Welcome

TO MS3!-Hard, Challenging, Fun
Patients and you

- Patients do not come to hospitals in order for YOU to learn how to be a doctor and make lots of money.
- Patients come to hospitals because at some level, in some way, they are in pain and they want you, or anyone to make it better.
- At a deeper level illness is a existential threat to very integrity of the patient- your job is remove or mitigate the threat.
A Privileged Position

- You will soon assume a very privileged position – one that allows you to gain experience and to learn from the lives of your patients.
- What you observe will provide a perspective on the human condition that no other profession has.
- The trust that your patients put in you as they lay out their innermost feelings is truly remarkable and must be regarded as sacred.
Sacred Obligations

- It is your sacred obligation to learn as much as you possibly can to fulfill the trust that patients put in you.
The Importance of Developing Strong Rapport with Patients

- Always consider what it would be like if you were lying in that bed or sitting on that examination table.

- No matter how smart you are or how much you know, patients will primarily judge you on your interpersonal skills, your humanism, and your sensitivity to their needs.
From the Classroom to the Hospital-how is it different

- From notes to textbook and articles
- Infinite amount of material
- Focus on the patient
- Longer hours-(6 AM in surgery, 7AM in Medicine).
- Self directed learning
Clerkships

- **Goals**
  - Content specific learning-assumed
  - The return of ECM
  - Procedural skills- delivering a baby, IV lines
  - Deciding on a career
  - Self awareness, professional growth
ECM redux-The need to hone, learn and practice clinical skills.

- History taking
- The Patient Write-up
- Clinical Reasoning
- Oral presentations
- Physical Diagnosis
- The Doctor-Patient relationship
- Ethics
- Human Development
- EBM and biostats
- Prevention and Screening PLUS
Reading

- Material seemingly never ending - anxiety inducing
- Tortoise over the hare - read every day
- Questions are not reading
- Learn the BIG stuff
- You often know more than the residents or attendings.
- Problem is to get the information out of its silo
Read, Read, Read

- You will never learn enough simply by asking questions or just by doing.
  - Reading must become a daily part of your life.
  - To succeed you will need to set aside a special time for reading. Otherwise, your daily clinical duties will dominate your schedule.
  - First, read in depth about the most common clinical syndromes, then go after the details.
  - Discuss what you have read with your peers and your teachers. Think out loud.
  - Read about your patients
Listening and Questions

- Never be afraid to ask - nothing is too dumb or silly
- Listen to conversations about patients other than your own - you will learn a great deal.
- Until your resident or attending tells you that you asking too MANY questions, you have not asked enough.
Working on the wards

- Own your patient-stay engaged
- Learn from your patient
- Dress appropriately—it is a sign of respect
- Never say you did something when you did not do it.
- Make friends with the nursing and ancillary staff.
- Never give a medicine without looking it up first.
Working on the wards

- Develop a system
- Eat
- You can learn from any patient in any rotation
- Learn the computer system and hospital layout ASAP
- Keep a personal life—it will be harder in the third year
- The more interested you are the more teaching you will receive
How to be an outstanding student

- Heard in the physician work room this last month... *She is a really good student... One of the best I’ve worked with all year...* (from a third year internal medicine resident...*)
WHY?
From the Resident…

- She was always available and always had a great attitude
- She always read about her patients, asked a lot of questions
- She always did things to help; she did not disappear in the afternoon to study for her tests…
- She was eager to pick up more patients than assigned.
- She listened on rounds was eager to learn about other patients on the team.
- She understands the “big picture”
- She is great with patients and families
Bottom Line: The Good and the Bad

- Attitude, curiosity, reading and energy can make or break you

  - What you know is important, but how you act and demonstrate your knowledge is even more important

  - Excellent first and second year medical students may not always have an easy time during third year (subjective evaluations)

  - Any student can shine during clinical years
About “Scut”

- There is NO scut work related to the care of your patient

- If your patient needs a lab draw, vital sign, form completed, help getting out of bed – then it is important
Pre-round on your patients

- What is needed will vary by clerkship
- Anticipate 10-15 minutes per patient (longer initially)
- Vitals, overnight issues, PE, consults, lab and radiology from the prior day, etc.
- Patient concerns, plan for the day, procedures, etc.
Responsibilities…

- Develop your problem list with a plan for the day for each problem.

- Record the above data each day – this can serve as a template for your morning presentation and progress note.

- Have a plan for each patient each day.
The Look

- **Wear your white coat and badge**
- **Things to carry**
  - Notebook with patient information, pens
  - Rounds report for patients on your team (even patients that are not “yours”)
  - Clinical “pocket” book for the rotation (ask)
  - Sanford guide/pharmacopeia
  - Scissors (esp on surgery)
  - Reflex hammer
  - Light
  - Stethoscope
The Hidden Curriculum

- The unintended often adverse behaviors and enculturation informally absorbed during the social interactions of the learning process.

- Comes from watching others (role models) on the wards followed by conscious or unconscious imitation and acceptance.
The Hidden Curriculum

- Loss of idealism
- Emotional neutralization
- Acceptance of hierarchy
- Objectified patient identity

- Pick careful role models
- Think for yourself as you observe
What not to do-lessons from MS3 grades committee

■ Don’t be absent without checking with attending, clerkship director, site director.
■ Don’t get into intense arguments on the wards.
■ Don’t EVER say you know/did something when it is untrue.
■ Don’t disengage.
■ Ask about expectations
■ Ask for help
End of Year CSE

- Eight cases – SP- 15 minutes with patient for H &P. Then you must write a note.
- Assessed on data gathering, skill of PE, communication skills, note. Failure requires remediation in sub I.
- In 4th year- USMLE 2 CSE
Planning for Internship

- By spring of this year- 4th year schedule
- 4th year schedule- geared towards one or two specialties you are aiming for.
- Ergo- you need to start thinking about specialties as you go through your clerkships.
- More information in the winter and spring
Planning for Internship

- There are cognitive and emotional differences among the different areas of medicine.
- Any good teacher can make their work interesting. It does not follow that their field should be your field.
- As you go through clerkships ask your attendings, clerkship director, other residents.
Change-be aware of it

- You will be a different person next year at this time. Self awareness is key to your growth.
- You will start to see yourself, carry yourself, act like a DOCTOR.