and Physical

*** Always perform history and physical alone with the pt. You are asking about sensitive topics such as STDs, abortions, domestic violence that may not be something the patient will be willing to discuss or be honest about with the father of the baby, family member or friend in the room (nurses will speak with you if they see you doing this)***

CC: (i.e contractions, loss of fluid, bleeding)

HPI: ___ year-old gravida ___ (# of pregnancies), para ___ (# of deliveries – term, preterm, abortions, living) at ___(Gestational age) with estimated date of confinement (EDC)___ by last menstrual period (LMP) ___ (or sono), consistent with ____ wk ultrasound.

Prenatal Issues (PNI): List them and explain... ie: 1. Rh negative - received RhoGam at 28w GA, 2. GDMA1 (Gestational diabetes - class A1) - diet controlled, fasting blood sugars, GCT/GTT

Prenatal Care (PNC): date of first exam, # of visits, any medical issues

Prenatal labs (PNL): glucose challenge test, RPR/VDRL, rubella, blood type, Rh, complete blood count (CBC), Pap, PPD, Hep B SAg, urinalysis (UA), Group B Strep (GBS) status

Ultrasounds: List by date, include gestational age, estimated fetal weight (EFW), issues (abnl findings, placental position, etc)

Past OB history: information about each prior pregnancy (including abortions)
  • Date and gestational age, Route of delivery (vaginal, operative, c-section, indication, type of uterine incision), length of labor, Baby’s weight, Any complications

Past GYN history: menstrual history (menarche X interval X duration), STIs, abortions, contraceptive use, fibroids/cysts

Meds/Allergies
PMH
PSH

Family History: (fibroids/cysts, preeclampsia, gestational diabetes, breast cancer, ovarian cancer, colon cancer, uterine cancer)

Social History: tobacco/etho/drugs, work, domestic violence, stability/safety for mother and child

ROS

Physical Exam:
  Vital signs, CV, Lungs, Extremities
  Abdomen: fundal height, tenderness, scars
  Sterile spectulum exam (SSPE)- may have been done in triage (pooling, nitrazine +/-, ferning)
  SVE (sterile vaginal exam): dilatation, effacement, station, position, status of membranes - confirmed by Dr. ___
  EFW (by leopolds or ultrasound- report modality)
Position (vertex/breech - by ultrasound or exam)
FHT (fetal heart tracing) - baseline, variability, accels/decel - category (I, II, III)
Contractions - frequency

Current labs: Hgb/Hct, glucose, UA, urine dipstick for protein

Assessment and Plan:
___yo G_P___ at ___ wks, admitted for (ROM, CTXs, etc...) in … (active labor, late latent labor... etc)
1. Admit to L and D
2. NPO/IVF
3. CBC, RPR, Type and Screen
4. Fetus: Continue continuous fetal monitoring, category _ tracing, (additional plan if applicable)
5. Labor: Contractions every _ mins, (plan of action - augment labor with pitocin, cervical ripening with cytotec, etc), anticipate NSVD? etc
6. Pain - Epidural/PRN etc.
7. additional issues - Diabetes, Rh, GBS, etc - only if applicable
APPENDIX D: Pediatric H&P
(All modifications from the Medicine H&P have been expounded upon)

Date of Admission:

Source of information and accuracy:

CC:

HPI:

Birth History: Include birth weight, gestational age, type/place of delivery, age and parity of the mother, if mother was taking any drugs/medications while pregnant, maternal complications, if received prenatal testing, perinatal complications, NICU course if applicable, and baby’s age at discharge.

PMH (conditions, illnesses, hospitalizations, surgeries, injuries):

Medications:

Allergies:

Feeding History (for infants and toddlers): Methods of feeding, amount/frequency of feeding, when and which solid foods were started, present diet

Growth and Development: Note important milestones, and if the child was at par with other children in reaching these milestones.

School History: If the child is at an age-appropriate grade, if the child has been evaluated for learning disabilities, and if so, what services he receives, if the child enjoys school

Immunizations: Ask the parent’s for the child’s immunization card, and note down all immunizations that have been/should have been received. If immunizations have been skipped note why.

Menstrual History (if appropriate):

Family History:


ROS:

ED course:

PE:

Vital signs- include height, weight, head circumference (<2 yrs), or BMI (>2 yrs) and percentile ranks.

For infants- include all pertinent physical findings (both + and –) for an infant. For example, fontanelle status, Ortolani and Barlow exam, etc.

For adolescents- include Tanner stage in GU exam

Labs:

A/P: In Pediatrics, the plan is generally written by system so that we think about each of the child’s systems and make sure they are all well taken care of, even if that’s not the reason for admission. For example, if a patient is admitted for asthma exacerbation, we need to know her nutritional status and if she may need fluids because she’s not eating well.

When doing the write-ups, the following sections are also included:

Summary: Summarize all the relevant clinical information

Problem List:

Differential Diagnosis:

Assessment: Go through each differential diagnosis in detail and explain its presenting symptoms, how to diagnose it, etc. Then explain how likely this differential diagnosis is based on the patient’s specific case. Use reference material, especially primary sources if possible.

Plan:

Hospital Course:

Sources:
Appendix E: Psychiatry Mental Status Exam (MSE)

General description: Describes patient’s appearance, cleanliness, etc.
Appearance: Includes posture, poise, grooming, and clothing. Signs of anxiety or mood states, such as clenched fists or hand wringing, should also be noted.
Behavior and psychomotor activity: Includes any bizarre behavior or abnormal movements like agitation or rigidity.
Attitude toward examiner: Describes the patient’s attitude toward the interviewer. Examples: guarded, evasive, friendly.
Mood: The emotion the patient attaches to his or her person. It is best elicited by simply asking the patient how his or her mood has been.
Affect: The patient’s emotional responsiveness as inferred by the examiner during the interview. In addition to describing the affect, the range of the affect and the congruency with the stated mood should be noted. Ex: blunted, constricted, flat.
Speech: Includes the rate, tone, volume, and rhythm of the patient’s speech.
Thought content: Includes illusions and hallucinations (tactile, visual, and auditory), delusions, paranoia, preoccupations, obsessions and compulsions, phobias, ideas of reference, suicidal and homicidal ideation (including plan and intent).
Thought process: Describes how a patient thinks. Examples: logical/coherent; circumstantial, tangential, flight of ideas, loose associations, word salad, neologisms, thought blocking.
Judgment: Ask a patient what he or she would do in an imaginary scenario.
  • Example: what would you do if you found a stamped envelope on the ground?
Insight: The degree to which the patient understands his or her illness.

Mini Mental Status Exam: Assesses sensorium and cognition:
  • Consciousness: Examples: alert, somnolent, stuporous
  • Orientation: Includes orientation to person, place, and time.
  • Memory:
    o Immediate: number repetition
    o Recent: Ask patient what he or she ate for dinner
    o Recent past: name President
    o Remote: Ask about childhood
  • Concentration and attention: Serial 7’s or WORLD backwards
  • Reading and writing
  • Visuospatial ability: Copying the face of a clock
  • Abstraction: Proverbs (what does “you can’t judge a book by its cover” mean?)
  • Information and Intelligence: General fund of knowledge