1. **What are these selectives for?** The MS3 Core Selectives are designed to give you an opportunity to see and participate in fields of Medicine that you may not experience during your required third year clerkships. There are a number of fields, including some that are popular career paths, that you may not be exposed to at all during clerkships, e.g. ophthalmology, neurosurgery, radiation oncology. There are other fields like radiology where you may have some exposure during clerkships but may still not get a good understanding of what the field is like as a career choice. During the selectives you should have a chance to see what the field is like and to think about whether your interests and personality are suited to it. The course objectives are mainly designed to help you analyze the essential features of
the specialty. Of course, you should also have an opportunity to practice your clinical skills pertinent to that specialty. A typical example of course objectives (for nephrology) is as follows:

- Describe the range of clinical conditions diagnosed and treated in nephrology
- List typical patient presentations encountered
- Name two indications for a generalist to refer a patient to a nephrologist
- Describe the major procedures performed by nephrologists
- Take an appropriately focused history
- Perform an appropriately focused physical exam
- Discuss the diagnostic approach to a common patient presentation in nephrology
- Discuss the management of a common disease in nephrology
- Describe specific communication skills nephrologists must develop
- List the other members of a typical health care team in nephrology
- Discuss an ethical issue specific to the field of nephrology
- Identify environmental, social, or behavioral determinants of kidney diseases
- Explain the relevance of preventive measures in nephrology
- Describe the training path required to practice nephrology and its subspecialties
- Name two major nephrology journals and the types of papers they publish
- Identify an active area of research in nephrology

2. **What selectives are available?** Available selectives are all labeled “MS3 Core Elective in…” Selectives are available in the following:

Dermatology
Emergency Medicine (includes days at KCH, UHB, VA)
Internal Medicine
  - Allergy-Immunology
  - Cardiology
  - Digestive Diseases
  - Endocrinology
  - Infectious Diseases
  - Palliative Care
  - Pulmonary Medicine
  - Nephrology
Neurology (adult or pediatric)
Ophthalmology (can include multiple sites)
Orthopedics
  - Ambulatory Orthopedics
  - Sports Medicine
Otolaryngology
Pathology
  - Introduction to Pathology
  - Forensic Pathology (requires a signature from course director)
  - Human Immunology (requires a signature from course director)
Pediatrics
  - Infectious Diseases
3. **Do I have to take these selectives?** You are required to take at least one of the selectives during your third year. We highly recommend that you take two.

4. **If I know I’m interested in a field should I take the MS3 selective or the MS4 elective?**
   You should take both. Unless you are somehow 100% sure of the field you are going into and completely unwilling to consider anything else, you should try out the field(s) you are interested in with a third year selective. It may confirm your interest or change your mind. It will also prepare you for the electives you will take in your fourth year and give you some additional basis for choosing those electives wisely. You will probably take at least two electives related to your chosen field during fourth year, four weeks each, and at least one of those may be at another institution. You will probably perform better during fourth year electives if you have rotated in the field as a third year student. You should not plan on using the two week MS3 Core elective alone to obtain a faculty or departmental letter in support of your residency application.

5. **If I don’t know what I’m interested in, what should I pick?**
   If you have no idea what you are interested in then try first reviewing the descriptions of different fields in the AAMC Careers in Medicine resource. You may find something appealing there. If you are still uncertain, then it is probably wise to take a “one of each” approach to what you might consider the main “fork in the road” of Medicine: choosing a surgical/procedural specialty vs. a medical environment. So you might choose pairs like Pediatric or Adult Infectious Disease and Neurosurgery; Ophthalmology and Endocrinology; or Physical Medicine/Rehabilitation and Nephrology. Alternatively you could pair a specialty where patient contact can be minimized, like Radiology or Pathology, with a field like Emergency Medicine with a high volume and intensity of patient contact. In essence you should try to use the selective options to help you answer some basic questions about your own preferences: do I love patient contact or not, do I like the idea of performing procedures on patients, do I become impatient or uninterested when there is no quick therapy for patients, do I enjoy diagnostic dilemmas, etc.

6. **Where can I find the course descriptions and course numbers for these selectives?**
   The course descriptions are available on the Clinical Electives Section of the Course Catalog/Curricula web page of the Office of the Registrar. They are listed by department and are intermixed with all the other elective offerings in that department. Remember you are looking for the course titled “MS3 Core Elective in…."
   ([http://sls.downstate.edu/registrar/com/index.html](http://sls.downstate.edu/registrar/com/index.html)).

7. **When I take an MS3 selective does that reduce the number of electives I can take in that field as a fourth year student?** No, a two week MS3 core selective in a field will not reduce the number of electives you can take in that field as a fourth year student. The limit on electives is eight weeks of fourth year electives plus two weeks of MS3 core selective.
Specialties are defined as: Anesthesiology, Dermatology, Emergency Medicine, Neurology, Neurosurgery, Obstetrics and Gynecology, Ophthalmology, Orthopedics, Otolaryngology, Pathology, Psychiatry, Physical Medicine & Rehabilitation, Radiation Oncology, Radiology, Plastic Surgery, Cardiothoracic Surgery, Urology, Medical and Pediatric Subspecialties (e.g. GI, ID, Cardiology, Rheumatology, Heme-Onc, etc.).

8. **Do these selectives count toward the 20 week elective requirement in fourth year?** No, you are required to take at least one MS3 Core Selective during third year but you must still take 20 weeks of electives during your fourth year. These are unrelated requirements.

9. **Does taking an MS3 selective in something increase or decrease my chances of matching into that specialty?** Taking an MS3 selective is highly unlikely to directly influence your chances of matching into a competitive specialty. The attending physicians you work with will understand that you are at the beginning of your training and that you are taking a look at their specialty. They are not going to be evaluating you as a potential applicant to their residency program. However, the benefit of taking these selectives is to get an earlier start on your career planning. If you are able to hone in on your choice of field by the end of third year with a combination of clerkship experiences and selectives, then you will be in a better position at the beginning of fourth year. You will be able to begin your necessary fourth year electives immediately and plan earlier for away electives or research. As noted above, you may also perform better in your fourth year electives if you have had prior exposure to the field.

10. **Can I use these selective blocks as vacation?** You are allowed to use one of the selective blocks as vacation but this is not something we advise unless you have a compelling reason. If you are going to take a selective block as vacation, be sure you are on track with no clerkship obligations left for fourth year, are confident about passing all your clerkships and shelf exams, and are very certain of the field you are going into. You should not assume that choosing a career path will be an easy decision with only the experience you will obtain during clerkships. It might be easy but that is not something to count on until the decision is made. You may need both selective blocks to help with the decision. In addition please note that if you are starting a Selective/Anesthesia/Surgery mega-block with the selective you must attend the mega-block orientation on the first morning even if you plan to take the rest of the time as vacation. That mega-block orientation includes the practical orientation to the OR. If you end the mega-block with a selective and use it for time off, you must be back on campus to take the Surgery shelf exam on the last day of your vacation. This is not the case for the selective that occurs adjacent to Neurology.

11. **Can I take the required Emergency Medicine clerkship during one of these selective blocks?** You can use the second semester selective block to take the required Emergency Medicine clerkship as long as you have taken your one selective during the first semester. This exception was specifically requested by the Emergency Medicine Department for the duration of the transition to the complete new curriculum. They wanted to be sure that students going into Emergency Medicine would be able to start their fourth year electives in Emergency Medicine as of July of fourth year. If you are seriously interested in Emergency Medicine it would be a good idea to take the selective first semester to confirm your interest and then the second semester clerkship. If you are not interested in Emergency Medicine as a career you should think twice before taking the clerkship during third year: although it does free up two weeks of your schedule in fourth year, your grade in Emergency Medicine may suffer because you will be judged by the same standards as the fourth year students. This is
particularly true if you would be taking the Emergency Medicine clerkship prior to one of your major clerkships.

12. Can I use the selective block to do research? No, we think that in general two weeks is inadequate for a credible experience in research. Of course, it would be possible to work on a research project during one of the selective blocks as a volunteer without receiving credit from the medical school and without having the time appear on your transcript just as if you took vacation during that period.

13. Can I do a selective at another institution? No, we do not currently allow MS3 Core Selectives to be taken at institutions other than SUNY Downstate and the local affiliates as indicated in the course descriptions. Medical schools in general do not permit visiting third year students. This is in contrast to the fourth year during which away electives are common.

14. Can I use a selective block for remediation of a clerkship or shelf exam? You can ask for permission to use one selective block this way because you can fulfill your selective requirement during the other block. It requires permission because there are some constraints on when shelf exams can be ordered from the NBME and administered. If you have taken vacation during the Fall semester and subsequently fail a shelf exam you cannot remediate it during the Spring semester because you are required to take a selective during that time.

15. Where do I go the first day of the selective? The Clinical Electives section of the Course Catalog/Curricula web page lists both the contact person for the selective (generally an administrative person in the department who has a fixed location) and the default meeting place for 9AM on the first day. The meeting place is usually the contact person’s office.

16. Do I need to contact anyone before I start the selective? This varies by selective. In some cases, an administrator will contact you shortly before the selective starts and tell you where to appear on the first morning or give you a complete schedule. In other cases, the course description on the Clinical Electives section of the Course Catalog/Curricula web page will include instructions to you to contact the department ahead of time for your schedule. In all cases, it is advisable to try to get in touch with the contact person the week before the selective starts to verify your meeting place (and be sure you can find it) for the first day as well as the general schedule and to find out if you will be going to more than one hospital. If you cannot reach the contact person the prior week, just go to the meeting place on the first day of the selective.

17. If I’m starting the selective/surgery/anesthesia block with a selective do I go to the block orientation or straight to the selective on the first morning? Every 12 weeks, a “mega-block” begins: Surgery/Anesthesia/selective. If you are beginning this block with the selective, you still go to the block orientation at 8AM the first Monday and join your selective when the orientation is over. You won’t be very late but you should let your contact person know (see #14 above). If you are taking the time as vacation, you still must come to the block orientation on the first morning because it includes the practical introduction to the OR. This also applies to the selective that occurs adjacent to Neurology.

18. If I’m starting the selective/surgery/anesthesia block with a selective should I start studying for the Surgery shelf exam during the selective? If so, how? Yes, you should definitely start your Surgery studying. Check your orientation materials for the instructions on accessing the WiseMD computer cases. To keep pace with your classmates who are starting on Surgery you should plan on completing at least a third of them during your selective and anesthesia weeks. These will be your most leisurely weeks of the 12-week
block – take advantage of them to get a good start on your exam preparation. Again, this also applies to the selective that occurs adjacent to Neurology.

19. **If I’m ending the surgery/anesthesia/selective block with a selective, when do I take the Surgery shelf exam?** In this situation you take the shelf exam with all the other students in the mega-block on the last day of your selective period. Again, this also applies to the selective that occurs adjacent to Neurology.

20. **Do I go to my longitudinal activity during the selective?** Yes, during the selective that falls in the Surgery/Anesthesia/selective mega-block you continue going to your assigned longitudinal activity throughout the selective. Course directors have all been informed that the longitudinal experience takes precedence over anything else.

21. **How are the electives graded?** All MS3 Core Selectives are graded pass/fail. The evaluation form is attached.

22. **Do the comments appear in my Dean’s letter?** Yes, all evaluation comments received during third year are included in the MSPE (formerly known as the Dean’s letter). Comments are screened by the Clinical Assistant Deans who write the MSPE to ensure that they are appropriate and professional.

23. **Can I drop a selective after I have registered for it or after I have started it?** You can drop a selective after you register for it without penalty. If you withdraw from a selective after you have started it, it will appear on your transcript with a grade of W just as if you withdrew from a required clerkship.

24. **How much work are these selectives?** Just as fields differ in the real or perceived intensity of their workload, so do the selectives. In general, they are considered much lighter work than the required clerkships and do not require large amounts of studying. They are less stressful as well since they are graded pass/fail and do not involve tests.

25. **What are the attendance requirements?** In order to pass the selective, you must be present every day for the full day unless you have an excused absence just the same as the clerkships.