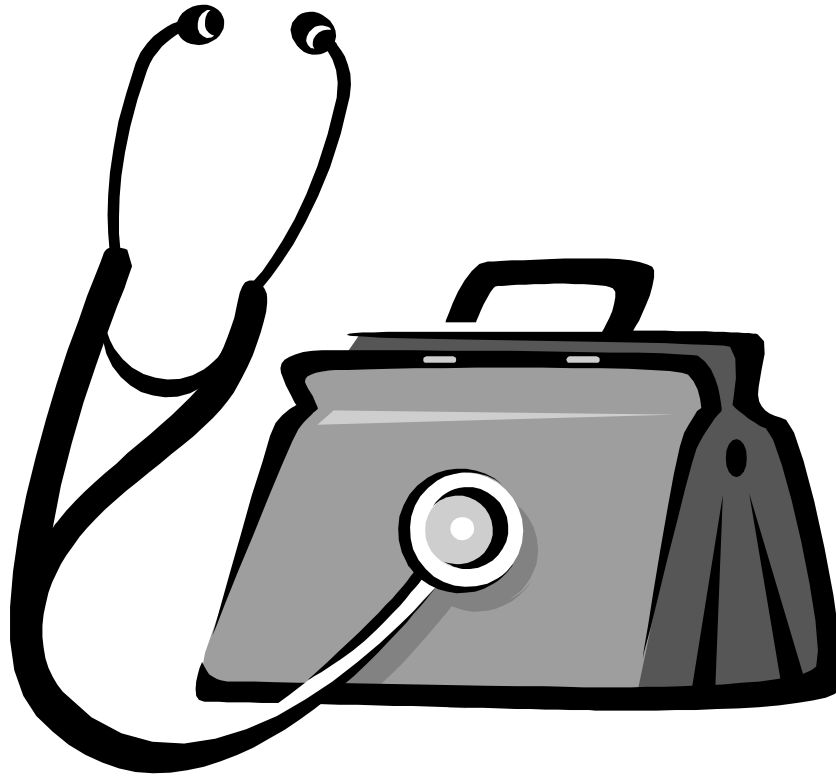


Welcome to Third Year



Ward Tips A Survival Guide

2008 - 2009

Created by the Careers in Medicine 3rd Year Students

Table of Contents

| | |
|-------------------------------|----|
| Overview of Third Year | |
| General Principles | 2 |
| Your Team | 3 |
| Student Responsibilities | 3 |
| Rounds | 4 |
| Call | 5 |
| Weekends | 5 |
| E-Value | 5 |
| Pagers | 6 |
| | |
| Rotations | |
| Internal Medicine | 7 |
| Surgery | 8 |
| Ob-Gyn | 10 |
| Pediatrics | 12 |
| Psychiatry | 13 |
| Family/Rural | 15 |
| | |
| General Information | |
| General Resources | 16 |
| PDA Resources | 17 |
| S.O.A.P Note | 18 |
| Example S.O.A.P Note | 19 |

THIRD YEAR OVERVIEW

GENERAL PRINCIPLES

Third year at MUSC is divided into six (6) six-week blocks consisting of:

Surgery
Obstetrics and Gynecology
Medicine
Pediatrics
Family Medicine/Rural Clerkship
Psychiatry

Additionally, this year there are four (4) three-week selectives.

Third year lasts 49 weeks plus holidays, so basically an entire year. You will choose and be assigned to 6 core clerkships and 4 selectives. All of this scheduling is done via the Web and let's you choose in what order you would prefer! As with all lotteries, you might not be able to get exactly what you want but, it beats having no say at all!

During each rotation, your group will be subdivided and sent to different teams at MUSC, the VA, the IOP, or various other clinical sites on or off campus. Depending on the rotation, you may or may not have much say about where you end up. The bottom line is it really doesn't matter - there is something valuable to be learned no matter where you are.

During your third year, you'll come in early, go home late, get depressed, be elated, get verbally cut down, cry, laugh, curse, pray, take undue credit, take undue criticism, study, party, argue, agree, and experience almost every other emotion on earth. This is the year you understand what being a doctor is all about. You'll have your own patients and perform procedures. It is a time to make mistakes while realizing that you actually did learn something your first two years, sometimes in spite of yourself.

Be assertive and ask questions. You are paying to be there every day so make the most of it. Most of the attendings and residents understand that this is a teaching hospital and will act accordingly. You are responsible for your own education now. When the opportunity arises to do procedures, you will be nervous and unsure but step up to the plate anyways. Residents and attendings won't know you are interested in doing something unless you ask, **so ASK!!!**

Remember this is the time to learn and make mistakes so don't worry about asking questions when you don't understand something. Residents and attendings would much rather you ask than keep quiet.

YOUR TEAM

No matter what service you're on, you'll work on a "team" consisting of you and possibly other students, an intern, a midlevel resident (usually 2nd or 3rd years), a chief resident, sometime a fellow, and an attending. There may be members of the team from the different colleges like pharmacy, nursing, P.A.s, etc. Everyone on the team is valuable member and someone to learn from. Take full advantage of the collective knowledge your team has!!

STUDENT RESPONSIBILITIES

You will have your own patients. You are responsible for writing daily progress notes in their charts and making sure the proper orders are in the chart (an M.D. must co-sign the orders). You should know as much detail as possible concerning their present illness, past medical history and daily progress, and you'll keep this information handy at all times. The best way to do that is by keeping a stack of index cards with all your patients' information in your coat pocket. Depending on your service, you'll help admit the patient, take a history, perform the physical exam, observe the patient's progress daily, and assist in their operations and procedures.

Your Daily Schedule

A typical morning on an inpatient rotation is as follows:

1. You sleep as late as possible before heading off to school to preround. At the beginning of the year, it is best to plan on 20-30 minutes per patient.
2. First, locate your patient's chart and see if any orders have been written. If something has been ordered (CBC or Chest x-ray for example), make sure it has been done and take note of the results. Next, flip to the back of the chart and read any progress notes written since your last note. Physical therapists, doctors of pharmacy (pharm D's), and other services that are consulting on your patient will leave a note in the chart so you must look at them. Pay particular attention to the plan or any instructions they leave.
3. Then log on to a hospital computer and check OASIS for any lab results, cultures, or radiology reports. Write all results on your index card. Make sure you are always up to date on all labs and imaging studies!
4. After you've collected all of this information, see your patient. Check the vital signs on the wall chart or physician portal, ask how the patient is doing and how their night went, and conduct a brief, focused physical exam.

5. Then write your progress note. Most services expect your notes to be written before rounds. The note is always written in the SOAP format and must be timed, dated, and signed. Subjective includes things that patient tells you about how they are doing. Objective includes findings in the patient (vital signs, physical exam, lab values, radiological studies). Next comes your Assessment and the Plan your team has for the patient. An M.D., usually the intern, reads it and adds to it before cosigning it.
6. Be sure to keep all of your patients' information in one easy to access spot. You will need to present your patient on rounds. The most important thing about the morning is **NEVER be late for rounds!!**

ROUNDS

"Rounds" refers to the time the entire team gathers to discuss and see all the patients on the ward. Morning rounds begin anywhere from 5:45 - 9 am. Some services also have evening rounds which begin anywhere from 2:00 - 6:00 pm. You will often be "pimped" on rounds, meaning you will be asked questions about various topics pertinent to your assigned patients. A good general rule is to read about the diseases your patients have, know the reason they are on meds they are on and know how to interpret the labs ordered on your patients. These three topics are frequently asked about on rounds. Don't be intimidated by pimping! Every doctor was once a medical student and they went through the same thing. They don't expect you to know every answer but will expect you to look up the stuff you didn't know later on.

You'll spend part of the rest of day doing various common tasks, known as "scut work." Be a team player and do your tasks, help someone else finish their work, and help the team get out of the hospital faster. You are part of a TEAM.

What about the rest of the day? During surgery, you'll go to the O.R.; during OB, you'll deliver babies, etc. You'll work in different MUSC or VA clinics where you'll see the patients first, find out what's wrong, arrive at a basic assessment and plan then present to an attending. You'll go back to see the patient with the attending and finish out the clinic visit. Some clinics are held daily, some once a week. It's the same scenario as when you go the doctor except now you're the doctor. A variety of other things are done during the day; you'll check x-rays, attend classes and conferences, change dressings, remove sutures, and study when you can.

It's important to remember that if you're team does let you break away to the library to study let them know your pager number so they can contact you.

CALL

Call is another aspect of third year. You'll take an average of 3-4 nights of call per rotation. Basically, when you're on call at night you do all the typical day tasks as well as taking care of any emergencies, admissions, or work left over from the day. You're usually on call with another student and resident. Call is a great time to learn, especially since there's a lot of time to ask questions and learn new procedures. Don't expect to sleep during call though you can usually get a few hours in. In case you were wondering, you work the day before call and usually half of the day afterwards; this makes for very long work days! Also the call rooms are co-ed but we're all adults and it shouldn't be an issue. You will wear your scrubs on call. The scrubs are found in specific locations throughout the hospital; just ask an intern on your rotation before your first call day.

WEEKENDS

DO NOT EXPECT TO GET WEEKENDS OFF!! Be careful when making long-term plans, but often things can be worked out with your team. Typically students are expected to round on patients on the weekends. If you have something you have to do a certain weekend to try to work it out with the other student on your team. Also if it is something like a graduation or wedding, let the course coordinators know ASAP. It's best to send them email a few weeks before starting the rotation.

E-VALUE

For each rotation, you'll be expected to record the procedures (skills and tasks) you perform. Additionally, you are expected to record what types of patient diagnoses you encounter during the rotation. The best thing to do is print out the procedure and diagnosis log at the beginning of each rotation, keep it in your white coat, and making sure you're making good progress every week. Don't wait until the last week of the rotation to put everything in otherwise you'll find yourself running around all week to get things checked off. Why do we do this? To help the clerkships and administration ensure we're meeting the established clinical goals for third year. **To record procedures and diagnoses, you will be asked to log into the E*Value website at <https://www.e-value.net>** . You will enter your login ID and password (sent to you by E*Value). Once in the site, you will access the procedures and diagnoses from different menu links and record them per the instructions on the site. It sounds much more complicated than it actually is.

E-value is also used to evaluate the clerkships, selectives, your residents and attendings at the end of each rotation. They will do the same for you and you can view your evaluations in E*Value as well. **You must complete your evaluations before they will release your grades!**

PAGERS

The students, faculty and administration are all in agreement that pagers will help students get the most out of the clinical years. The cost of the hardware and operation is being shared by the clinical departments you will rotate through, and has not resulted in any increase in student fees or tuition. Your pager ID will be listed under your name in the campus paging directory and will be accessible on the Simon Web system as well. This will make you more accessible to your teams. With this in mind, we encourage you to use the pagers and the paging system responsibly so it will be possible to continue providing this service to third year students. Here are a few general guidelines to keep in mind.

How to Use Simon Web Paging:

1. The Computer - All computers in the hospital work stations will have icons for Simon Web Paging on their desktops. Double-click the icon. You can search by last name of the pager number of the person you would like to page. Check the box beside the person you want to page and click "Send page." Type in your message and send.
2. The Phone - Dial 2-2123 and nicely ask the operator to page Dr. _____ to this phone number or dial 2-0590 and manually type in the pager ID and call back number.
3. From Home - Either call the operator at 792-2123 or access Simon from your internet at <https://simonweb.musc.edu> (on campus) or <https://simonproxy.musc.edu> (off campus or if you're at the VA).

On the first day or every rotation, give your pager # to all your team members. Also be sure respond to pages promptly. Often times it will be your resident telling you where to be rounds or that one of your patients requires your attention.

You are responsible for your pager. You must return the pager at the end of the year in the same condition in which it was issued to you. It costs several hundred dollars to replace a pager, so take good care of it!!! If you drop it on the ground, leave it out in the rain, or otherwise damage it, you will be responsible for paying to replace it.

Another tip: **Any pages sent to you while your pager is turned off will not show up when you turn it back on again.** Many of us learned that the hard way this year.

Internal Medicine

Schedule

The Internal Medicine core is six weeks of general medicine inpatient (at the VA or MUH). You will serve as a member of the inpatient ward team consisting of yourself, possibly a 4th year student/extern, two interns, an upper level resident, possibly a fellow, and an attending. You will take call (MUH every 8 days and VA every 6 days) and cover rounds one weekend day each week.

1. MUH - Your team is on long call Q4.
2. VA -Your team is on short call q3 and long call q6. Sagel fans - This is his home but he only attends in July.

There will be two lecture series to attend. On Monday afternoon from 3-4 pm in CSB 300, Dr. Brezezinski holds his discussions of Internal Medicine Class sessions, unstructured and spontaneous discussions covering any subject a student wants to introduce. Professor Rounds are offered on the other afternoons over a 2 hr. time period and consist of discussions based on reading and patient cases. These will be led by a specialist from each division of internal medicine.

What to Carry in Your Pockets

Stethoscope Pen light Reflex hammer Index cards Pocket Medicine book

Books

“Required”: One of the “Baby Books” - Baby Harrison, Baby Cecil, Baby Kelley. The MUSC online library Harrison will work fine.

Study Guides: Blueprints, PreTest, Appleton and Lange, **MKSAP3**, Step-Up to Medicine

Grades

Attending and resident evaluation=60% and Shelf exam = 40%.

The internal medicine shelf test is reasonable, considering the scope of knowledge the rotation covers. Be familiar with the workup and treatment for chief complaints in each of the organ systems. If you know what test to order and how to interpret them, you will do fine. On that note, make sure you have EKG and X-ray interpretation under control.

Surgery

Schedule

The surgery rotation is split into three weeks on a general surgery service (e.g. Trauma and Emergency General Surgery, Gastrointestinal Surgery, Surgical Oncology, and General Surgery at the Ralph H. Johnson Veteran's Administration hospital) and three weeks on one of the surgery department's more specialized services (e.g. Cardiothoracic Surgery, Transplant Surgery, Pediatric Surgery, Vascular Surgery, and Plastic Surgery.) Be prepared to work; some students will make it through an entire month without having a day off. You will take trauma call q4 and be responsible for weekend rounds on your service.

1. Trauma - Generally the favorite because you get exposure to a lot of what you will see on the test. It takes initiative to get a lot of OR time. A typical day runs from 5 am - 6 pm.
2. GI - Another favorite for the same reason. GI material makes up a large volume of the test. The patient load is heavy, and the service is busy; but the attendings are great and most students enjoy the experience.
3. Surg Onc - This service is not quite as busy as the others. You will become an expert at the workup for a breast lump, which shows up on the test a lot as well. If you are interested in Surgery, this is chance to with the new Dept. Chair, Dr. Cole.
4. VA - If you are looking for a true general surgery experience this is it. The patient load is reasonable and the attendings are great.
5. Vascular - Make sure you know the anatomy of the vascular system very well. Vascular has about four to five core operations with which you will become very familiar.
6. Transplant - There is a lot of medicine involved in this service so you will spend most of your time doing floor work instead of getting OR time. Patient load depends on organ availability. The bonus here is that you get to go on organ harvests in the MUSC plane.
7. Peds - A busy patient service with a patient load of 4-7. There are three attendings and all do things differently.
8. CT - The procedures are long and tedious but the attendings like to teach in the OR.
9. Plastic Surgery - Another new option but the attendings are great and there's a variety of procedures.

There's a whole list of required surgeries to see so be sure to get them in as early as possible.

What to Carry in Your Pockets

Stethoscope Pen light Reflex hammer Surgical Recall book
Tape and surgical scissors (ask an OR nurse for a pair)
Ties and sutures so you can practice during down time

Books

Required:

Essentials of General Surgery - It's a little hard to read but has some great information. Also the charts are very helpful for remembering what to do next.

Surgical Recall - It's not officially required but **everything you will be pimped on is in this book.**

Study Guide:

Blueprints is very abbreviated and not very helpful for this rotation. First Aid for Surgery is a great substitute. Be sure to do as many questions as possible for this shelf - most students use a combination of Appleton & Lange and PreTest.

Grades

Attending and resident evaluation=40%, performance on the OSCE=20%, and Shelf exam = 40%.

The surgery OSCE consists of six stations with two parts to each station. In the first part, you have a patient with a chief complaint and you must complete a focused history and physical exam. The second part has you answer a few questions on paper. The questions could relate to the patient you just saw or could involve other patient scenarios or X-rays. The OSCE is graded by the patient actors only.

On the shelf test, you are not expected to know the details of surgical procedures, the names of various procedures, or the minutia of anatomy you were pimped on. Instead this is more of a medicine test with the basic themes of "what test would diagnosis what this patient has?", "what test you would do next to confirm or rule out your diagnosis?", and "what are the complications of surgical procedures?" Just as on the medicine test, knowing what tests to order and what to do with the results will get you a long way. Trauma, particularly the ABCs, and GI represent the majority of the material covered.

OB-GYN

Schedule

The Ob-gyn rotation is divided into three 2 week blocks: L&D, Inpatient gyn (benign or onc gyn), and Outpatient clinics. You will do these in a randomly assigned order.

L&D - While on L&D, you will spend 1 week on days and 1 week on nights. You will also cover the postpartum patients. On days you will come in around 5 am to pre-round on the postpartum patients since your notes must be done by 6:15 am. You then go to L&D board checkout (7 am weekdays, 8 am weekends) to hear about the patients who are currently on the service. Then it's time for postpartum rounds with the attending on service where you will be expected to present your patients. On L&D you pick up and follow laboring patients and those who are on magnesium for tocolysis. Try to be around at the right time and deliver the baby; the interns will show you how. The other responsibility is seeing patients in the exam room. These are patients who essentially came into the ER but are sent upstairs because they are pregnant. They might be in labor or they might have diarrhea, but either way you will see the exam, do most of the exam, and present to the intern. Don't forget that you must have a chaperone for all pelvic exams. In the afternoon you will round on the postpartum patients again and have your notes done by 4 pm. Then it's time for afternoon board checkout at 5 pm. On night float, you basically do the same thing as during the days except at night and there's no rounding on postpartum patients. You come in at 5 pm and leave after board check out in the morning, usually between 8 - 9 am. **Do not sleep on night float!!!**

Gyn Inpatient - You'll either be on benign gyn or gyn-onc, either way it's time for more surgery. You come in everyday to see and write notes on your patients. You will also check on for new patients and write their pre-op notes. On your non-OR days, you may also go to clinic with your resident, where you will see only their patients. You will be on a team with another student so you can split the weekend rounding. Don't forget to review the broad ligament/round ligament stuff and the pelvic anatomy. You will be asked about it during surgery.

Outpatient clinic - You will spend most of your time at the various clinics in the Cannon Street building as well as some clinics in the community. You will do lots of pelvic exams and finally get comfortable finding the cervix. These patients mainly have gyn issues but you will also see some ob patients. The hours are good and there are no weekend duties.

What to Carry in Your Pockets

Stethoscope Pen light Reflex Hammer Index cards for patient info
Pregnancy wheel (given to you) Basic Spanish phrases (key for exam room pts)
Obstetrical Pearls book (a must have for L&D)

Books

Required - Obstetrical Pearls, a must prior to beginning L&D so you will know what is going on.

Study Guides: First Aid for Ob-Gyn, Blueprints (short but sweet), Appleton and Lange for questions (PreTest is the least helpful for this rotation), **CASE FILES**

Grades

Attending and resident evaluations = 40%, Shelf exam = 40%, clerkship OSCE completed during the last week of the rotation = 15%, and lecture quizzes 5%.

Lectures: Throughout the clerkship, there are approximately 15 total hours of required classroom lecture and discussion. Lectures are held Monday and Tuesday during the departmental academic afternoon. Most lectures have a required quiz which is to be completed within 48 hours.

The OSCE consists of six stations, each with a patient that you will either interview, examine, or both. When you are finished with the patient, you will have 3-5 multiple choice questions to answer that are related to the interview. The stations cover patient situations that you will be very familiar with by the end of the rotation such as a woman in labor, counseling about Pap results, a woman with questions about menopause, etc.

The shelf test is just like all the others, a big multiple choice test. Know how to manage acute problems such as previa vs. abruption, etc. Endocrinology is a big part of the test so that graph of the hormone levels during the menstrual cycle should be etched into your memory. If you didn't learn it the first time, now is the time to get it down.

Pediatrics

Schedule

The pediatric rotation is split into two parts: inpatients for 18 days, outpatient, nursery, and peds ER the other 18 days.

General Wards/Inpatient - You will be a member of one of the general inpatient teams. Expect to take call 3-4 nights and work weekends during this part of the rotation.

Outpatient clinic - Clinics include peds ED, general peds clinic and cardiology clinic. Additionally you will have 1 weekend ED day shift or night shift and 1-2 ED night shifts.

Nursery - Is what it says, time in the nursery. Days usually last from 6AM to 2 or 3PM.

What to Carry in Your Pockets

Stethoscope Pen Light Reflex hammer Tongue blade Stickers!!!
Clipboard (ok not in your pocket, but helpful for keeping all info at hand)

Books

None required but there are two good reference books. Nelson's is the Harrison's of peds and available on MD consult. Harriet Land Handbook - written for peds residents it covers a ton of info.

Study Guides: Appleton & Lange, Blueprints, and PreTest

Grades

Attending evaluation (wards=30%, outpatient =15%, nursery=5%), OSCE performance = 5%, Foundations session participation= 5%, Shelf exam = 40%

The OSCE consists of only one patient with a typical peds chief complaint. You must perform a focused history and physical with both the patient and a parent in the room. After leaving the room, you will write out the HPI, differential diagnosis, tests to order, and treatment.

This shelf test has a broad scope just like medicine does. You must know the differential, workup, and treatment for the major chief complaints. The concept of normal vs. abnormal development is stressed. Many questions will tell you how old the child is, what physical/mental tasks he is capable of, and

would then like to know if this is a normal child or not. Time to remember those developmental milestones.

Also - like OBGYN, there are frequent and required lectures. A schedule will be given to you.

Psychiatry

Schedule

You will spend the entire 6 weeks at one of 6 locations: VA, 1N IOP, 2N IOP, 3 N IOP, 4N IOP, and BICU IOP. In addition, you'll spend 1-full day or 2-half days a week per week at an outpatient site, including the Substance Abuse Treatment Clinic at the VA, Forensics at Lieber Correctional Institute, Charleston County Mental Health Center (child and adult sites), Berkeley County Mental Health Center, the National Crime Victims Center, MUH or VA Consult Liaison, and nursing home visits. There are 3-5 nights of call and 1 weekend duty for each inpatient location.

VA - Students who rotate through the VA are generally pleased with their experience. You'll see a spectrum of psych disorders and have a great general psych experience.

1N - This unit houses the most severely ill adult patients. You will see the extremes of human behavior on this unit.

2N - This is the child and adolescent psych unit. Similar to general adult floors there will a range of psych disorders.

3N - This unit houses the general adult population with a wide range of diagnoses with everything from depression to schizophrenia.

4N - The patients on this unit carry the primary diagnosis of substance abuse and mood disorders, though most will have co-existing psychiatric disorders.

BICU - This is the geriatric unit.

Unique to this rotation is seeing the patients. While you are still expected to preround in the morning, you always do so in a public place for your safety as well as the patient's safety. Psych has its own history taking style which involves more talking and more personal questions. You'll be amazed at what your patients will say so it's a great time to practice your poker face.

The SOAP note in psych is different too. The assessment includes a multiaxial diagnosis for each pt:

Axis I - Clinical psych disorder

Axis II - Personality disorder

Axis III - Medical disease
Axis IV - Psychosocial stressors
Axis V - Global Assessment of Functioning

What to Carry in Your Pockets

Stethoscope Pen Light Index cards to keep track of patients
Handbook of Psychiatric Drugs (you'll be amazed how often you use it)

Books

DSM IV - The book that defines all psych disorders for you. You can usually find an online version if you search Google or purchase a pocket-sized one.

Drug guide - The best one seems to be the Handbook of Psychiatric Drug Therapy. It's pocket-sized and sold in the bookstore. The psych meds can be the hardest part of this rotation.

Study guides: Psych is a difficult rotation for study books. Some people like Blueprints while others think it's too brief. The lecture material and syllabus is very good because it will cover the major drug classes and criteria for the major disorders.

Grades

Attendings evaluation=60%; Shelf exam =40%; an OSCE of a 20-minute interview with a simulated patient, a formal write-up, and a written self-critique=pass/fail; submission during the first rotation week of a typed formal work-up of a new patient, including a thorough assessment with the rationale for differential diagnosis and the rationale for the plan=pass/fail.

The psych OSCE is probably the most painful, simply because it involves a flashback to first year. After you perform the patient interview, you have to watch your video and critique yourself! You will perform an inclusive psychiatric interview, making sure you cover the five major diagnoses: depression, mania, psychosis, anxiety, and addiction. The patient will have an Axis I and Axis II diagnosis which you will record in the short history you write following the interview. After watching the tape you write a short critique of your interview and history. Finally, you sit down with an evaluator and discuss the entire experience. It's a long afternoon and to make matters worse it's done right after the shelf test.

The shelf test in psych revolves around two major themes: psychiatric drugs and DSM-IV definitions of the psych disorders. If you have a handle on both of these subjects, you should do fine. Be careful with the defined disorders. The

test gets very specific. You will need to know the difference between very obscure and only slightly different disorders such as conversion disorder and somatization disorder - yes, things get that tricky. Also the timing of symptoms is key and can change your diagnosis, as in schizophreniform vs. schizophrenia.

Family/Rural Medicine

Schedule

This rotation is generally laid back but depends on your location. Your preceptor typically requires you to hang out in the clinic for normal work hours (8/9 - 5/6) and may ask that you accompany him or her to the hospital for rounds or any procedures there. Most students have no weekend duties. It is suggested that you take 4-5 half days during the rotation to complete your home visits and work on your project. If you are worried about being away from Charleston, don't worry you spend some time here. There is a 2-3 day orientation with a set of workshops designed to prepare students for the kind of clinical practice encountered during the clerkship. Additionally, an optional procedures workshop is offered at one of the residency programs in the middle of the clerkship.

What to Carry in Your Pockets

Stethoscope Pen light Reflex hammer Tongue blades Diabetic foot filament

Books

Required: Essentials of Family Medicine - Wordy but good reference material. The written exam also comes straight from this book so keep it close by.

Study Guides: Essentials of Family Medicine

Grades

Preceptor evaluation = 40%, OSCE = 15%, multiple choice question exam (based upon a national databank of questions connected to the required textbook Essentials of Family Medicine) = 15%, and the home visit and community improvement projects and a business practice exercise = 30%.

At each patient station in the OSCE, you are to perform a focused history or physical depending on the complaint and the directions given. Stations test your skills in various situations you may encounter in family medicine: breaking bad news, dealing with a difficult patient, counseling a patient on smoking cessation, performing an exam for back or knee pain, etc. The OSCE is structured similarly to the OSLE, which is a practice session with attending held at the start of through the rotation. In the OSLE the same patient stations will be represented so pay close attention to what to do and what not to do.

The written exam is easier than most since it's not a USMLE shelf test. This test is based upon the Essentials of Family Medicine textbook. There's a lot covered so don't wait until the week before to start studying.

General Resources

The Essential Books:

Maxwell's Quick Medical Reference - A small cardboard reference guide that fits in your pocket. Most students use it at least five times a day. It provides formats for progress notes, physical exam, and review of systems questions, and most importantly, normal lab values.

Tarascon Pocket Pharmacopoeia - This is an absolute necessity. You will see residents and attendings using it as well. There's also a PDA version though sometimes the paper version is faster to look things up in.

Clinican's Pocket Reference - This book is great for explaining bedside procedures, blood products, tube feeds, IV fluids, uses of various imaging procedures, and the basics of laboratory diagnosis.

The Sanford Guide to Antimicrobial Therapy - Get this free from a drug rep and keep it in your coat all year. You will be amazed by how much information this little book holds.

Good to Have

First Aid for the Wards - This comprehensive book explains what to expect in each required rotation and provides sample notes & reports, medical facts, formulas, and protocols. Written by students for students.

Boards and Wards - Provides high-yield information in a consistent, no-frills, outline format that fits in your white coat pocket. A chapter is devoted to every discipline of medicine covered on the USMLE Step 2 & 3, including dermatology, ophthalmology, and radiology. Makes information easy to find and easy to read.

Study Guide

There are five different series: Case Files, Blueprints, PreTest, Appleton & Lange, and First Aid. Every one has their preference just remember that PreTest and Appleton & Lange are question books only while Blueprints and First Aid are outlines of material. Case Files is exactly that with explanations - VERY HELPFUL.

Book Circles

The best way to save money, something none of us have a lot of. Generally each circle has a student from each of the different rotation groups so that only one set of books pertaining to a particular rotation will be purchased, thus saving you from buying 6 sets of books.

PDA Resources

The only thing you need to worry about when buying a PDA is that it has enough memory capacity for everything you want to put on it. The logical next question is what to put on it. There is not much for free out there but if you shop around you can find some good deals. The best way to go is to get one loaded with medical programs at a discount through AMSA's website.

Free/Discounted Drug References

1. Epocrates - Get a password from Artice Smith (smithart@musc.edu) in the Dean's office to get the extended version at a discounted price. Visit www.epocrates.com
2. Micromedex - Another free drug guide to MUSC students. Access it through the MUSC Library Page, Drug Information, Micromedex.
3. InfoRetriever - Free clinical information. Access it through MUSC Library, Clinical Resources, InfoRetriever
4. Tarascon's - Search google for the free trial version.

Websites

1. Handheldmed.com - This site offers package deals for some of the most useful programs like Harrison's and 5 Minute Clinical Consults. You pay one "low" price and choose three, four, or five books to download. Unfortunately the price does not include updates - what you pay for is what you get just like a regular book.
2. Ectopic brain (<http://pbrain.hypermart.net>) - This site has a number of good, free downloads for medical students like calculators and mnemonic lists. It also offers a variety of commercial downloadable programs and files.

Useful Websites for Quick Answers

www.Uptodate.com - One of the best sources you don't know about.

www.emedicine.com

www.mdconsult.com

www.google.com

Useful Programs

1. 5 Minute Clinical Consult - Type in a disease and it gives you the epidemiology, symptoms, differential, workup, treatment, complications, and prognosis.
2. Harrison's - Like Harrison's in your pocket. The program is all inclusive but can be difficult to find something quickly.

THE SOAP NOTE

The SOAP Note

You will be an expert at this by the time you finish, but you need to know where to start. You are responsible for the daily SOAP notes on inpatients. If you learn to write good notes, you will score points with the residents because this means less work for them. They can simply sign your note if they approve which means they do not have to write a note that day. This is one job you can do that makes their lives much easier.

S (Subjective): Include anything the **patient can actually tell you**. This includes things like pain severity, is he breathing okay, any chest pain, any nausea/vomiting/diarrhea, tolerating food, etc. What you report should pertain to the reason the patient is in the hospital or any problems the patient has been having while in house. Use review of system questions for the organ system that is the source of the patient's illness.

O (Objective): Include anything you can **actually measure with instruments**. This usually goes in order of vitals, physical exam, labs, imaging studies. Learn the notation for reporting labs in shorthand.

T_{max} • $T_{current}$ • HR • RR • BP • Wt • Ins/Outs

Px Ex:

Gen
CV
Resp
Abd
Ext

Labs:

| | | | |
|----|-------------------------------|-----|-----|
| Na | Cl | BUN | Glu |
| K | HCO ₃ ⁻ | Cr | |

Ca
Mg
PO₄

CBC with differential

WBC $\left\{ \begin{array}{l} \text{Hgb} \\ \text{Hct} \end{array} \right.$ $\left\{ \begin{array}{l} \text{Plt} \\ \text{N}^* \text{M}^* \text{L}^* \text{E}^* \text{B}^* \end{array} \right.$

Coags

$\frac{\text{PT}}{\text{pTT}}$ $\left\{ \begin{array}{l} \text{INR} \end{array} \right.$

Total Bili/Direct Bili/AST/ALT/
AlkPhos/Total protein/Albumin

Liver Function Tests (LFT's)

Absolute Blood Gas (ABG)

pH/PaCO₂/PaO₂/HCO₃⁻

Imaging studies: Results from any XR, CT, MRI, US or other ancillary tests

A/P (Assessment /Plan): These are usually lumped together. Start with a one-liner describing the patient and his problem followed by the plan for the day, typically numbered by organ systems.

Example

Example for a 45 y/o AAF who has been admitted with vague abdominal pain, vomiting, and diarrhea.

Always label the progress note with the service you are on



Med PN—MSIII

(medicine progress note written by third year medical student)

S: Pt did not sleep well last night b/c of 3 episodes of emesis and continuing diarrhea. Abd pain is unremitting, described as diffuse and occurs in wave-like patterns.

O: 100.5 • 99.4 • 87 • 16 • 110/70 • 65.4 kg

I: 700 (650 IV + 50 PO) / O: 1200 (3 x emesis + 5 x diarrhea + 300 urine)

Px Ex:

Gen – A+Ox3, NAD, pale

CV – RRR, no m/g/r

Resp – CTAB, no w/c/r

Abd – distended, hyperactive BS, voluntary guarding in all 4Q

Ext – no edema, pulses 2+ and symmetric

Labs:

$\frac{135}{4.0} \mid \frac{106}{22} \mid \frac{16}{1.1} \langle 95 \rangle$ $\begin{matrix} 8.2 \\ 1.5 \\ 3.6 \end{matrix}$ $12^{\uparrow} \rangle \frac{11^{\uparrow}}{33^{\uparrow}} \langle 305 \rangle$

0.5/0.2/25/14/75/7.2/4.1

Stool studies – C. diff, shigella, salmonella, E. coli, Yersinia, crypto pending

Abd XR – wnl (within normal limits)

A/P: 45 y/o AAF presents c a 3 day hx of abd pain, N/V

1. ID (infectious disease) – presumed gastroenteritis with cxs pending; elevated WBC; no abx now but will give appropriate tx if cxs return positive
2. FEN (fluids/electrolytes/nutrition) – pt on maintenance IVF for dehydration
3. GI – N/V/D continues, gastroenteritis likely, no therapy as we are awaiting cx results for infectious cause; will check stool lytes and osmolarity to determine if secretory diarrhea
4. Heme – pt anemic, will check iron studies for etiology

