



MS3 SURVIVAL GUIDE

2016-2017

Your treasure map to surviving the 3rd year of Medical School



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO

Paul L. Foster School of Medicine

By the TAs of the Medical Student Teaching Center

1st Edition

Disclaimer

This manual is designed to be used as a guide for the student entering their 3rd year of medical school, which at our school begins the clinical stage of medical education. Opinions presented here do not necessarily represent those of TTUHSC Paul L. Foster School of Medicine and often represent common knowledge and opinions provided by past students. Information presented is not final nor absolute and is subject to change at the discretion of all overseeing bodies including, but not limited to: The Department of Medical Education, the program directors, the program coordinators, Student Affairs, Student Services, or The Dean's Office. This manual should be used as a guide and not in the place of syllabi and information provided by the rotations.

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Acknowledgements

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Dedication

We would like to dedicate this guide to all past, prior, and future teachers, educators, and mentors who foster growth and learning of the student. We owe our knowledge and experience to those who dedicate their life to the passage of information.

Information

I. Common Clerkship Rules and Policies

A. Absences

1. All clinical duties and didactics are **MANDATORY**: Do NOT test this.
 - a) Excused absences
 - (1) No more than **FOUR** per 16 week block.
OR
 - (2) No more than 12 during third year
 - (3) Either/or result in discipline - repeat block or rotation
 - b) What counts as an Excused Absence?
 - (1) Illness
 - (a) When do I need a doctor's Note?
 - (i) More than 2 consecutive days missed
 - (ii) Missing Orientation Day
 - (2) Family Emergency
 - (3) Death in the Family
 - (4) Religious Holidays (See Holy Day Policy in Student Affairs Handbook)
 - (5) Presenting at a National Conference
 - (a) Must notify Associate Dean for Student Affairs in as far in advance as possible
 - (b) If a participant in conference (not presenting), you must notify the instructor of record and/or the Associate Dean for Student Affairs before or after the absence.
 - (6) Interview for Residency (as MS4)
 - c) **MS3 Pearl**
 - (1) If you know you might be absent for any reason, discuss this with the clerkship coordinator and directors as far in advance as possible. Always do this in person (if possible) AND in writing (email).
 - d) Always notify of absence **BEFORE** a shift begins.
 - e) If the absence is the result of an emergency, you must notify BOTH the Clerkship Coordinator office AND the Office of Student Affairs
 - f) Clerkships also have an absence form that needs to be filled-out and signed by an attending. (Form in Appendix)

B. Clinical grades

1. **Honors**

- a) Passes NBME at 60th percentile or above on 1st attempt
- b) Passes OSCE on 1st attempt
- c) "Honors" in 4 of 8 of individual competencies evaluated on
- d) No competencies rated as "needs improvement"

2. **Pass**

- a) Passes NBME at 6th percentile or above on 1st or 2nd attempt
- b) Passes OSCE on 1st or 2nd attempt
- c) "Pass" in 6 of 8 competencies
- d) No more than 2 "needs improvement"
- e) Professionalism concerns not bad enough to cause a "Fail"

3. **Fail**

- a) 3 or more "Needs improvement" for competencies
- b) Below 6th percentile after 2 attempts
- c) Fail OSCE after 2 attempts
- d) Professionalism concerns deemed worthy of failing

4. **Incomplete**

- a) Not completing required assignments, exams, clinical obligations, or additional work assigned.

5. **When you would go before Grading and Promotions Committee (GPC)**

- a) "Needs improvement" in 3 or more clerkships in the same category
- b) Failing 3 NBME's or 3 OSCE's in third year

C. **Op-Log**

- 1. Not optional anymore (compared to medical skills in 2nd year)
- 2. Complete at least **WEEKLY** or you can't **HONOR**
 - a) **BUT** each clerkship has its own policy
 - (1) Check minimum requirements, deadlines, and specific diagnosis requirements
 - b) If you make up patients, you will get caught. **DON'T DO IT**
 - (1) This is academic dishonesty and can result in punishment

D. **Duty Hours**

1. **IMPORTANT**

- a) Duty hours must be submitted within 48 hours
 - (1) Failure to do this more than 5 times can affect your professionalism

2. **Hour Restrictions**

- a) No more than 80 hours per week
 - b) No more than 16 continuous hours
 - c) It is **YOUR** responsibility, not go over this, but it is their responsibility to respect it.
- 3. 1 day off each week averaged over a one-month period
 - a) i.e.: 4 off days per month

E. **CME credits**

1. Total of 10 CME credits needed before you graduate
 - a) 5 must be "Live"
 - b) UpToDate articles can count:
 - (1) <http://www.uptodate.com/home/help-faq-cme-ce#amapra>
2. If not on campus, you will need to provide documentation of the attendance to **Lourdes Davis**
3. **MS3 Pearls:** Take pictures of your signature on the sign-in sheets because they occasionally go missing.

II. Important Contacts

A. Office of Medical Education Contacts

1. Richard Brower, MD - Associate Dean for Medical Education
 - a) Richard.Brower@ttuhsc.edu
 - b) 915-215-4392 (Barbara Stives)
2. Maureen Francis, MD - Assistant Dean for Medical Education
 - a) Maureen.Francis@ttuhsc.edu
 - b) 915-215-4392 (Barbara Stives)
3. Lourdes Davis - Course Coordinator, Years 3 & 4
 - a) Lourdes.Davis@ttuhsc.edu
 - b) 915-215-4393

B. Clerkship Directors and Coordinators

1. Family Medicine

a) Clerkship Director

Dr. Charmaine Martin (Charmaine.Martin@ttuhsc.edu)

b) Clerkship Coordinator

Nadia Hernandez (Nadia.Hernandez@ttuhsc.edu)

Office - 915-215-5599

Cell - 915-543-1301

2. General Surgery

a) Clerkship Director:

Dr. Stacey Milan (stacey.milan@ttuhsc.edu)

b) Clerkship Coordinator:

Priscilla Delgado (priscilla.delgado@ttuhsc.edu)

Cell: (915) 412-1891

Office: (915) 215-5583

3. Internal Medicine

a) Clerkship Director

Dr. Laura Cashin (laura.cashin@ttuhsc.edu)

b) Clerkship Coordinator

Marissa Tafoya (marissa.tafoya@ttuhsc.edu)

c) Emeritus Clerkship Director (still around to teach)

Dr. Harry Davis (Harry.Davis@ttuhsc.edu)

d) **Beaumont Medical Student Coordinator**

Lori Pritchard (lori.a.pritchard.civ@mail.mil)
(915) 742-3243

e) **Providence Medical Student Coordinator**

Becky Aranda (Rebecca.Aranda@ttuhsc.edu)
(915) 577-7593

4. **OB/GYN**

a) **Clerkship Director**

Heidi Lyn (heidi.lyn@ttuhsc.edu)

b) **Clerkship Coordinator**

Veronica Anaya (veronica.anaya@ttuhsc.edu)

c) **Residency Director**

Melissa Mendez (melissa.mendez@ttuhsc.edu)

d) **Department Chair**

Veronica Mallett (veronica.mallett@ttuhsc.edu)

5. **Pediatrics**

a) **Clerkship Director**

Dr. Lynn Hernan M.D. (lynn.fuhrman@ttuhsc.edu)

b) **Clerkship Coordinator**

John D. Ramirez (john.d.ramirez@ttuhsc.edu)
Cell: 915-274-0544

6. **Psychiatry**

a) **Psychiatry Clerkship Director**

David F. Briones, MD (David.Briones@ttuhsc.edu)
(915) 215-5319

b) **Psychiatry Assistant Clerkship Director**

Silvina B. Tonarelli, MD (Silvina.Tonarelli@ttuhsc.edu)
(915) 215-5858

7. **WBAMC**

a) **GME/Medical Student Coordinator**

Lori Pritchard (lori.a.pritchard.civ@mail.mil)
(915) 742-3243

C. **Texas Tech Police Department and Security**

1. 915-215-7111

D. **Information Technology (IT)**

1. 915-215-4111

2. ELP.HelpDesk@ttuhsc.edu

3. **Centricity (Clinic EMR)** – (915) 215-4020

III. Professionalism

A. Punctuality

1. Be **early**, and not just on time
 - a) Use this mantra:
"If you're early, you're on time. If you're on time, you're late."
2. **THE UMC PARKING GARAGE**
 - a) This garage is notorious for making people late at peak hours.
 - b) **Rule of thumb** - Get to the garage at least 25-30 minutes before your shift, and you will be on time, guaranteed.
 - c) Although not common, people have been late when arriving to the garage (or into the line of cars entering the garage) at 7:40AM for an 8AM start

B. Dress code

1. Know dress code before each rotation. Ask residents before fellow students (sometimes different attending have specific preferences).
2. General rule:
 - a) Clinic: Wear Professional Attire
 - b) OR, nights, or long call: Wear Scrubs
 - (1) See Scrubs section for more information
3. **IMPORTANT:** Wash your white coat at least weekly.
 - a) If you do not think you have time for this (see time management), buy another white coat to alternate.

C. Patient Interaction

1. Generally, if you follow the medical ethical principles of respect for autonomy, non-maleficence, beneficence, and justice then you will not run into any problems.
2. Be respectful, polite, listen, do not interrupt, respect privacy, know family structure, do not give diagnosis without permission from attending or resident (i.e. know your limitations as a medical student).
3. If there is **ONE** thing you take from this guide:
DO NOT VIOLATE HIPAA!!!!
4. You **CANNOT**, under **ANY** circumstances, date your patient. Do not test this. This will most likely lead to expulsion from school.
5. Do not take pictures, post Instagram, send snapchats, tweet, make Facebook posts, or use any other social media that would compromise the privacy of patients at the hospital.
 - a) If the resident asks you to take a picture or video of something, refuse without express written consent from the patient and without using a HIPPA compliant camera app.
 - (1) Although it is their responsibility for keeping you out of trouble, it is your responsibility for keeping yourself out of trouble as well.

D. Assignments

1. Know what is due and when it is due **BEFORE** you start the rotation and plan accordingly
 2. Each block has different assignments and requirements. See each section for specifics.
 3. If you are late or anticipate being late on an assignment, contact the clerkship coordinator.
 4. **Late Assignments affect professionalism. See block for specific policy.**
- E. Read about your patient**
1. This is a good habit to start, which shows you are a professional and competent clinician who cares about your patients.
 2. Third year is designed to TEACH
 - a) Even if you think you know everything about a patient's disease, the attendings and residents will still ask you questions to test how much you know.
 - (1) Do not let this discourage you. They are trying to teach you how important it is to investigate as much as possible.

IV. Common Clerkship Locations and Directions

Maps of Common Locations can be found in the Appendix

- A. UMC/EPCH** (adjacent to EPPC and connected by the basement)
1. **Address**

4815 Alameda Ave
El Paso, TX 79905
 2. **Directions from West**
 - a) Head East on I-10
 - b) Take Exit 23A
 - c) Right onto Reynolds St
 - d) Right onto Alameda Ave
 - e) Right onto Boll Pl
 - f) Right onto Alberta Ave
 - g) Parking garage is on your left
 3. **Directions from East**
 - a) Head W on I-10
 - b) Take Exit 23A
 - c) Head West on I-10
 - d) Left onto Reynolds St.
 - e) Right onto Alameda Ave
 - f) Right onto Boll Pl
 - g) Right onto Alberta Ave
 - h) Parking garage is on your left
 4. **Parking**
 - a) Park in the parking garage only

- b) Swipe UMC ID with badge hole facing down and black strip facing the inside of the garage

B. Texas Tech Clinic Building

1. Address

5001 El Paso Dr.
El Paso, TX 79905

2. The building is directly across the street from UMC and the AEC

C. WBAMC

1. Address

5005 N Piedras St
El Paso, TX 79920

2. DO NOT TYPE "WBAMC" into Google/Apple Maps. You will get lost.

- a) Type the address above or "William Beaumont Army Medical Center"

3. Directions from West

- a) From I-10 E, take exit 22B (right 2 lanes)
- b) Keep left to continue toward US-54E
- c) Get in the left lane once access road merges and get on US-54
- d) Take Exit 24 toward Fred Wilson Rd/Railroad Dr.
- e) Stay left and get into left 2 lanes as it merges onto Gateway N Blvd
- f) Turn Left onto Fred Wilson Ave
- g) Turn Left onto Pipes Dr.

- (1) This will take you all the way to the hospital

4. Directions from East

- a) From I-10 W, take US-54 E to Gateway N Blvd.
- b) Take Exit 24 toward Fred Wilson Rd/Railroad Dr.
- c) Stay left and get into left 2 lanes as it merges onto Gateway N Blvd
- d) Turn Left onto Fred Wilson Ave
- e) Turn Left onto Pipes Dr.

- (1) This will take you all the way to the hospital

5. IMPORTANT:

- a) Always bring your driver's license and insurance information
- b) ALWAYS get there 15-20 minutes early in case your car is one of the random cars searched

D. Kenworthy Clinic

a) Address

9849 Kenworthy St.
El Paso, TX 79924

2. **Directions from West** (2 ways that take about the same time)

- a) From I-10 E
 - (1) Take US-54 E (Exit 22E) and stay left
 - (2) Continue onto US-54 E
 - (3) Take exit 28

(a) 2 options from here:

(i) Take a right onto Diana Dr. then left onto Kenworthy
OR

(ii) Continue on Gateway N Blvd and take a right onto Cohen Ave and
continue on this until you hit Kenworthy Clinic

b) From Transmountain Dr.

(1) From I-10W, exit for TX-375 Loop to Woodrow Bean Transmountain

(2) Continue on Transmountain Dr. all the way until Kenworthy St.

(3) Right on Kenworthy St.

(4) The clinic will be on your right

3. Directions from East

(1) Take US-54 E (Exit 22E) and stay left

(2) Continue onto US-54 E

(3) Take exit 28

(a) 2 options from here:

(i) Take a right onto Diana Dr. then left onto Kenworthy
(i) OR

(ii) Continue on Gateway N Blvd and take a right onto Cohen Ave (after
the old baseball stadium) and continue on this until you hit Kenworthy
Clinic on your left

4. Park in the spots designated during orientation

E. The Hospitals of Providence

1. Memorial Campus (by UTEP)

Address

2001 N Oregon St,
El Paso, TX 79902

a) Directions from West

(1) Either by I-10 E or from Mesa

(2) Turn right onto Rim Rd (if going toward I-10) or Left onto Rim Rd (if going
away from I-10)

b) Directions from East

(1) From I-10 W, exit Mesa and turn right onto Mesa

(2) Turn Left onto Rim Rd.

c) Parking is on Rim Rd. after El Paso Street

2. East Campus

Address

3280 Joe Battle Blvd,
El Paso, TX 79938

a) Directions from West and East (unless far East)

(1) Take I-10 E or W to US-54

(2) Exit 24B for TX-601 Spur E toward Airport

(3) Take Texas 375 Loop S exit

- (4) Take Exit 38 toward Edgemere Blvd
- (5) Merge onto Joe Battle Blvd
- (6) Use left 3 lanes to turn left onto Edgemere Blvd
- (7) Turn right at Tierra Zafiro Dr

b) **From 375 heading North (if from Far East)**

- (1) Exit 38
- (2) Hospital will be on your right

3. **Transmountain Campus**

- a) Located on Transmountain Road - address pending

4. **Sierra Campus**

Address

1625 Medical Center Drive
El Paso, TX 79902

a) **Directions from West**

- (1) From I-10 E, Exit 20 for Dallas St toward Cotton St.
- (2) Continue on N Dallas St
- (3) Turn Left onto Arizona Ave
- (4) Turn right onto Rampart Pl
- (5) Turn left at the 1st cross street onto E Cliff Dr.
- (6) Turn Right onto Medical Center St

b) **Directions from East**

- (1) From I-10 E, Exit 20 for Dallas St toward Cotton St.
- (2) Merge onto E Missouri Ave
- (3) Sharp right onto N Cotton St
- (4) Sharp left onto Arizona Ave
- (5) Turn right onto E Cliff Dr
- (6) Turn left at the 1st cross street onto E Cliff Dr.
- (7) Turn right onto Medical Center St

V. What Was That Code?

These are the codes that are paged overhead. They will say

“Code [Insert one from below]”

Be prepared for each one as you hear it.

Visit the Emergency Preparedness website for more up-to-date information

<http://elpaso.ttuhsct.edu/elpstatalert/emergency.aspx>

A. UMC/EPCH

- | | |
|------------------------------------|--------------------------------|
| 1. Blue – Cardiac Arrest ≥ 18 | 6. Pink – Child Abduction |
| 2. Black – Bomb Threat | 7. Red – Fire Emergency |
| 3. Brown – Severe Weather | 8. Strong – Potential Violence |
| 4. Green – Internal Disaster | 9. White – Building Evacuation |
| 5. Orange – Aggressive Situation | 10. Yellow – External Disaster |

EPPC – Pay attention to codes at orientation, these may vary

WBAMC

- | | |
|---|---|
| 1. Black – Bomb Threat | 7. Red – Fire Green |
| 2. Blue – Cardiac or Respiratory Arrest | 8. Silver – Child/Adult – Lost/Eloped |
| 3. Gray – Disaster (activate plan) | 9. Violet – Staff/Employee Workplace Violence |
| 4. Green – Combative Person | 10. White – Armed Intruder/Active Shooter |
| 5. Orange – HazMat | 11. Yellow – Utility Failure |
| 6. Pink – Infant/Child Abduction | |

Sierra Providence

- | | |
|-------------------------------------|---------------------------------------|
| 1. Adam – Infant/child abduction | 7. Pink – Imminent Delivery |
| 2. Blue – Cardiac Arrest ≥ 18 | 8. Rapid Response – Patient in Crises |
| 3. Gray/Black – High Winds/Tornado | 9. Silver – Active Shooter |
| 4. Green – Cardiac Arrest ≤ 17 | 10. Strong – Potential Violence |
| 5. Heart - Acute Cardiac Event | 11. Red – Fire or Smoke |
| 6. Orange – Bomb Threat | 12. Trauma – Trauma PT in ED |

VI. EMR

A. Home access

Most consistent option is the Chrome browser, but it works in Safari for others

1. **Connect to VPN** first (See **Appendix** for specific instructions)

a) Instructions can be found by searching “**VPN**” here:

<https://solveit.ttuhsct.edu/portal/ss/>

(1) **IMPORTANT:** In the step for “**Server Address**” use **svpn.elpaso.ttuhsct.edu** instead of svpn.ttuhsct.edu

2. **Cerner (UMC and EPCH patients)**

a) <http://159.140.84.81/Prod/auth/login.aspx>

3. **Centricity (Texas Tech Clinics)**

a) <http://awsctx/Citrix/XenApp/auth/login.aspx> (bookmark this link)

VII. How to Succeed in 3rd Year

- A. **Read every day** - MOST IMPORTANT TIP
- B. Always be professional
- C. Be prepared
- D. Show that you WANT to learn
- E. Take Initiative
- F. Listen
- G. Stay organized
- H. Manage your time
- I. Communicate
- J. Take care of yourself
 - 1. "Eat when you can, sleep when you can" - House of God by Samuel Shem
- K. Follow the Dos and Don'ts Below

VIII. Always Be a Team Player

- A. This is something that comes natural to some, but others are completely oblivious to this so make an effort to figure out what this means if you are not sure.
- B. Absences cause more work for everyone so make sure it is justified.
- C. Always build people up. Never bring people down.
 - 1. It is not your job as a medical student to call out someone for not having done an assignment or seeing a patient.
 - 2. Bringing people down makes you both look bad.
- D. Do not act like you are better or that you know more than anyone does.
- E. Do not answer questions not directed to you. (Don't "Question Snipe")
- F. If someone asks you to do something and you say "yes," you better do it.
- G. Do not try to PIMP another medical student and especially not a resident.
- H. If multiple medical students are on the same rotation/teams, agree on your roles at the beginning of each rotation, share workload, and be fair.
 - 1. For example, if three of you are assigned to one rotation and you are picking up patients, as they are admitted, decide on an order so that person A gets the first patient, B gets the second, and C gets the third. Doing this prevents any hesitation in the question posed by the resident or attending, "who is going to see the next patient?"
 - a) Caveat example: If someone is on PEDs, wants to pursue Ortho, and wants to pick up the Ortho patient that was just admitted, try to let that person pick up that patient out of order if they ask. If you are that Ortho person, make sure you ask your group if this would be okay.
- I. Know when it is appropriate to ask a question.
 - 1. It is important to ask questions in medical school, but do not ask irrelevant questions, unnecessary questions that delay the time spent on one thing, or "look how smart I am" questions.

J. Always ask what else you can do to help. This does not just include residents and attendings; it also includes medical students.

IX. How to Present a Case

A. Use the **SOAP** format:

1. **Subjective** (What they said)

a) This is [Insert Name] who is a [Age] yo [male/female] with a PMH of _____ who presents with [Chief complaint] for [time period].

b) Story in chronological order

(1) Includes relevant PMH, onset of current history of presentation, location, duration, characteristics/course, associated/aggravating, relieving factors, and treatments [This is the OLDCART mnemonic]

(a) For treatments, include what medication they have taken and what was done in ED, OR, or on floor.

c) Current medications

(1) Name, dose, frequency, method of administration (IV, PO, IM, SubQ), for what disease, how long they have or have not been taking it.

d) Complete PMH

(1) Year of diagnosis and what meds they take for it (bonus points for how they were diagnosed)

e) Family History

(1) Brothers, Sisters, Parents, Aunts, Uncles, Grandparents

(a) In PEDs, they like you to draw a family tree, and I think that would be helpful in other rotations when presenting.

f) Social History

(1) Smoke, drink ETOH, Drugs. Ask what type of insurance non-judgmentally.

g) ROS - Review of Systems

(1) This is where you review symptoms asked about

(2) Give pertinent Positive and Negative findings, as well.

2. **Objective** - What you find

a) Vitals - Temp (24 hr Tmax), HR, RR, BP, O2 saturation (on RA or how many L of O2)

b) Physical Exam - Usually go from Head to Toe

(1) General - This should paint a picture for the person to whom you are presenting

(2) HEENT

(3) Chest

(a) Cardio

(b) Pulmonary

(4) Abdomen

(5) Genitalia

(6) Nervous system

- (7) Lymphatics
- (8) Skin
- (9) Musculoskeletal
- (10) Psychiatry
- c) Lab Values - Common lab values charts (know if normal or not)
- d) Radiological Studies
- e) Any other studies or objective information found

3. **Assessment**

- a) This is the part where you summarize the presentation, history, findings, and what the main problems you think they have
- b) May include differential diagnosis here (start from most to least likely)
 - (1) What is a differential diagnosis?
 - (a) Every disease you will be looking to prove or disprove
 - (2) **MS3 Pearl**
 - If you are trying to buy time to think, list them from easiest and most obvious first while you think about the harder differential diagnoses.

4. **Plan**

- a) For each differential diagnoses, address what tests will be run, what treatments will be done, what contingency plans you have, what follow-ups will be done, when you will stop any of the above, and when you will reassess the patient.
- b) If they are being discharged, what will they need when going home:
 - (1) Follow-up with others
 - (2) Social work consults
 - (3) Physical therapy, medications, at home help
 - (4) Anything else you will be doing for them to leave

B. Stay Organized – Write it out before you present to organize your thoughts

C. Each rotation has its own way of presenting cases so make sure you read that section for specifics.

D. Attendings and residents have their own style as well. If you have a chance to practice with a resident before presenting to the attending, DO IT!! Ask for feedback and suggestions (they will not always automatically give it).

E. **PRACTICE PRACTICE PRACTICE**

F. Although, residents may present a lot shorter and quicker, you have not earned that right yet. Sometimes attendings will tell you to leave things out or move on.

- 1. In other words, you cannot just say, "All labs, vitals, and physical exams were normal." They may eventually let you do this, but I would not assume it is okay until they say to do that.

G. Look for good examples of notes and presentations online.

X. How to Read Your Resident/Attending

- A. You are going to encounter a wide variety of personalities. It is important that you learn how to tailor your presentations, behavior, responses to questions, how in-depth you study, how hard you work, and your expectations.
- B. Ask what they like or how they like things. This is a way to make sure you are doing what you are supposed to. However, do not forget this may be their minimum expectations so do not be afraid to do more.
- C. Understand that in a hierarchical system your interactions with attendings may be different than with residents and will vary based on the rotation.
- D. Watch body language and listen to tone of voice. This is good practice that will help you with assessing your patients.
- E. Accept the fact that some attendings and residents will give you all "Honors," all "Pass," or will be much harder in an evaluation. **THIS IS WHY IT IS IMPORTANT TO GET FEEDBACK REGULARLY!** You may be doing things incorrectly and not know until it is too late at your last evaluation.
 - 1. It is rare that you will get a "needs improvement" in an evaluation without a justifiable reason. It is like in high school when you heard people say, "That teacher is mean because they gave me a C in that class." No, that person earned a C with test scores and performance just like the person who received an A earned an A.
- F. If the attending or resident seems stressed and busy, you should only ask what is necessary.
 - 1. It is not a good time to ask where the surgeon is from or if she/he has any kids while she/he is trying to control the bleeding in a rapidly deteriorating patient in the OR. Although most will be receptive to this question outside of the OR, please remember that the patient's safety and health come before your learning, and that is the most pertinent thing on the attending's mind.

XI. Pimping Ain't Easy: Your Guide to Getting Pimped

A. What does PIMP stand for?

- 1. Put In My Place

B. What does it mean?

- 1. At any point in medicine, your superior, whether an attending or a resident, will ask a question directed at you. It is basically a pop quiz (only this time groaning will only make it worse). The direction can change in many directions after the first question:
 - a) You answer it **correctly**.
 - (1) They say good job and move on or teach you why.
 - (2) They continue to question you with increasingly harder questions until you get something wrong (then see "You answer it incorrectly" below)

- (3) They are interrupted after asking the question and you get lucky.
- (4) They say you are wrong because it is a "guess what I'm thinking question" or they just wanted to teach you about it.

b) You answer it **incorrectly**.

- (1) They give you hints until you get it correct.
- (2) They tell you it's wrong and ask an easier question.
- (3) They tell you it's wrong and use it as a chance to teach.
- (4) They say nothing and move on.
- (5) They scoff, laugh, or make a buzzer noise.
- (6) They kick you out of the OR, send you home, or give you "scut" work.

C. Why is it done?

1. This is a teaching method that picked up a name back when medicine was much more patriarchal. Students were embarrassed so bad by questioning that in theory they would try extremely hard to impress the questioner with lots of preparation and studying.
2. Medical Education (mostly) has grown up and found that this technique can be malignant (more on this later). However, it can be used effectively to demonstrate to a student that he or she may not know as much as they previously thought (hence, **Put In My Place**). It is a proven teaching method that, when used in a positive and a learning-centered environment, helps reinforce learning.
3. Also, would you really rather be in a lecture? You are getting answers to questions by someone who has a lot of experience. Take this as a chance to learn and prove you want to learn.

D. This sounds terrifying. How do I survive being PIMPed?

1. Do not panic! Everybody struggles at first. Most likely, you know the answer (especially if you prepared), but you are not used to being asked questions without multiple choices (just like real life).
2. Talk out loud. Often, it is helpful for the questioner to know you are following a systematic way of getting to an answer, and they may even guide you with hints, "uh-huhs," "yes," or "you're getting there." It is also like writing a short answer response instead of a one-word answer. Some may use this to stall while they think, which can work, but do not take too long.
3. Answer with confidence. If you know the answer and you say it in the tone of a question, it makes them doubt you. If you answer with confidence and are guessing, you may just fool them into thinking you are correct.
4. Know when you will get PIMPed. For example, you should expect to get PIMPed in the OR for just about every case whether you scrub in or not. In addition, rounding with your team is a common time to get PIMPed.
 - a) Basically, do not go somewhere thinking you will not be PIMPed. Always read ahead of time, read about your patient, and you better know the relevant anatomy/pathology/physiology before you enter the OR.

5. PAY ATTENTION! Always listen to what discussions are going on or what is going on with the patients. You might be asked about something that you were not paying attention to, and you might not be able to answer without the background information.
6. Anticipate PIMP questions. This goes along with the past 2 points. If you hear something about a topic and you think to yourself, "What could they ask me about this?" You have already started your thinking process and will likely get to the answer faster. It is like taking your foot off the brakes because you know the light is about to turn green. Otherwise, you might slam on the gas because you were looking at your phone and realized the light was green, you spin out, and blow your engine or, in other words, you'll panic and your brain will shut down making you feel inept.
7. Never take a wrong answer or questioner response personally. Often, they know you will not get it correct because it is a difficult question above your level. It is sometimes a way to facilitate a discussion or begin teaching. In addition, some people are known for asking a lot of questions so make sure you do not miss who they are by asking other students and even residents.
8. If you do not know the answer, say, "I don't know." This is a good skill to learn because guessing or giving a wrong answer just to stop the questioning is something you wouldn't do with your patients
 - a) **BIG CAVEATS TO THIS:**
 - (1) Some attendings or residents will not accept this answer and will make you work for it. It should only take you once to know that you could not use this answer with that specific person.
 - (2) ALSO, do not say this right away. It looks like you are not trying. If anything else, try the talk out loud method previously mentioned.
9. STUDY STUDY STUDY
10. Read the sections for each block in this guide for Common PIMP Questions.

E. **What do you do if PIMPing is malignant?**

1. Getting PIMPed can be fun and educational, it can be not so fun, but still educational, or it can be terrifying, degrading, and malignant.
2. What is malignant PIMPing?
 - a) This is a form of mistreatment. One example of mistreatment defined by our Student Handbook (link below) is:

"Questioning or otherwise publicly addressing students or residents in a way that would generally be considered humiliating, dismissive, ridiculing, berating, embarrassing, or disrespectful by others (including persons outside the medical profession)."

<https://elpaso.ttuhschool.edu/som/studentaffairs/documents/PLFSOM%20Student%20Affairs%20HB.pdf>
3. What do you do?
 - a) Our school has a process of handling this issue outlined in the Student Handbook (above) under **Student - Faculty Student Resolution Policy**.

4. Will I receive repercussions by anyone for reporting mistreatment?
 - a) No. To receive retaliation in any of the defined forms of mistreatment in our Student Handbook would also be a violation.
5. What is not considered malignant PIMPing or mistreatment?
 - a) Sometimes students become offended easily or do not take criticism well, so it is important to recognize that they are often asking you questions because they WANT you to know the answer.
 - (1) Examples of non-malignant PIMPing
 - (a) Being asked multiple, rapid-fire, difficult questions.
 - (b) Being given a poor grade/eval because you did not prepare.
 - (c) Being given negative feedback in private.
 - (d) Being told how important it is to read ahead each day and before each case.
 - b) It is still important to have a thick skin for criticism. Some people are better at giving effective criticism than others just like some people are better at receiving criticism than others.
 - (1) Someone once said to think like you are wearing a helmet when going through this environment; you have to be able to take hits, but even a helmet cannot protect you from the harder, illegal hits (i.e. malignant PIMPing) so be sure to recognize when it has gone too far.

XII. Managing Life Outside Of Rotations

- A. Third year is arguably the toughest year in medical school. You will feel like you do not have enough time to study, and you may be overwhelmed with the volume of material you are expected to consume. That is OKAY! You are supposed to struggle. Becoming a doctor is not supposed to be easy, and the struggle is real. You can get through these rotations, but you will have to do it one-step at a time. This year will FLY, and before you know it, you will be heading into 4th year with confidence.
- B. Although you will have weekly lectures, they will be clinically oriented and extra studying will be necessary. Understand there is only so much time within your rotations to teach you so it is on YOU to learn material not covered. In addition, it is hardly possible to see every type of patient multiple times so do not expect to get all you need from your patient interactions. Read every day!
- C. Make a schedule and list of "To-Dos." On your list, note deadlines, set reminders on your phone, and rank them in matter of importance. Just like when you will be on your own, you will ALWAYS have something you can do (paperwork, notes, registering for boards, etc.) so develop good habits while you still have time. The Medical Board will not care if you were too busy to register for the recertification exam just like the insurance companies will not care if you did not turn in the appropriate documentation by the deadline.

1. You may have flexibility with deadlines because the clerkship directors/coordinators are understanding and nice, but develop good time management habits now so you do not run into problems.
- D. It is important not to neglect your life outside of the wards, clinics, and OR. Although much of your time will be spent in these places or studying after your shifts, you will need to release, clear your mind, or recollect your thoughts so you stay mentally healthy. That being said, it is rare that you have a 72 hour (or even 50+ hour) workweek (this does not include study time).
- E. Prioritizing your life is very important. Unfortunately, you will miss weddings, graduations, birthdays, and other social gatherings. You might still be able to attend these if they do not violate absence policies mentioned above. The reality is that you are stepping foot into a real world setting where you work with others who depend on you, and your life will be like this going forward. However, you should remember to make time for your priorities.

1. **Family**

- a) If they live with or near you, try to block off a set amount of time each week to do something with or for them.
- b) Call them on your way to work (unless you are on Gen Surg, nobody wants a call at 4:30AM) or on your way home.
- c) If they live far, try to plan trips around your schedule, ask them to come visit you, or plan a trip together.
- d) If they do something nice for you, make sure you tell them how much you appreciate it. Send flowers or a nice gift.
- e) Most importantly, make sure they know they are a priority in your life, and to bear with you through this year.

2. **Friends**

- a) Although you are often paired with another medical student or with a group, who may or may not be a friend, you spend a lot of time in some rotations by yourself with residents/attendings without other medical students. This will be difficult so try to work out some study groups or times to hang out together. That way you keep in touch and can stay up-to-date with your friends.
- b) If you can, make friends with people who are not medical students as well. For some people, it helps to talk about topics other than medicine.
- c) Plan group trips around your schedule. We have some holidays off that are great because everybody in your class is available for trips (or group studying - do not forget you are here to learn).

3. **Hobbies**

- a) Sometimes hobbies fall to the wayside, but you may have some time to pick these back up.
- b) In addition, residency programs like to see well-rounded people and having a hobby gives you something to talk about in interviews.

- c) Anything involving exercise, as we medical students should know, is a healthy way to take your mind off things. In addition, exercise has been proven to enhance learning.
 - d) Incorporate friends and/or families into these hobbies to maximize your time.
4. **Spirituality**
- a) If this is a priority, find a plan that works for you.
 - b) If it's religious spirituality and you want to attend a service, find one that fits your schedule or ask prior students/attendings/residents what works for them.
 - c) Some find dedicating a specific time of day for meditation or prayer helpful.
5. **Fun**
- a) Although medicine can be fun, you can find other ways of having fun, but be mindful of your schedule or if you need to have the next day free to recover.
 - b) Whether you schedule trips, start a hobby, learn a new skill, go to a movie, or any other activity, incorporate any other priorities and you will find more time.
 - c) Be smart and safe. You have worked very hard to get here so do not find yourself hurt or in trouble for your fun activities.

F. MOST IMPORTANT

Sadly, every year a medical student or young doctor takes his or her own life, and we should not sit and wait for this to happen. If you find yourself struggling too much, you feel depressed or increasingly anxious, or you notice any of your classmates showing any warning signs or atypical behaviors, **PLEASE SEEK HELP!** Nobody has to go through this alone, and there are professionals dedicated to helping people through this. This can be anonymous.

1. Substance abuse also applies. If you see someone or you are struggling with substance problems, please seek help for not only the safety of you/person but also for the safety of the patients.
2. **Program of Assistance for Students** - <http://elpaso.ttuhs.edu/student-services/pas.aspx>
 - a) 1-800-327-0328 or 806-743-1327
 - b) 24-Hour Crisis Hotline available
 - c) 5 free counseling sessions

XIII. How To Work When Rotating In Your Chosen Specialty

- A. At a minimum, follow the Dos and Don'ts in this guide.
- B. You should also talk with the MS4s, residents, or attendings about tips they have for succeeding in that rotation.
- C. Make good connections with the attendings, residents, and the rest of healthcare team.
 1. You are trying to show you are a hard and dedicated worker, and you do not want one ounce of negative attention on you. Nurses and scrub techs will say nice things about you if you treat them with respect. Any negative attention can really destroy your reputation.

2. For the residents, they want to see if they can work with you for a few years.
- D. You are not expected to know EVERYTHING for that specialty, but it does not hurt to answer correctly, as many questions as possible.
1. At a minimum, always get a missed question right on the second try.
- E. **ALWAYS** ask if you can help with anything, and try to be proactive if you see a way to help.
1. If a resident says, "you can go if you want" then ask if there is anything with which you can help (mention a specific task they know they have to finish for extra points).
 - a) Do not be pushy though. If after asking what you can help with they say, "no, there's nothing for you to do here so you should go study," then that really means you should go study. They are not testing you on the second try (they may not have been on the first).
 - (1) Do not say, "no, I'm going to stay, anyway." What you can say is, "Okay, I will be in the library studying if anything comes up that I can help with or if anything interesting comes in." This shows both that you recognize the importance of studying and that you are interested in the specialty.
- F. If that specialty requires research, look for case reports you can do, ask how you can help with research, or ask about helping with presentations (like morning report).
- G. The ultimate goals of working in your specialty is to prove you have what it takes to work hard, show up on time, stay late, you have a willingness to learn, and you are able to adapt to new situations.
- H. Lastly, do not forget that programs talk.
1. It would be a bad idea to only work hard and be professional in your chosen specialty.
 2. The program director at our school could catch wind of unprofessional behavior, which would negatively impact you.

XIV. How To Do Well On Shelf Exams

- A. Study at least a little bit every day (aim for a minimum of 1 hour).
- B. Use your time wisely - Some rotations will afford you more time to study while others will not. If you know that you have a heavier rotation the weeks leading up to your shelf, plan to study more at an earlier point.
- C. Sometimes test answers will lag behind actual clinical practice or our local empirical treatments will be different. Make sure you know the difference between what is being tested and what you are expected to know on your rotations.
- D. PRACTICE PRACTICE PRACTICE
 1. Take practice exams or do qbank questions
 2. These questions are not what you are used to. They are focused more on management and diagnoses than answering the "why?" like on Step 1.
- E. DO NOT WAIT UNTIL THE END TO STUDY.

1. There is simply too much material to cram it all in at the end. In addition, the questions cannot be easily answered by only knowing facts.
- F. DO NOT SAVE ONE ROTATION WORTH OF STUDYING FOR AFTER YOUR FIRST SHELF EXAM.
1. This affords you about 2.5 days to learn 6-8 weeks' worth of material. Do not do it.

XV. Easy Mistakes That Will Prevent You From Honoring Rotations

- A. Any of the DONT'S from this guide
- B. Not turning in assignments (or turning them in late)
- C. Not recording duty hours on Scheduler
- D. Not completing your op-log in the correct time allowed by the rotation.
- E. Skipping your duties
- F. Cheating
- G. Laziness/Complaining
- H. Not studying for the Shelf Exam or waiting until the end of the rotation to study
- I. Recurrent arguing with attendings or residents
- J. Mistreating anyone including patients, patient families, hospital staff, attendings, residents, and fellow medical students.
- K. Any unprofessional behavior

XVI. How To Do Well On OSCEs

- A. Study physical exams and learn how to do focused exams in a timely manner.
 1. You have 15 minutes in the room and there is no need to do a full neurological exam when their hands hurt. In this case, you could check whether they are neurovascular intact in the affected areas, but you do not need to check whether they have sensation to temperature between their first and second toes.
- B. Clerkship directors will often explain what they expect from the medical students on OSCEs so do not take this lightly.
- C. Practice note writing in the new format (character limits for each section) and using approved abbreviations.
- D. Practice the timing of your H&P.

XVII. Where Is The FOOD?

This is arguably the most important question of medical students.

A. UMC

1. UMC Cafeteria

- a) Location - UMC Basement to the right when you get off the elevators
- b) Hours -
 - (1) Breakfast - 6:30AM - 10:30AM
 - (a) Breakfast burritos, egg/omelets/sandwiches at grill, fruit, bagels, conchas (Mexican sweet bread), coffee, milk, juice, and more.
 - (2) Lunch - 11AM - 3PM
 - (a) Grill - burgers, chicken tenders, fries etc.; sandwiches, salad bar, nachos, entree items, fountain drinks,
 - (3) Dinner - 4PM - 11:30PM
 - (a) Same as lunch.

2. Resident call room will have snacks, drinks, and coffee.

B. El Paso Children's Hospital

1. Javastop

- a) Location - 1st floor on the side opposite of the clinic building
- b) Food - In addition to coffee, prepackaged food from the Bistro, soft drinks, teas, and other assorted snacks.
- c) Hours -
 - (1) Monday - Friday - 6:30AM - 8PM
 - (2) Saturday & Sunday - 7:30AM - 2PM

2. The Bistro

- a) Location - The Basement can be accessed by the main EPCH elevators or through hallways from the UMC elevators
- b) Food - Pizza, Grill, fresh pasta, entrees with sides, grab-and-go food, salads, and snacks, fountain drinks, coffee, and don't forget about WING FRIDAY!
- c) Hours -
 - (1) Monday - Friday - 10AM - 4PM
 - (2) *Closed Weekends*

C. WBAMC

1. St. Martin's Dining Facility (Main Cafeteria)

- a) Location - first floor to the right of the main entrance.
- b) Hours -
 - (1) Breakfast - 6AM - 9AM
 - (a) Breakfast burritos, typical breakfast food entrees (eggs, bacon, potatoes, etc.), omelets at the grills, fruit, juices, bagel/toast, and coffee.
 - (2) Lunch - 11AM - 2PM
 - (a) Salad bar, grill, soups, random bar of food by weight, entrees with side, desserts, fountain drinks.

(3) Dinner - 4PM - 6PM

(a) Similar to lunch.

2. **Main Street**

a) Location - 3rd floor between WBAMC and the Bradley building

b) Food - Coffee, danishes, desserts, bagels, and various other snacks.

c) Hours - 7AM - 5PM

Closed Weekends, Training Holidays, and Federal Holidays

3. **St. Martin's Grab and Go**

a) Convenience type shop with salads, bottled drinks, chips, burritos, coffee, fruit, and other assorted items.

D. **Memorial Providence**

1. The doctor's lounge

a) Location - Follow your preceptor

b) Food - Food buffet that is free to doctors (and their guests)

XVIII. **Scrubs and Badge Problems**

A. **Scrubs**

1. Rules for UMC OR Scrubs (Purple/Maroon)

a) Only issued to medical students on their Surgery Rotation

b) Must return to ScrubEX **DAILY**

c) Scrubs must be returned at the end of the Surgery Rotation

d) Cost \$15 per set of scrubs not returned

2. Where can you wear the maroon scrubs?

a) Only while in the OR

(1) Also the only scrubs you can wear while in the UMC OR Areas

b) You CANNOT wear them home or to class

(1) You may have seen or heard people that do this, but it is NOT allowed.

(2) This is a Joint Commission's violation

(3) Can result in scrub use privileges being withdrawn

3. Scrub logistics

a) You get 2 scrub sets

b) Top and bottom must be the same size

c) 1 set = 1 credit = 1 Top + 1 Bottom

d) Using the scrub machine

(1) Type in User # and hit Enter → type in Pin # and hit Enter

(2) You can only withdraw one set within a 2-hour period

e) Returning scrubs

(1) Must return 1 set at a time with the top in the top side and bottom in the bottom side (you won't get your credit back if you turn in 2 at once)

4. Stay professional

- a) If you are confronted about your scrubs, be respectful regardless of how you are approached. Do not get yourself into trouble with a rude response.

B. Badge Access

1. Only granted access to departments needed for that rotation
 - a) For example
 - (1) While on Internal Medicine/Psychiatry, you will not have badge access to the OR because you will not need it during these rotations.
 - b) This is coordinated by UMC who receive a list of names so your access will be disabled after your block has ended

XIX. Step 2 Preparation

A. What is Step 2?

1. 2 Components - CK (Clinical Knowledge) and CS (Clinical Skills)
 - a) **CK** - "Assesses whether you can apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision and includes emphasis on health promotion and disease prevention" - USMLE Website
 - (1) This is a multiple choice test in a similar format to Step 1 which tests material learned during third year
 - b) **CS** - Assesses the ability of examinees to apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision, and includes emphasis on health promotion and disease prevention" - USMLE Website
 - (1) CS is basically an all-day OSCE. The format of our standardized patient encounters and notes is based on this exam and is meant to prepare you for Step 2 CS.
2. Both of these are expensive tests so budget accordingly

B. When do I take them?

1. This question generally depends on the person and specialty.
 - a) For CK, if your Step 1 score is not as competitive for a given specialty then taking Step 2 CK in time to have them available for your ERAS (residency) application to enhance your statistics. This, however, depends on the specialty. Do your research.
 - b) For CS, generally it is a good idea to take it so that it is available for the institutions to which you apply before they start their rank lists (they will want a complete application). However, this depends on the specialty.
 - (1) The most important rule of thumb is to take it early enough so that if you do happen to fail it, there will still be dates available to retake it so you can graduate and go to residency.

C. True or False. Step 2 is easier than step 1.

1. **FALSE.** Although Step 2 generally has higher scores, it is still a difficult test, and the rumor is that they are making it more difficult each year.

D. **What do I study?**

1. Most people say uWorld is enough, but it is difficult for most people to rely solely on one source.
 - a) Once again, our amazing school has purchased uWorld for us for 1 year so make sure you don't activate it until you have a good idea when you are taking Step 2 CK
2. Some say to purchase the uWorld Biostatistics to supplement what the school buys us
 - a) Starting at 30-day subscription for \$129.
3. DIT and Kaplan also offer courses with discounts
4. There are many other resources so be sure to do your research to match your study method and plan.

XX. **Dos and Don'ts**

A. **Dos**

1. **Do** show up on time.
 - a) Nothing says, "I don't care" like walking into rounds and making up a reason for why you are late while holding a Starbucks coffee cup. The reason does not matter. Always plan to get there early so you avoid being late.
2. **Do** take responsibility for your patients.
 - a) If you are following a patient, know everything about their care. Study their disease process, how to treat it, know what consults you need, what the consults decided, or anything related to their care. It is also helpful to know who the nurse is and what their number is (ask Health Unit Coordinator (HUC pronounced 'HUCK') at the front desk of each floor for the list of numbers.)
 - b) If you're scrubbing into a case, meet the patient beforehand, take responsibility for maintaining the sterile field, help set up the OR (with permission), help get the patient back to the post-op area, and anything else mentioned in the surgery section.
3. **Do** some type of studying or reading EVERY day.
 - a) Third year requires you to know a lot of material, and it is impossible to see it all during the rotations. Make an effort to fill the gaps, and you should know what you will be tested on and what might be used more often (it is not always the same). Carry books, notes, and flashcards with you to keep up when you have downtime. Do not study while rounding though!
4. **Do** ask pertinent questions.
 - a) You are paying to receive an education so take advantage of the knowledge of practicing physicians. Sure, you can probably look it up, which some physicians might tell you to do for your own benefit, but they are a valuable resource too.

Be sure to understand when the number of your questions becomes disruptive to the learning of others, are off topic, or inappropriate for that moment.

5. **Do** come ready to work.
 - a) This year will be hard work. Many days, you will come home exhausted only to wake up in a few hours with little sleep, but show up each day, tired or not, with the mindset that you can and will help your team, resident, and/or patient.
6. **Do** act friendly toward EVERYONE in the hospital, clinics, and rotations.
 - a) This includes not only physicians, residents, interns, and other medical students but also RNs, EMs, Nurse Tech, PTs, NPs, CRNAs, CMAs, cafeteria workers, Starbucks workers, custodial services, office workers, visitors, family, and not to mention patients.
 - b) The hospital is inherently a stressful place so you never know who needs something as simple as a smile, "Hello, how are you?" or "Hola, ¿como esta?"
 - c) Likewise, we regularly depend on every one of the above at some point so take a moment to acknowledge the help they provide.
7. **Do** check your schedule regularly.
 - a) You will most likely be informed of any changes to your schedule, but sometimes things change last minute. It is a good idea to check Scheduler and log your duty hours **DAILY**.
8. **Do** show interest in specialties you are not pursuing.
 - a) This is a common mistake that is reflected in evaluations. It is important to be a well-rounded doctor. People are more willing to teach you if you are a receptive learner. Understand that showing interest is an open invitation to be educated. It also shows respect.
 - b) Knowing something about every specialty is not only important to increase your knowledge but also to know your limitations in whatever field you pursue.
9. **Do** have a life outside of your clerkships.
 - a) You will be losing much of your free time this year so it is important to release when you can whether it's meditation, yoga, a quick workout, going out, or spending time with friends and family. Be sure to take care of yourself because studying is much more difficult when you are not in good physical and/or mental shape.
10. **Do** wash your hands or use the foam before entering and upon leaving EVERY patient room
 - a) Hospital acquired infection is no joke, and we can help by staying clean.
 - b) For Foam
 - (1) Get enough so it takes 15 seconds for it to completely dry
 - (2) Remember to wash with soap and water every 10 uses of foam or when your hands become visibly soiled
 - c) Our medical students consistently have the best record of foaming in and out so let's keep up that reputation (there are "secret shoppers" watching)

d) Do not assume that because the resident or attending did not do it that you do not have to either. They know better, but it is still YOUR responsibility to clean YOUR hands.

B. **Don'ts**

1. **Do not** act like you know everything.

a) Although you may know a lot, you might not know what you do not know. It is not okay to argue with an attending as if you know more than them. You may be correct in this situation, but it makes you look bad when you challenge someone with more experience. If you disagree, find a way to talk to them privately and in a professional way. It is okay to have an open discussion on topics, especially on skills like surgical techniques, but it is not acceptable to do this to prove you know more. A hierarchy in medicine still exists so make sure you know your place and respect that of others.

2. **Do not** make other medical students look bad.

a) We are peers, and you must learn to work together as such. You will discover there are many ways to make another student look bad, but you should always avoid these. This is not to say you should always have to cover for someone who, for example, is frequently absent, but if another student walks in late, you should never call them out for being late. Not only is that not your place, but what do you think you gain from calling somebody out? The end result is both students look bad.

b) This also means you should never PIMP another medical student. Although it can be fun to practice with group study sessions to help each other learn, it is inappropriate while on rotations in front of residents and attendings.

c) There is no policy stating, not every student in our clerkship can honor the rotation, so always build up your classmates when you can. Learn to be a team player, and people, including residents and attendings, will take notice of your willingness to work with others.

3. **Do not** make excuses for every mistake.

a) Own your mistakes. Ever listen to somebody list multiple reasons for why they did not do something? The person loses credibility with each additional reason.

b) You are going to mess up, miss a physical exam finding, lose a paper, miss something in your reading, misdiagnose someone, drop something off the sterile field (it better not be expensive), or many other things. Every doctor remembers what it was like to be a medical student (especially the residents). It is understood you are going to mess up, but own up to your mistakes, apologize, and do your best not to make the same mistake again.

4. **Do not** play dumb.

a) You are an adult, and you should view this as a job. What happens when people screw up in other jobs? They get fired! Luckily, everyone understands you are learning and that making mistakes is apart of the process, but learn to minimize the mistakes, ask if you do not know, and learn to use Google and the library.

(1) **Side note:**

- (a) Saying you do not know how to do something is the same thing as saying: "I don't know how to cook." If you know how to read, you know how to cook (just follow the recipe). Everyone knows you are probably going to overcook or undercook the meat the first time you try (it takes practice and learned skills) so take criticism and improve yourself. Learn to be resourceful and to become a life-long learner.

5. **Do not** skip out on clinical duties.

- a) Obviously, it is against the rules, but it often leaves other medical students and the residents with more work.
- b) You will miss out on the chance to learn that you cannot get back.
- c) In fact, stay a little longer sometimes, and you would be surprised what else you will learn.

6. **Do not** be on your phone or device the whole time.

- a) Although you may be looking up information, it is not always obvious what you are doing, and it only takes one time for them to see you on Facebook for trust to be lost. It also shows disinterest and disrespect.
- b) DEFINITELY do not be on your phone or device in a patient room unless somebody asks you to look up something.
- c) If you are looking something up without being prompted, try to make it obvious or say you are going to look it up.
- d) Facebook, games, Instagram, Reddit, Pinterest, or any other distraction should only be accessed on your own time and not at work.
- e) Nobody can question what you are doing if you are looking something up in a book so it might be good to get a physical copy if you also use electronic copies of books.

7. **Do not** lie about what specialty you want to pursue just to impress the current rotation.

- a) Every attending or resident was a medical student. They know how the game works, and that medical students think there is a need to lie by saying they want to go into that specialty for a good evaluation. This is not necessary, and most of them can see right through the fakeness. You can impress them with your clinical knowledge, clinical skills, and work ethic for good evaluations.

b) A good way to respond when they ask:

- (1) "I want to pursue **[insert specialty here]**, but I want to learn more about **[insert rotation here]** on this rotation because I'm trying to keep an open mind through all of my rotations."

c) Telling the truth will also help those leading the rotation to gear their teaching toward your interests.

- (1) For example: On the Pediatric Wards if you're interested in Radiology, they might tell you to pick up a patient that had an unusual radiological finding, and teach the team about that finding, which will increase your knowledge of your current field of interest and that of the current rotation.

- d) It is also helpful to approach rotations with the mindset that you have not decided, and your mind can still be changed.

XXI. MS3 Resources

A. Books

B. Texas Tech Links

1. Scheduler - <https://ilios.ttuhschool.edu/PLFSOMSscheduler/Student/ViewStudentCalendar>
2. Blackboard - <https://elpasoelearn.ttuhschool.edu>
3. Library - <https://elpaso.ttuhschool.edu/libraries>
4. Webmail - <https://mail.ttuhschool.edu>
5. eRaider - <https://eraider.ttuhschool.edu/signin.asp>
6. Webraider - <https://webraider.ttuhschool.edu/>
7. Tech View - <http://eptechview.ttuhschool.edu/>
8. Op-Log - <https://ilios.ttuhschool.edu/Fostersom/Curriculum/PatientLog/Default2.aspx>
9. E-Portfolio - <https://ilios.ttuhschool.edu/ePortfolio/Login.aspx?logout=manual>

C. Spanish help

- Use your time here to learn Spanish. Practice every day, and you will improve!

1. Translation Service at UMC (works for many languages)
2. Apps
 - a) Google Translate
 - b) Canopy (School has purchased service)
 - c) WordReference (Spanish-English Dictionary)
3. Residents/Nurses/Medical Students
4. Your best teachers will be your patients. They will appreciate that you are trying to learn their language.
5. Translation service
 - a) You will be given this information at some point

D. Contacts

1. **Office of Student Affairs** -
<http://elpaso.ttuhschool.edu/som/studentaffairs/staff.aspx>
 - a) Dr. Kathryn Horn, M.D. - Assistant Vice President Of Student Services and Associate Academic Dean of Student Affairs
kathryn.horn@ttuhschool.edu
 - b) Dr. Tammy Salazar, Ph.D. - Director of Academic & Disability Support Services
tammy.salazar@ttuhschool.edu
 - c) Alex Garcia, M.A. - Senior Director of Student Affairs & Student Services
alex.garcia@ttuhschool.edu
 - d) Hilda Alarcon, M.Ed. - Executive Associate
hilda.alarcon@ttuhschool.edu

- e) Rita Martinez - Administrative Assistant
rita.martinez@ttuhsc.edu
 - f) Ines Monarrez - Unit Coordinator
ines.monarrez@ttuhsc.edu
 - g) Chris Escapite, B.B.A. - Unit Coordinator
chris.escapite@ttuhsc.edu
 - h) Virginia Hinojos, M.Ed. - Unit Coordinator for Academic & Disability Support Services
virginia.hinojos@ttuhsc.edu
2. **Office of Student Services** - <http://el Paso.ttuhsc.edu/studentservices/staff.aspx>
- a) Also includes Dr. Horn, Dr. Salazar, and Alex Garcia as above
 - b) Diana Andrade, M.Ed. - Assistant Director of Student Services
diana.andrade@ttuhsc.edu
 - c) Juan A. Camacho - Registrar
juan.a.camacho@ttuhsc.edu
 - d) Erika Jaquez, M.A. - VA/Financial Aid Unit Coordinator
erika.jaquez@ttuhsc.edu
 - e) Alejandra Garcia - Unit Coordinator for Student Services
alejandra.garcia@ttuhsc.edu
3. **Medical Student Health Clinic at Hague**
- a) Phone - 915-215-5810 (Same day appointments available)
 - b) For schedule see: <http://el Paso.ttuhsc.edu/som/studentaffairs/>
 - c) **Address**
Providence Medical Plaza
125 W. Hague Road, Suite 340
El Paso, TX 79902
4. **Counseling**
- a) **Program of Assistance for Students** -
<http://el Paso.ttuhsc.edu/studentservices/pas.aspx>
 - (1) 1-800-327-0328 or 806-743-1327
 - (2) 5 free counseling sessions per student per year
 - (3) Benefits include
 - (a) Individual, Couple, and Family Counseling or Consultation
 - (b) 24-Hour Crisis Hotline
 - (c) Call provider or agency of your choice and you make your own appointment
 - (d) Confidentiality is assured. No bills will be identified with students to the schools.
 - (e) PAS Offices are located throughout the El Paso Community
5. **Occupational Health** - <http://el Paso.ttuhsc.edu/occupationalhealth/>
6. **Needle stick/Body Fluid Exposure Program Matrix**
<http://el Paso.ttuhsc.edu/studentservices/documents/Needlestick%20Body%20Fluid%20Exposure%20Program%20Matrix.pdf>

7. Other helpful links:

- a) Scheduler - <https://ilios.ttuhs.edu/PLFSOMScheduler/Student/ViewStudentCalendar>
 - b) Blackboard - <https://elpasoelearn.ttuhs.edu>
 - c) Library - <https://elpaso.ttuhs.edu/libraries>
 - d) Webmail - <https://mail.ttuhs.edu>
 - e) eRaider - <https://eraider.ttuhs.edu/signin.asp>
 - f) Webraider - <https://webraider.ttuhs.edu/>
 - g) Tech View - <http://eptechview.ttuhs.edu/>
 - h) The Match - <http://www.nrmp.org>
 - i) OnlineMedEd - <http://onlinemeded.org>
- (1) Very helpful free video resource for your rotations

XXII. FAQs

Q: **I did not score as well as I wanted to on Step 1, but I want to go into a competitive specialty. What do I do?**

A: Do not stress yourself out yet. Residency programs look at the whole package. Step 1 is usually viewed as a means to "get your foot in the door." That being said, **be realistic**. Although you may have heard of somebody matching into Derm with a Step 1 score of 200, consider other factors: did they have 25 PubMed Publications, contacts in a department, stellar leadership experiences, etc.? Advice: Meet with Dr. Horn to discuss options, talk to residents in that chosen specialty, talk to program directors at our school and others, and do your homework. Step 1 is not the last test you will take. Consider attempting to honor in as many rotations as possible (especially the one related to your specialty choice), take and demolish Step 2 early, and work on what else your application needs.

Q: **When and what will I need to document an absence?**

- A: 1. Orientation Day - (Doctor's note)
2. More than two consecutive days due to illness - (Doctor's note)
3. Presenting at a national conference - (Copy of invitation and itinerary, including flights)
4. Residency interviews in 4th year - (Copy of invitation and itinerary)

Q: **Can I log the patients I see in one rotation for another rotation?**

A: No. For example, if you see an abdominal pain presentation in Family Medicine then you must log that presentation into Family Medicine and not Surgery

Q: **What clothes do we wear?**

A: This will depend on the rotation. There are specific scrubs for each rotation.
a. **In general**, if you are in clinic, dress in your professional attire.

- b. **Surgical rotation:** You will wear the surgical scrubs (UMC-Maroon; WBAMC – Green)
- c. **Internal medicine:** Wear professional attire unless on “Long Call”
- d. **OB/GYN:** you can wear the light blue scrubs unless in clinic.
- e. **Pediatrics:** you can wear the light blue scrubs or professional if in clinic.
- f. **Psychiatry:** you will generally always wear professional attire

Q: How much do we usually get to participate in patient care?

A: You will have quite a bit of involvement. How much you do depends on the attending, the resident, and how comfortable you are with the care. Do not expect to make the anastomoses in the OR or to sew the uterus after a C-section, but you will get chances to suture skin. Take advantage of getting to learn from breathing books!

Q: When should you start preparing for away rotations?

A: In general, you should start looking into them in the late fall, but most applications are not open until January or later. Some specialties do not open until April or May. You will have a class meeting where they will give you this information.

Q: How many hours a day or week do you spend in the hospitals and clinics?

A: This will range from around 20-65 hours per week. It depends on what block and what rotation you are on at that point. You are not allowed to be on for 80 hours in 1 week, but it would be extremely rare to get close to this as a medical student.

Q: Where do I put my stuff?

A: This depends on the rotation. We have designated lockers in the basement of the clinic building in the same hall you get your TB test done. You can bring a lock for this. However, the lockers in the basement of UMC are hardly used so it may be okay to use those. If you leave your things unattended, do so at your own risk. Although many places are safe, there is always a possibility of people taking things.

Q: Did you have time to work on SARP? How much time do you have for volunteering, research, etc.?

A: Plenty of people were able to finish their SARP project during rotations. You will have less time for these things, but people make it work. See the time management section.

Q: What would you do if you could start over?

A: Study every, single day. Try not to take entire weekends off (study a few hours if you have to). Take responsibility for your patients, and you will learn a ton.

Q: In the winter, is there a place to store jackets since we have to wear our white coats?

A: There is usually a place to set your jacket wherever rounds take place, but do not leave it somewhere you are unsure about.

Q: Where can we take naps at the hospital? Is there even time to take naps?

A: There is a medical student call room with two rooms of two sets of bunk beds (a room for males and a room for females). Pillows are hard to come by so if you plan on sleeping in there then you should bring a spare.

There is occasionally time to sleep when on late nights or long call, but make sure it is okay or suggested by your residents.

I. Important Contacts and Titles

A. Clerkship Director

Dr. Charmaine Martin (Charmaine.Martin@ttuhsc.edu)

B. Clerkship Coordinator

Nadia Hernandez (Nadia.Hernandez@ttuhsc.edu)

Office # = 915-215-5599

Cell # = 915-543-1301

C. Kenworthy Clinic

9849 Kenworthy St.

El Paso, TX 79924

D. Hospice El Paso

1440 Miracle Way

El Paso, TX 79925

E. Hospice Center for Compassionate

Vista Senior Living Community

1575 Belvidere

El Paso, TX 79912

(all the way around back, NOT the main entrance/building)

II. Faculty & Residents

A. Faculty

<https://el Paso.ttuhs c.edu/som/family/faculty.aspx>

B. Residents

PGY1 - <https://el Paso.ttuhs c.edu/som/family/residency/PGY1Class2016.aspx>

PGY2 - <https://el Paso.ttuhs c.edu/som/family/residency/PGY2Class2016.aspx>

PGY3 - <https://el Paso.ttuhs c.edu/som/family/residency/PGY3Class2016.aspx>

III. General Principles

A. 5-week rotation at Family Medicine Clinic at Kenworthy, with

1. Once weekly community clinic days at various locations

B. 1 week of Hospice.

C. Typically, you will be paired with the same physician or resident for the week at Kenworthy clinic, and then you will get a new preceptor the next week and so on.

D. Show up prepared.

1. Before you get there in the morning, go over your patient list and know/write down the pertinent info about each of the patients (reason for appt, PMH, PSH, meds, social history, recent labs/imaging, trend of HbA1c or bps if DM/HTN).
2. On Hospice you will be with Dr. Reeves doing home checks, rounds at senior living communities, and at the CCC.
 - a) Assignments for Hospice due the Monday after your Hospice week at 8AM
 - (1) **Pretest & posttest**
 - (2) Reflection Paper

E. At **Kenworthy**

1. Use employee entrance in the back of the building
 - a) Code _____
2. Be on time for clinic 8AM and 1PM. If you are going to be absent or late, contact the Clerkship Coordinator, Nadia Hernandez, immediately
3. Always check your schedule for changes
4. Check in with your preceptor (or their CMA) before you start seeing patients
 - a) Every physician has a different workflow and may like to handle things a different way so make sure you are doing what you are supposed to.
 - (1) When you enter a room, move out the yellow "Medical Student" flag outside the patient room door.
 - (2) NO SHADOWING!
 - (a) Let Dr. Martin or Nadia know if this is happening because you are supposed to be getting hands on clinical experience.
5. Do not use the computers at the Nurses' station.
 - a) If there are not enough computers, use the ones in the central area between the two sides of the clinic area.
6. Examinations of the breast, genitals, buttocks, lower abdomen, and any procedures (including vaccinations) must be done with a chaperone.
 - a) If you are not sure if you can do something, ask!
7. You may have a Clerkship Encounter Card filled out by a faculty member (community or campus-based) during each of the two FM Clinic Rotations.
 - a) This requirement is only as needed or required by Faculty. Some faculty are unable to fit in an observation during clinic.
8. Dr. Martin recommends you download the AHRQ app on your phone/tablet

F. **Assignments during Family Medicine**

1. **Two patient notes per clinical session in EMR**
 - a) Use "Medical Student Note"
 - b) Under "Review of System" and "physical exam"
 - (1) Do not click "all negative" or "normal"
 - (2) Only document what you have done
 - c) Sign the note

- (1) Who to send the note to:
 - (a) Worked with Faculty → send it to them
 - (b) Worked with Resident → send to faculty overseeing resident
- d) Step-by-step instructions will be on Blackboard
 - (1) "Information" → "How To..."
- e) **TIP**
 - (1) To find your patients for the day, click the "appointments" at the top of EMR then "select view" and search for your Preceptor's name to view their patient schedule
- f) Call EMR if you have any questions or problems: (915)-215-4020
- 2. **Weekly SOAP Note – DUE: 8AM every Monday**
 - a) Email a weekly SOAP note to the Faculty member you saw the patient with.
 - (1) Use one of your EMR notes from the week, copy & paste into a Word Document, REDACT ALL PATIENT INFORMATION, and expand on the note.
 - b) CC this note to Nadia in the email
 - c) You should have 5 notes for the entire block
 - d) See example on Blackboard under "Information" → "How To..."
- 3. **Update Op-Log Weekly – DUE: 8AM every Monday (except after Hospice)**
 - a) Enter each patient with whom you have a meaningful contact
 - b) See Family Med specific Op-Log and Clinical Expectations
 - c) You may enter every condition you encounter when dealing with that patient
 - (a) Example: If the patient comes in with a cough and they have HTN and Diabetes, you can enter the cough, HTN, AND the diabetes if you discussed and managed those conditions.

IV. How to Succeed

- A. Bookmark <http://awsctx/Citrix/XenApp/auth/login.aspx>
 - 1. You will be able to access your patients from home while on the VPN (See General Section).
 - 2. This will be very helpful when looking up your patients before your shift so you can be prepared as well as writing notes from the comfort of your own home.
- B. Get the online modules/NBME quizzes completed earlier in the rotation so you are not swamped at the end while trying to study for shelf exams.
 - 1. The Health Maintenance/Screening and Diabetes modules are particularly helpful. Take notes on these.
- C. There are no family medicine questions on uWorld nor are there practice exams on the NBME website.
 - 1. Use the **2 practice NBMEs** on Canvas that Dr. Martin provides. They are 240 questions each, and there are separate documents with the correct answers

explained as well. This is **GOLD**. The actual shelf exam was extremely similar to these.

2. **Pretest** is also very useful.
 3. These two resources +/- the Ambulatory Medicine section in **Step up to Medicine** should be sufficient in studying for and honoring in the Family Medicine clerkship.
- D. Utilize the **"Self-Study"** half days you have on Family Medicine to study to get things done.

V. What to Keep in Your White Coat

- A. Stethoscope
- B. Reflex Hammer
- C. Pens
- D. Small notebook for notes
 1. Helps with writing SOAP note.
- E. May also use SOAP note example on foldable clipboard for a reference.

VI. Requirements and Assignments

A. Weekly Quizzes and Practice NBME questions

1. See Blackboard for due dates and quiz types.

B. Op-log requirements (Log everything weekly – DUE: 8AM every Monday except Hospice

1. You will review your entries with Dr. Martin at the mid-clerkship evaluation.
2. If you think you will not fulfill all the requirements, discuss your deficiencies with Nadia and/or Dr. Martin for chances to make these up with Design-A-Case completion.

3. Diagnosis Category

a) Allergy

- (1) Condition – Allergic Rhinitis: 2 patients

b) Cardiovascular

- (1) Conditions:
 - (a) Chest Pain: 2 Patients
 - (b) Hypertension: 2 Patients
- (2) Associated Clinical Presentations
 - (a) Chest Discomfort
 - (b) Abnormal Blood Pressure
 - (c) Hypertension and Shock

c) Endocrine

- (1) Conditions:
 - (a) Diabetes: 2 Patients

(2) Associated Clinical Presentations

(a) Diabetes and Obesity

d) **ENT**

(1) Conditions:

(a) Pharyngitis: 2 Patients

(b) Upper Respiratory Infection: 2 Patients

(2) Associated Clinical Presentations

(a) Sore Throat

(b) Dyspnea

(c) Cough

(d) Wheezing

e) **General**

(1) Conditions:

(a) Palliative/End of Life Care 2 Patients

(b) Physical Exam, Routine:

(i) 2 Male and 2 Female Patients

(2) Associated Clinical Presentations

(a) Periodic Health Exam Adult

(b) Dying Patient

(c) Bereavement

f) **GI/Alimentary**

(1) Conditions:

(a) Abdominal Pain: 2 Patients

(2) Associated Clinical Presentations

(a) Vomiting/Nausea

(b) Abdominal Pain

(c) Diarrhea

(d) Constipation

(e) Abdominal Distension

g) **Metabolic**

(1) Conditions:

(a) Dyslipidemia: 2 Patients OR

(b) Hyperlipidemia: 2 Patients

(2) Associated Clinical Presentations

(a) Diabetes/Hyperlipidemia

h) **Musculoskeletal**

(1) Conditions:

(a) Knee Injury: 2 Patients

(b) Low Back Pain: 2 Patients

(2) Associated Clinical Presentations

(a) Bone Fractures

(b) Joint Pain

(c) Limp and Deformity

i) **Neurological/Neurosurgical**

(1) Conditions:

(a) Headache: 2 Patients

j) **Preventative Care**

(1) Conditions:

(a) Tobacco use/Smoker: 2 Patients

k) **Psych/Behavioral**

(1) Conditions:

(a) Anxiety: 2 Patients

(b) Depression: 2 Patients

(2) Associated Clinical Presentations

(a) Mood Disorders

l) **Pulmonary/Thoracic**

(1) Conditions:

(a) Asthma: 2 Patients

(b) COPD: 2 Patients

(2) Associated Clinical Presentations

(a) Dyspnea

(b) Cough

(c) Wheezing

m) **Urinary/Kidney**

(1) Conditions:

(a) Dysuria or Urinary Tract Infection: 2 Patients

(b) May also use Urethritis or Vaginitis in Men's or Women's Health Category

(2) Associated Clinical Presentations

(a) Pelvic Pain

(b) Vaginal Discharge

(c) Men's Health

C. Design A Case

1. Required to complete 10 cases by end of clerkship
 - a) Cases can take around 20-30 minutes on average.
2. You may do extra with permission to cover clerkship op-log deficiencies
3. See Blackboard for instructions on how get started

D. Longitudinal Group Presentations

1. The group in your longitudinal will be required to put together a presentation about your longitudinal selective.
2. Presentation can be about your experiences or what you learned
 - a) Pick 1-2 topics/concepts or procedures/tests you learned.
 - b) Example: Nutrition- TPN; Patient education-Motivational interviewing.
3. See Blackboard and syllabus for more specific details.

VII. Specialty Rotations

A. Family medicine longitudinal selective choices (1 afternoon per week):

1. Chronic Disease Management:

- Identify the status of a chronic disease and research evidence based methods to manage it. Home visits and phone call follow ups for medication management.

2. Civic Engagement:

- Interview patient and go to support groups for abusers and victims of domestic violence.

3. Community Medicine & Public Health:

- Take blood pressure measurements at health fairs, give HPV vaccines and education.

4. Geriatrics:

- Visit various agencies in El Paso that service the elderly and learn about cognitive assessments & evaluation of independence.

5. HIV:

- Out in the community at homeless shelters and known places for displaced individuals or sex workers in order to do tests for HIV and safe sex/substance use education.

6. Nutrition:

- Different topics discussed each week such as type 1 diabetes insulin calculation, breast-feeding, childhood obesity, etc. Individual nutrition project (poster, brochure style) on nutrition topic of choice.

7. Occupational medicine:

- Perform Department of Transportation physicals, assessment & follow up of workplace injuries, assessment of URI infections. Learn about worker's compensation, workplace illnesses and injuries, and the role of an occupational medicine physician.

8. Patient education:

- Learned about motivational interviewing techniques. Simulation labs with SPs to practice motivational interviewing. Critiqued patient education pamphlets.

9. Pharmacodynamics:

- Lecture and workshop based on commonly encountered medication and treatment regimens. Home visit project aimed at identifying barriers in the transition of care from the inpatient to outpatient setting.

10. Sports Medicine:

- Clinic/PT/self-study each every 3rd week. Clinic entails seeing patients with musculoskeletal injuries, learning sports medicine physical exams, seeing ultrasound-guided injections.

11. Ultrasound:

- Explores basic anatomy surrounding important structures of clinical significance in sports medicine such as knee, elbow, shoulder, hip, ankle as well as FAST exam and ultrasound-guided echocardiograms.

12. **Patient Centered Medical Home:**

- The first half of the block students will complete readings and trainings regarding PCMH on topics such as defining the core features of a PCMH, including the key actions and responsibilities of patients and working with disease registries. During the second half of the selective, students will then perform a PDSA (Plan-Study-Do-Act) cycle on important quality measures of care such as colorectal and breast cancer screening and comprehensive diabetes care. The student groups will then present their findings and interventions for the next block to study the difference their interventions made in performance improvement.

VIII. **Addresses and Locations**

1. **Kenworthy Clinic**

9849 Kenworthy St.

El Paso, TX 79924

- a) **Parking:** Only park in the area designated to students in orientation.

2. **Hospice El Paso**

1440 Miracle Way

El Paso, TX 79925

B. **Hospice Center for Compassionate**

Vista Senior Living Community

1575 Belvidere

El Paso, TX 79912

(all the way around back, NOT the main entrance/building)

IX. **Common Notes and Scores Used**

- A. Progress Notes (See Appendix IIA)

X. **Don't Miss These Findings**

1. **Vital signs:**

- a) It is important to know the bp of a patient in clinic for a HTN f/u appt or the HbA1c of a diabetic f/u. To access the labs/HbA1c, click on "flowsheet" of centrlicity.

2. **System guided questioning:**

- a) i.e. If the patient is in for HAs or post-stroke follow up, do a neuro exam and ask neuro related questions.

- 3. Elderly individual with abdominal pain - ask about melena and hematochezia.

- B. Make sure to ask about unintentional weight loss if you are suspecting cancer

- C. Be familiar with their medications and ask the patient how/when they are taking them.
1. Often times you will find they say “yes” they are taking them and then when you probe further, you find out that they actually never picked up a refill or are only taking half the dose, etc.
 2. Ask to see a list or ask them if they have them
 - a) If they have the bottles with them, go through each medication and ask if they are still taking this.

XI. How to Present

A. Patient identifying statement:

1. “This is a 62-year-old female here for a routine DM type 2 f/u appointment with a PMH of uncontrolled DM and diabetic neuropathy on insulin and gabapentin.”

B. Subjective:

1. Pertinent positives and negatives of patient reported symptoms (ROS)
2. PMH
3. Meds/Allergies
4. PSH
 - a) Include indication and year (ex: total abdominal hysterectomy in 1998 for uterine fibroids)
5. Social history
 - a) Smoke, drink, drugs, insurance, problems inhibiting medical care such as lack of transportation
6. Contributory family history (HTN, DM, cancer)

C. Objective:

1. Vitals
2. Physical Exam: General, CV, Resp, Abdomen, Neuro, Extremities
3. Pertinent labs/imaging

D. Assessment/Plan:

1. Patient identifying summary statement:

“62 year old female with uncontrolled DM and diabetic neuropathy not compliant with medication”

 - a) You may also list physical exam findings and labs with this statement
2. List out problems in a numerical format with the plan for that specific problem. Make sure to include if the problem is controlled/uncontrolled, chronic/acute, and stable/improving/worsening.
 - a) Order based on most important/severe (typically why the patient was seen in clinic), with the last category being “Preventative management”, including age/gender specific screenings such as colonoscopy, mammogram, pap smear, etc.

XII. How to Rock the Shelf

- A. Do the 2 NBME practice tests (240 questions each) on Canvas & read the correct answers/explanations
- B. Do all of Pretest or all of Case Files, depending on your learning style preference
- C. **Know USPSTF guidelines**
- D. Look over "Health Maintenance and Screening" PowerPoint on Canvas

XIII. Tips If This Is Your Chosen Specialty

- A. Meet with Dr. Martin.
 - 1. She is a phenomenal resource and advocate.
- B. Be prepared by looking up your patients before clinic and knowing why they are there, their PMH, meds, PSH, and other pertinent labs/imaging or info.
- C. Stay engaged throughout clinic and work hard.
- D. Practice giving clear, concise, and complete oral presentations of your patients.
- E. Ask for feedback from preceptors.
- F. Spend time on your weekly SOAP notes to make sure they are professional and complete, as well as free of errors.

XIV. Common PIMP Questions

- A. Developmental Milestones
- B. Vaccine Schedules
- C. Cut off values for HDL, LDL, TG, total cholesterol
- D. Pre-diabetes vs Diabetes HbA1c as well as cut off values for fasting plasma glucose, 2 hr. glucose following 75 gram glucose load
- E. Diabetes management and drug mechanisms/AEs/treatment goals
- F. When to screen for breast cancer
 - 1. Screening mammography in women less than 50 years should be individualized; biennial screening mammography for women 50-74 years of age
- G. When to screen for cervical cancer
 - 1. Screening in females 21-65 years old with cytology every 3 years or for women 30-65 with cytology & HPV testing every 5 years
- H. Pap smear after Total Abdominal Hysterectomy (TAH)
 - 1. Both Uterus and Cervix has been removed
 - a) She does not need Pap Smears **UNLESS** TAH was for a cancer or pre-malignant condition.

XV. Good Resources

A. **Books:** (PreTest & Case Files are available for check-out from Nadia)

1. Pretest
2. Ambulatory medicine section of Step up to Medicine
3. Case Files

B. **Websites:**

1. USPSTF Guidelines:
<http://www.uspreventiveservicestaskforce.org/Home/GetFileByID/989>
2. AAFP Questions: <http://www.aafp.org/cme/cme-topic/all/bd-review-questions.html>

C. **Other:**

1. 2 NBME practice tests & answers (240 questions each) on Canvas

XVI. FAQs

Q: What is the code to the backdoor at Kenworthy?

A: Nadia will email this to you. Write it down here: _____

Q: Do we work weekends on Family Medicine?

A: No. Use this time wisely to study.

Q: Why is centrivity not working on my computer at home?

A: You are not connected to the VPN.

Q: When I log on to Citrix to get to Centrivity, do I click on EMRSSO or EM

A: EMRzero

Q: How do I view my preceptor's clinic appointments to look up my patients?

A: Click on Appts icon at the top → clinic on select view at the top right → click the binoculars icon on the small screen that pops up → type in your preceptors name → select your preceptor → click "OK"

Q: How do I write a patient SOAP note on Centrivity?

A: Appointment View → Open Chart (bottom left) → Click on "Documents" Tab → "Update" (Top right) → Select "Medical Student Note" for encounter type → Click "Ok"

(1) Double click on PMH/PSH/Family History/Social history to autofill this information

(2) Click Checkboxes on ROS instead of typing everything out.

(3) Do not forget to copy & paste in the vital signs from the preceptor's clinic summary (they get automatically added to theirs by the CMAs, not to yours). When you are done with your note, Sign the note and add your preceptor to sign the note as well.

Q: What am I going to be doing different here from internal medicine and peds?

A: Family medicine is nearly 100% clinic during medical school rotations. You will see both adults as in Internal Medicine and kids as in Pediatrics.

Q: Is it true that you will probably do better on the Family Medicine board if you already had Internal Medicine and other rotations??

A: Maybe. This may seem true, but it is not always the case. Much of the time, the second set of tests will be less difficult because you know what to expect on the tests. That being said, Family Medicine does have very similar material from Internal Medicine and Pediatrics, but you will be tested on the outpatient setting.

Q: Will patients speak English?

A: Some will, but a good majority will not. This is a great opportunity to practice your Spanish. You will benefit much more from those interactions if you make an effort to understand them.

I. Important Contacts and Titles

A. Clerkship Director:

Dr. Stacey Milan (stacey.milan@ttuhsc.edu)

B. Clerkship Coordinator:

Priscilla Delgado (priscilla.delgado@ttuhsc.edu)

Cell: (915) 412-1891

Office: (915) 215-5583

Office located on the 2nd floor. When going up the main stairwell, turn left and go down the hall until it ends. Then turn left and follow that hall to the end.

Priscilla's office is at the end of the hall on the left.

II. Faculty & Residents

A. Faculty

<https://el Paso.ttuhsc.edu/som/surgery/faculty.aspx>

B. Residents

<https://el Paso.ttuhsc.edu/som/surgery/rhg.aspx>

C. WBAMC Residents

Pictures will be hanging up on the 7th floor by the resident offices

III. General Principles

A. General Surgery Rotation

1. **General Surgery** - 3 weeks (either UMC or WBAMC)
2. **Surgery Selective** – 3 weeks
3. **TACS/SBL/Preceptor** - 3 week block includes:
 - a. **TACS** (Traumatic and Acute Care Surgery) – 1 week
 - b. **SBL** (Systems Based Learning) – 1 week
 - c. **Preceptor** week – 1 Week

B. In the OR

1. Before the case starts
 - a. Introduce yourself to the Scrub Tech and ask to get your gloves and gown for them out of the cabinets in the OR.

- (1) If you do not know your glove size yet, ask the scrub tech to help you figure it out. Either open the package and give gloves/gown to tech or drop them on the scrub table.
 - (a) As a general rule, you will have an under-glove (darker color) that is either the same size or 1 size larger than the top glove
- (2) Remember to keep sterile, and if you are not sure what to do, just ask!
- (3) **TIP:** If they are running out of your glove size and you realize this with enough time before the next case, go find more so you will not be searching for them if another case comes.
2. Introduce yourself to the charge nurse and ask where you can write your name down for them. They keep track of all who are scrubbed into a case.
3. Arrive in the OR early
 - a. Procedures such as Foley placement, OG placement, IV's, intubation, etc. happen before the actual surgery starts and this is a great opportunity to complete the required tasks for your procedure log. Ask if there is anything you can help with before the surgery starts: moving the patients, prepping, etc.
4. When they start to prep the patient (cleaning the area of skin), that is your cue to go outside to the sinks and scrub!
5. Remember that scrubbing in and gowning is important to maintain the sterility of the procedure, but it is complicated and easy to make mistakes.
 - a. You **WILL** make mistakes by breaking the sterile field many times, but just be polite, apologize, listen to the scrub tech, and try not to make the same mistakes again.
 - (1) You might get yelled at, but do not sweat it. It has happened to everyone! (and they understand this)
6. During the case
 - a. You will most likely be driving the camera, retracting/holding something, cutting sutures or just standing there.
 - b. If someone starts to suture, ask for the scissors so you can be ready to cut!
 - (1) This is also your chance to learn to suture! If you have not already asked the resident before the case, now is a good time. You may never do it if you never ask!
7. When the surgery ends
 - a. Stay with your patient all the way to the PACU. That way you can help out with any clean up, moving the patient, and making sure your patient makes it safely out of anesthesia.

C. **Rounds:**

1. Of all the rotations, surgery rounds are probably the shortest, but you still need to know as much as you can about your patient (PMH, PSH, labs, medications, etc.).
2. Rounds start early in the morning before surgeries begin each day and can last anywhere from 10 min-1 hr.
3. Make sure to know the Ins and Outs ("Is & Os") for your patient.

- a. This includes IV fluids, PO intake, urine output, bowel movements, drain outputs. Make sure to note the color of outputs.
- 4. If possible, check the incision(s) noting any redness, drainage, tenderness, or if the dressing needs to be changed.
- 5. After rounds, at both WBAMC and UMC, you will go to morning report with the residents and then either to the OR or go to clinic for the day.

D. UMC:

1. **Schedule:** M-F 5:30AM-5:30PM, one day on the weekend
 - a. Pre-round
 - (1) Get there around 5AM with enough time to see your patients,
 - (2) Rounds start 5:30AM
 - (3) Stay until checkout at 5:30PM
(can be there later if you have to cover surgeries)
 - b. Scheduled for three clinic mornings/week that you can go to if all surgeries are covered by students.
 - c. Morning report
 - (1) In SICU conference room where the team will run the patient list with senior.
 - d. After morning report
 - (1) Go to the OR board with all the students to divvy up surgeries for the day.
 - (a) Sign up for one at a time (schedule changes a lot so be flexible).
 - (i) Be fair and let everyone have a fair chance for interesting cases.
 - (b) A student must be scrubbed in to all general surgeries.
 - e. The schedule for the next day's surgeries is usually posted in the late afternoon in the OR area or can be requested in the office across from the OR board if you want to read for cases the night before (highly suggested!)
 - f. Grand Rounds or M&M (Morbidity & Mortality)
 - (1) Meet Thursday mornings every week in AEC auditorium

2. Hospital:

- a. Scrubs: basement, door code: _____
- b. Where to meet:
 - (1) West tower 3rd floor (elevators closest to the parking garage), room behind the big nurses' station, this is where interns make the list
- c. OR: 1st floor
- d. Where to put stuff: can use lockers in basement, but best to not bring anything in

3. Expectations:

- a. You will follow ~2 patients and are expected to see the patient and write a note **before** rounds begin
- b. A student must be scrubbed in to all General Surgeries for the day
- c. Try to be thoughtful of your fellow students if they need to see certain procedures when you are signing up

E. WBAMC

1. **Schedule:** M-F 6AM-6PM

a. Rounds

(1) Start at 6AM, but you may need to get there early to pre-round

b. You will be assigned to a team. Each team has 2 OR days, 2 clinic days, 1 didactic day.

2. **Hospital:**

a. Where to meet:

(1) 7th floor by the residents' offices (opposite side of the building from the main elevators)

b. OR and ICU: 4th floor

c. Medical Student Room:

(1) 6th floor — Med student room with 2 computers and lockers to store your things

(2) Door code is _____ (ask Lori Pritchard)

d. Scrubs:

(1) 1st floor in back by staff elevators, only open 6AM—3PM

3. **Expectations:**

a. You will follow ~2 patients and are expected to see the patient and start a note on the computer **before** rounds begin at 6AM

b. Scrub into your team's cases on OR days. If your team has 2 ORs, it is easiest to pick one OR and scrub in to all the cases in that OR for the day

F. **3 week TACS/SBL/Preceptor block:**

1. **TACS** (aka Trauma Nights): Sunday night--Saturday night 6PM-6AM

a. Meet the residents in the CT scanner room in the back of the ED around the corner from the A zone.

b. You will help them with consults, level II/III traumas, wound cleaning, suturing lacerations, scrubbing into emergency surgeries.

c. Try to be pro-active about asking if there is anything you can help with—they will let you do more if you just ask!

d. If there is nothing going on, you can hang out in the resident call room/lounge in the basement.

(1) Make sure to give the residents your # so they can text you if something happens.

(2) If you have not heard from them after some time, be sure to walk back upstairs and check to make sure you are not missing anything.

e. The nights you will only work until midnight:

(1) The night before the block's lectures.

(2) If you are in a family medicine longitudinal that still requires you to go during TACS week, you will only work until midnight the night before.

(3) At the beginning of your shift, be sure to let the residents know if you are leaving early

f. The night a holiday begins (5PM):

- (1) You will usually be released from clinical duties at 5PM on the day before the holiday begins
- (2) Because Trauma Nights start at 6PM, you won't go in that night (or the holiday)

2. **SBL**

- a. This week includes: Ortho clinic, physical therapy, phlebotomy, wound care
 - (1) **Ortho clinic:** located 1st floor in clinic building. You will be seeing mainly post-op follow up patients in the clinic. You can get some of your trauma requirements for oplog out the way here since many orthopedic injuries occur due to trauma.
 - (2) **Physical therapy:** you will follow speech pathology or physical therapy around the hospital helping with swallowing studies, wound care, or helping move patients
 - (3) **Phlebotomy:** located on 1st floor near the registration offices for UMC. When you get there, just say you are a medical student there to complete your day in phlebotomy learning how to do venipunctures. One of the phlebotomists will teach you how and then you will do venipunctures for blood samples from patients.
 - (4) **Wound care:** located in the basement of EPCH, take the elevators by the gift shop to the basement, then follow the signs for wound care. You will be helping the physical therapists clean and change wound dressings.
- b. Can get wound care, venipuncture, and physical therapy portion of procedure log signed this week

3. **Preceptor week**

- a. You will be assigned to a preceptor who you will contact once you are given their information. This is when you will get your exact schedule for the week.
 - (1) Schedules vary from week to week for the private surgeons so keep your schedule open this week.
- b. The preceptor's mostly work at Providence and Sierra East
- c. Great opportunity to see surgical private practice

IV. **How to Succeed**

A. Be early and be prepared.

1. There are parts of the surgery rotation that are time intensive with long hours and very early mornings, but as in every other rotation, you still need to show up early and be prepared for the day.
2. It goes a long way on this rotation if you are there on time and have clearly prepared for the day.
 - a. This includes pre-rounding on your patient, knowing the details of their condition, studying for the cases scheduled that day, and just being engaged in what is going on throughout the day.

B. This is one of the rotations where you get to do a lot with your hands.

1. Take initiative to ask to do things like suturing, knot tying, pulling drains, changing wound dressings, etc.
2. If you have never done something before, do not be afraid to ask for help. You will be surprised by how much you will be able to do!

V. What to Keep in Your White Coat

A. The Basics:

1. Penlight, stethoscope, papers/notebook to write notes or patient information

B. Surgical Recall

C. SNACKS

1. Surgeries can run longer than you think and you may not have time to get lunch during the day. It will not happen every day, but it is good to be prepared!

D. Ties/Sutures

1. To practice knot tying during down time
2. Ask the Scrub Techs (at any OR) or people in the Simulation Lab at WBAMC for extra ties/sutures

VI. Requirements and Assignments

A. Procedure log: DUE: By the end of the Surgery/Family Medicine rotation.

1. Try to get this done early whenever you have the chance so you are not scrambling at the end trying to complete everything!

B. Evaluations

1. UMC General Surgery:

- a. Clerkship coordinator will speak to residents on 3rd Thursday of rotation to get evaluations directly from them.
- b. Complete 4 "tracking cards" by the 2nd Tuesday of the rotation.
(1) These will be used for mid-clerkship feedback.

2. WBAMC General Surgery:

- a. You will hand out 1 evaluation per week to the faculty/resident you worked with the most.

3. TACS:

- a. You will hand out 1 evaluation to faculty/resident you worked with most.

4. Preceptor:

- a. You will hand out 1 evaluation to preceptor for the week.

5. SBL:

- a. No eval required for this week.

6. Surgery Selective: DUE at the end of the Selective

- a. 1 evaluation from faculty/resident you worked with the most due at the end of the 3 weeks.

C. Op-Log requirements: DUE WEEKLY

Clinical diagnostic category	Inclusions	Number of patients	Level of responsibility	Alternative encounters
Abdominal wall	AW	2		Virtual patient
Alimentary tract	AT	2		VP
Breast	B	2		VP
Endocrine	E	2		VP
Oncology	O	2		VP
Skin/Soft Tissue	SS	2		VP
Subspecialty	Sub	2		VP
Trauma/Critical Care	TC	10		VP
Vascular/Thoracic/Cardiac	VTC	2		VP
Hepatobiliary	HB	2		VP

AT:

- Gastroesophageal reflux
- esophageal cancer
- Peptic/Duodenal ulcer
- Bariatric Surgery
- Gastric cancer
- Small bowel obstruction
- large bowel obstruction
- Appendicitis
- Colon cancer
- inflammatory bowel disease
- Diverticulitis
- GI Bleeding: Upper/lower
- Hemorrhoids
- Other

AW:

- Hernia of any type

B:

- Fibrocystic changes
- Breast Cyst
- Fibroadenoma
- Breast abscess
- Breast cancer
- Other

E:

- Thyroid nodule
- Hyperthyroidism
- Thyroid cancer
- Hyperparathyroidism
- Adrenal mass
- Other

O:

- Any oncology

SS:

- Melanoma
- Skin cancer
- Abscess

Sub:

- Anesthesia
- ENT
- Plastic Surgery
- Orthopedic surgery
- Cardiothoracic surgery
- Vascular surgery (not otherwise listed)

TC:

- Blunt trauma (head/neck/chest abdomen/pelvis)
- Penetrating trauma: (head/neck/chest abdomen/pelvis)
- Burn injury
- Respiratory failure/ARDS
- Acute renal failure
- Multiple system organ failure
- Other

VTC:

- Carotid artery stenosis
- Abdominal aortic aneurysm
- Claudication
- Acute arterial ischemia – extremity
- Chronic limb ischemia:
 - ulcer/rest
 - pain/gangrene
- Deep venous thrombosis
- Lung nodule
- Lung cancer
- COPD
- Pneumothorax
- Coronary artery disease
- Other

HB:

- Cholecystitis
- Pancreatitis
- Hepatitis
- Pancreatic pseudocyst
- Pancreatic cancer
- Liver mass/cancer
- Other

VII. Specialty Rotations

A. Pediatric surgery

1. Peds OR

- a. 2nd floor EPCH, use elevators by EPCH registration (near doors closest to AEC), ring the doorbell to get in.

2. Schedule

- a. M-F; First scheduled case: ~8:30AM.
- b. Surgeries usually end before 5PM unless there are emergency surgeries (appendectomy, etc.)

3. Surgeons - Dr. Tamara Fitzgerald, Dr. William Spurbeck, Dr. Jarrett Howe

- a. You have a lot of freedom to pick who to follow what days and which cases.
- b. There is a whiteboard in the pre-op area (outside the locker rooms) with the cases for each day so you can decide who to follow.
- c. The nurse in the waiting room has the schedule and she is the best to ask about what surgeries are scheduled each week. The whiteboard is updated late afternoon for the next day.

4. To prepare

- a. Study the procedure (the basics), how the condition presents in children, differential diagnosis, and relevant anatomy.
5. Introduce yourself to the patients and their parents and look at their H&P prior to the surgery.
6. Round on your patients the next day if they will be staying in the hospital.
 - a. If there is a resident on peds surg, you can round with them.
 - b. If not, round on your own and text or talk to the surgeon about it later.

B. Plastic surgery

1. Drs: Humberto Palladino, M.D. and Frank Agullo M.D.

2. Schedule

- a. M-F, 8AM to whenever the cases are done for the day; can stay until anywhere from 4PM – 8PM

3. Location

- a. Office
Southwest Plastic Surgery
10175 Gateway Blvd West, Suite 210
(same parking lot as Del Sol Medical Center)
- b. Surgeries are done either in their office, Del Sol, UMC, or Sierra.
4. Dr. Palladino is the one who enjoys teaching the most, and he also loves this website "Vesalius" so that's a good resource if you want to review the surgeries beforehand.

- a. He may give you a project of a case narrative to prepare that can be published to Vesalius. Take advantage of this.

5. **Common procedures**

- a. Breast augmentation/reconstruction, liposuction, rhinoplasty, abdominoplasty.

C. **Orthopedic surgery**

1. **Schedule**

- a. M-F, Begins at 6:45AM—residents run list in cafeteria or ASU lounge (1st floor in the rooms on the other side of the OR patient family waiting area)
 - b. 7AM morning report — Radiology library (right by Women's/Children's Staff Elevators);
 - c. 8AM—head to OR with teams
 - d. The Chief Resident will tell you what to do that day (stick with an attending or go to clinic)
 - e. Scrub into cases all day
2. If you want to do Ortho, be sure to tell them from the beginning so they can get you in on research projects and/or case reports.
 3. Study innervations and muscle groups to prepare for surgeries (but ortho surgeons aren't big "PIMPers")

4. **Good resources**

- a. OrthoBullets (orthobullets.com), Book of Fractures, Skeletal Trauma, Netter's Ortho, and any of the books in the ASU lounge

D. **Neurosurgery**

1. **Contact**

- a. Bertha Vasquez, Nurse Practitioner,
- b. bvasquez@umcelpaso.org

2. Neurosurgery clinic - 2nd floor of Annex building

3. **Schedule**

- a. M-F, 8AM-5PM, scrub into cases all day
4. You will mainly work with NP/PA's so make sure to stay in contact with them for exact start times and schedules; if you really want to be involved in the surgery, after you get to know the NP/PAs, ask nicely if you can help with anything like closing, etc.
 5. Surgeries can be long on Neurosurg so make sure to go to restroom before and eat either a good meal or a snack beforehand.

E. **ENT**

1. Dr. Jorge Arango

2. **Schedule**

- a. M-F; 2 clinic days (8AM—5PM), 3 procedure days (7AM—1PM).

3. **Location**

- a. El Paso Ear, Nose & Throat Associates, P.A.
5959 Gateway West, Suite 160

- b. The surgeries are at Providence and other surgical centers on the East and West side
 - c. Stay in touch with Dr. Arango for exact locations and schedule each week
4. Major procedures
- a. Tonsillectomy, Frontal ethmoid sinus surgery, turbinectomy with rhinoplasty

F. **Anesthesiology**

- 1. Dr. Deborah Ortega at Sierra Medical Center
- 2. **Location**
1625 Medical Center Drive
El Paso, TX 79902
- 3. **Schedule**
a. 9-12PM M-F
- 4. Good experience to see the pre-op and post-op side of surgery

G. **Trauma (Days)**

- 1. Work mainly with 2nd and 3rd year General Surgery residents
- 2. **Schedule**
a. M-F, 6AM-6PM
- 3. **Location**
a. Meet in ED CT Scanner room
- 4. Mainly an ER consult service (not much OR time); on hand for any level I traumas/resuscitations that come through

H. **Ophthalmology**

- 1. Dr. De La Torre and Dr. Ellman
- 2. **Location**
Southwest Eye Care
1400 Common Dr.
El Paso, TX 79936
- 3. **Schedule**
a. M-F, 9AM-5PM.
b. OR days - Wednesday, Thursday, sometimes Friday
- 4. They provide you with a handout of Ophthalmology conditions to study.
- 5. Most common conditions include
1. Cataracts, 2. Conjunctivitis, 3. Dry eye, 4. Trauma, 5. Glaucoma

VIII. **Common Locations**

- A. Maps can be found in the Appendix

IX. **Common Notes and Scores**

- A. Progress Notes (See Appendix IIB)
- B. Know the SIRs criteria, Sepsis-3, or any acute assessment

- C. Know how to calculate GCS
- D. Know Ranson's Criteria for Pancreatitis Mortality
- E. Know acid base calculations
- F. Know lab values for different types of Kidney injury

X. Don't Miss These Findings

- A. Know the typical H&P and complications of a patient presenting with
 - 1. Acute appendicitis, acute cholecystitis, and small bowel obstruction.
 - a. Each of these have very classic findings that are important both while in the hospital and on your shelf exams.
- B. Know the complications of every surgery you are scrubbed into
 - 1. Do not just say the obvious of bleeding or blood clots. Go deeper into your preparation.
- C. Know the signs of sepsis and infection.

XI. How to Present

- A. Use the SOAP note format
 - 1. ___ y/o M or F s/p (name of surgery) due to ___ on POD (post-op day) # ___
 - 2. Any acute overnight events and what was done about it
 - a. I.e. patient spiked a fever of 38.5 C that resolved with ___mg Tylenol
 - 3. Subjective
 - a. Symptoms--nausea, vomiting, diarrhea, constipation, headaches, chest pain, fevers/chills, etc.
 - b. Bowel movements
 - c. Urine output
 - d. Ambulatory--are they walking? Are they using their incentive spirometer?
 - e. Diet--what are they able to eat?
 - 4. Objective
 - a. Vitals
 - b. Ins, outs, drains
 - c. Physical exam--don't forget to look at the incision
 - d. Any new labs or imaging
 - 5. A/P
 - a. Repeat your intro statement (___ y/o M/F s/p ___ etc.) and then state the status of the patient improved, stable, concerning, etc. This is your assessment.
 - b. Discuss your problem list and plan for each problem.
- B. Remember when presenting during surgery rounds to keep it succinct. Try to only give the most pertinent information (pertinent positives and negatives) to paint a clear picture of the status of the patient.
- C. ICU patient presentation

1. This will be a longer and more detailed presentation. You will use the same SOAP format, but based on organ system. Start with your intro statement, then overnight events, then move on to discuss each organ system.
2. Order to present ICU patient
 - a. Neuro
 - b. Cardiovascular
 - c. Respiratory
 - d. GI
 - e. GU
 - f. Extremities/skin
 - g. Heme/infectious disease
 - h. Lines in place and prophylaxis
3. Pay attention while the other people on your team present to see how they organize their presentation
 - a. Some teams will want you to go through the SO of each organ system and then do the AP for each organ system.
 - b. Other teams will want the whole SOAP for each system as you go through.

XII. How to Rock the Shelf

A. **As in every rotation, you will learn most by studying your patients.**

1. Specifically for the surgery shelf, ask, how did your patient get to the OR? How did they present? What studies were done? What treatments were done before surgery? Why do they need surgery? The surgery shelf tests mostly pre-operative and post-operative care so make sure to pay attention to what happens to your patients before and after surgery.

B. **Read Pestana**

1. This is a very short book that is extremely high yield. Know everything!

C. **NMS Casebook**

1. Provides more thorough explanations of the information in Pestana in a case presentation format

D. **UWorld**

1. There are only about 120 surgery questions on UWorld.
2. These are helpful, especially for trauma questions, but the Surgery shelf has quite a bit of Internal Medicine related questions.
3. If you have not done internal medicine before your surgery rotation, try to do at least some GI, endocrine and renal questions.

E. **Case Files**

F. **NBME practice tests**

XIII. Tips If This Is Your Chosen Specialty

- A. Follow the advice on how to succeed in this rotation and how to be successful in third year in general.
- B. Demonstrate interest in surgery by trying to be as involved as you can.
- C. Be well prepared for rounds and for the surgeries each day.
- D. Know your patients, their conditions, why they had surgery, and the details of their post-operative stay.
- E. Ask questions!
 - 1. As long as it is an appropriate time (i.e. no one is bleeding out or dying), ask questions you have about the procedure, the patient's condition, or surgery in general.
- F. PIMPing is scary, but you will learn a lot and can really shine if you are well prepared and are able to get many of the questions right.
 - 1. Most surgeons ask certain questions during a procedure in order to help you learn, and the things they are asking about are usually essential to the surgery.
 - 2. Although PIMPing can be nerve-racking for most people, it is a great learning experience so try to learn as much as you can from it!
- G. Ask for extra sutures so you can practice knot tying during your down time! Try and get some gloves so you can also practice knot tying with gloves on.
 - 1. If there are extra sutures with needles leftover from the case, ask if you can take them with you so you can practice suturing at home.
 - 2. If you feel like you need a challenge and nobody is home to watch you make a mess of the kitchen, practice suturing a banana with gloves on with (uncooked) egg white on your gloves. This is a cheap way to simulate suturing with blood on your gloves on a skin-like surface

XIV. Common PIMP Questions

- A. Surgical recall will have the majority of pimp questions for surgery.
- B. Know the layers of the abdominal wall medially, laterally, above and below the arcuate line.
- C. Anatomy of the gallbladder, around the gallbladder, and the triangle of Calot.
- D. Vascular supply of thyroid, common nerves injured and the effects of those injuries, and muscles you have to go through to get to the thyroid.
- E. Composition of Normal Saline and Lactated Ringers.

XV. Good Resources

A. Books

1. Surgical recall

- a. This is the most concise resource to study for different surgeries.

- b. It describes the basics of most procedures, pertinent anatomy, and the medicine behind most surgical conditions.
- c. Great resource for all those pimp questions. If you study this before cases, you will look like a rockstar!

2. **Netter's anatomy**

3. **Shelf study materials**

- a. Pestana, NMS Casebook, Case Files, Pretest

B. **Websites**

- 1. Access surgery on TTUHSC library website (this has Case Files)
- 2. WebSurg
- 3. Scrub Training: <https://youtu.be/ZZCf2ba5BuI>

XVI. **FAQs**

Q: Will those interested in surgery be affected if this is their first rotation?

A: No; Although it does take a little time to really feel comfortable in 3rd year and to build confidence, the residents and attendings you work with will generally understand how lost you may feel. If you make a clear effort to improve each day, this will show your interest in surgery and dedication as a student. Surgery is a difficult rotation mainly because of the time commitment, but it is definitely something you can and will be able to handle. Work hard and you will do great!

Q: Do you work weekends?

A: At UMC on General Surgery, you will work 1 day of each weekend, and at WBAMC you will not work weekends. On Trauma Nights, you work a few weekend nights. Most specialty services you will not work on the weekends.

Q: How do I not look dumb?

A: Study. Be honest. Own your mistakes and fix them. Prepare for every case. It is natural to feel dumb, but do not forget what it took for you to get where you are. You are not dumb; you are learning!

I. Important Contacts

A. Clerkship Director

Dr. Laura Cashin (laura.cashin@ttuhsc.edu)

B. Clerkship Coordinator

Marissa Tafoya (marissa.tafoya@ttuhsc.edu)

C. Emeritus Clerkship Director (still around to teach)

Dr. Harry Davis (Harry.Davis@ttuhsc.edu)

D. Beaumont Medical Student Coordinator

Lori Pritchard (lori.a.pritchard.civ@mail.mil)

(915) 742-3243 - she is very responsive to texts

E. Providence Medical Student Coordinator

Becky Aranda (Rebecca.Aranda@ttuhsc.edu)

(915) 577-7593

II. Faculty & Residents

A. Faculty

<https://elpaso.ttuhsc.edu/som/internal/faculty.aspx>

B. Residents

<https://elpaso.ttuhsc.edu/som/internal/rms.aspx>

III. General Principles

A. 9 week clerkship

1. Wards – 6 weeks total

a. Either 6 weeks at **UMC** or

b. 3 weeks at **UMC** and 3 weeks at **Beaumont**

2. Selective – 3 weeks

B. Ward Teams

1. Typically consist of 1 attending, 1 senior resident, 2 interns, and 2-3 medical students (usually 2 MS3s and maybe 1 MS4).

a. **Note:** You may have 1 attending for that 3 week period or you might have 2 over the course of the rotation (never rounding at the same time though)

2. Outside of rounds, you will mostly report to the interns with questions.

3. Try to email or text them the weekend before your first day of Wards.

a. If you do not hear back, try finding them at morning report.

b. The Texas Tech resident and faculty contact information can be found on Blackboard as well as the syllabus.

4. First day of Wards

- a. Ask your intern or resident how the attending likes his/her presentations.

C. UMC

1. **Pre-Rounds** – Arrive at approximately 6AM to see your assigned patients

- a. Review vitals, labs, rads, consult notes, etc. in Cerner from the previous day and write your progress note. Also, look in the paper chart (at the nurse's stations or by the doors in the cabinet) for any consult notes not in Cerner.

- (1) You will become faster at this as time goes on, but allow plenty of time at the beginning to get through everything. For the first few days, you may want to show up earlier in case you are going slow.

- (2) Your progress note does not go in the chart, but you should still write it out.

- (3) Also, find the intern who is following your patient to see if there were any interactions with consultants or if anything happened overnight that you may not have access to in the computer or hard chart.

- b. Discuss your assessment and plan with your intern to make sure you both agree.

- c. Try to allow some time to look up things you do not know.

- (1) Bringing "evidence-based medicine" to the team is a component of the IM evaluation. You will not get honors in this category if you do not do it. While it may feel like you are trying to show off if you bring EBM in some rotations, IM not only encourages it, but also often expects it.

- (2) If your patient has an uncommon disease, an uncommon presentation of a common disease, or even if you are just confused as to why a medication is being used as treatment, you can read about it and find a corresponding journal article similar to what you review with the librarian following your assigned clinical prescription. After you present your patient, mention that you found a related paper and would like to discuss it if that is ok.

2. **Morning Report** – 7:30AM

- a. This will either be bedside rounds with Dr. Cashin and the other medical students or resident morning report in the AEC (Auditorium A or AEC 212).

- b. You will be told which days you will have student bedside rounds.

- c. You will attend resident morning report on all of the other days.

- (1) For example, if you have bedside rounds with Dr. Cashin on Tuesday and Thursday, you will go to resident morning report on Monday, Wednesday, and Friday.

3. **Rounds** - Usually around 9AM

- a. Here you will go through the team's list of patients with the whole team.

- b. This is where you will present your patient(s).

- c. Ask your intern or resident exactly when and where to meet for Rounds.

- d. Rounding is usually done by noon because you and the residents have noon conference to attend in the AEC on Monday, Wednesday and Friday.

- e. Once a week, the new curriculum will also feature a "Residents as Teacher" session during which you will learn a topic from a resident.

- (1) This will be either Tuesday or Friday at noon.

- (2) Await further information on this.

- f. Your attending will either have you come back later in the afternoon to go over teaching points, or you will be dismissed for the day.

- g. As always, do not assume you are done or ask to go home.

- h. When everything seems done, ask your team if there is anything else you can help with.

4. Call

- a. Being "On Call" is when your team is the team responsible for the new admissions or patients transferred from a different part of the hospital to the Wards.
- b. Wards has a 5 day cycle of call:
(1) Long call → Post-Long Call → No Call → Short Call → Post-Short Call → Long Call
- c. Figure out where your team is in the cycle for your first day (Marissa will give this to you) and then follow from there.
- d. Most of the days are the same except short and long call days.
(1) Rounds usually start at 7:30AM on post-long call days, so you will not attend morning report (resident or student).

e. **SHORT CALL**

- (1) Your team will be "On Call" 7AM-3PM.
- (2) You will need to do an H&P for ONE of the new patient on these days.
- (3) Short call is also your best opportunity to complete an observed H&P with your assigned faculty, so remind your attending earlier in the day that you need to complete this assignment, as they will often forget.

f. **LONG CALL**

- (1) Your team will be "On Call" beginning at 3PM until 7AM the next day.
- (2) You will need to do an H&P for TWO of the new patients on these days.
- (3) You do not have to stay overnight unless your attending "highly recommends it."
- (4) You are not to stay overnight on Tuesday nights (lecture on Wednesdays) or on nights prior to your scheduled psychiatry longitudinal.
- (5) It is recommended that you have your H&Ps typed up before post-call rounds so they can be reviewed and signed by faculty/senior resident.
- (6) Post-call rounds may last longer, but they begin earlier so you may possibly finish earlier than usual.

g. **WEEKENDS**

- (1) You are only expected to work days on which your team is on long call or post-long call.

5. **ATTIRE:** business casual except for scrubs on long call or post-long call days. Wear comfortable but professional shoes - you may be standing for long periods of time during bedside rounds.

D. **WBAMC** (Beaumont)

1. At the beginning of your rotation
 - a. Lori Pritchard and the IM residency coordinator will do a great job of telling you where to go and will help you find your team.
2. **Pre-Rounds** – Arrive at 6AM every day
 - a. Pre-round on your patient.
 - b. Your H&Ps and Progress Notes actually go in the electronic charts when on Beaumont Wards
 - (1) **Note:** This is different from UMC Wards.
3. **Morning report** - 7:30AM or 7:45AM (depending on the day)
 - a. You will be given a detailed morning report schedule on your first day.
4. **Rounds**
 - a. With the whole team after morning report
 - (1) See section on Rounds under UMC as it is similar

5. Teams

- a. Either 2 or 3 teams (depending on the time of year)
 - (1) 2 teams – You will be on call every other day
 - (2) 3 teams – You will be on call every third day
 - b. If your team is not on call, you will usually spend the afternoon helping write discharge summaries, following up on consults, or having mini lectures with your intern or resident.
 - c. Call days - you will stay until 6PM on most days.
 - d. Other days - vary depending on your team and how many patients you have.
6. Clerkship didactics – attend every Wednesday afternoon (at AEC).
 7. **DO NOT** go to your Psychiatry Longitudinal while on WBAMC Wards
 8. **ATTIRE:** Beaumont scrubs – Lori Pritchard will show you where to find them

E. Providence

1. Arrive at 7AM to review charts and attend daily rounds with the assigned preceptor (approximate start time of rounds – 9/9:30AM).
2. One day off each week (not Wednesday)
3. Clerkship didactics – attend every Wednesday afternoon (at AEC).
4. **DO NOT** go to your Psychiatry Longitudinal while on Providence Wards

IV. How to Succeed

- A. Get a calendar or start using the one on your phone/computer. There are many dates and assignments to keep track of.
- B. If you wake up and are sick, having car trouble, or will not be able to go in for some reason, text everyone (resident, faculty, coordinator).
 1. Do not expect your fellow med student/intern/resident to tell everyone else for you.
 2. If you are worried about disturbing people at 4AM, send an email. They will be less annoyed that you disturbed them early in the morning than they will be if they assume you are trying to skip out of duties.
- C. Hang around to see/help with procedures.
- D. Do not eat during rounds unless everyone else is (attendings sometimes bring donuts or bagels on post-long call days).
- E. Do not be on your phone during rounds.
 1. If you are, make it clear you are looking something up or it might be assumed you are texting.
- F. Do not fall asleep during rounds.
 1. This may seem obvious, but it has happened.
- G. Foam in/foam out of EVERY room
 1. Even when you are just standing in the room for a few minutes. It is a good habit not only for patient care, but also you do not want to be called out on something silly like this.
- H. Practice your Spanish!
 1. It can be tempting to cherry-pick the English-speaking patients if you do not speak Spanish, but you will miss out on many pathologies and other learning opportunities.
 2. This is also one of the easier rotations to practice Spanish because you often run on your own clock.
- I. It is always better to be over prepared.
 1. Your first attending may be laid back and not ask much of you. Do not assume

your next attending will be the same.

- J. Be alert, attentive, and take notes during rounds.
 - 1. Do not be afraid to speak up and ask a question. You may be told to go look it up, but not asking questions makes you seem disengaged.
- K. Do a good exam and discuss any abnormal findings with your intern before rounds.
 - 1. You truly are a part of the team on this rotation and can be an asset since you have fewer patients and therefore more time to spend with each.
- L. Always wear your badge.
 - 1. Someone, such as the charge nurse, will ask you who you are if you do not have it on. Be polite. It is their job to protect the patients.
- M. Always know your patient's data!
 - 1. Not only for that day but also the trends dating back to admission.
 - a. Dr. Cashin will show you a great data trending tool at orientation, which is found at medfools.com and located on Blackboard.
 - b. It is highly encouraged that you use this form or devise something like it.
- N. At first, formulating an assessment and plan can seem very daunting.
 - 1. Dr. Cashin has made an excellent H&P guide, which will help you greatly in this area so it is recommended that you follow it.

V. What to Keep in Your White Coat

- A. Stethoscope, penlight, reflex hammer, multiple pens, paper for writing notes, snacks
- B. "Pocket Medicine: The Massachusetts General Hospital Handbook of Internal Medicine"
 - 1. You need this. It is a great, succinct summary of all of the important information for quick reference.
 - 2. It is not cheap, though, so consider splitting it with friends.

VI. Requirements and Assignments

- A. Marissa does a great job of sending reminder emails with all of the requirements, so make a checklist for yourself and cross things off as you go.
- B. **ONE observed H&P**
 - 1. Let your attending know early that they need to do this for you.
 - 2. Do not save it for the last few days (this is a sure way to annoy an oncoming attending if the last attending was not able to arrange this with you).
 - 3. They are best done on short call days.
- C. **TWO "31 Things in 3 minutes"**
 - 1. Write these up and turn them in on the days you are assigned to present a patient at student bedside rounds.
- D. **EBM worksheet**
 - 1. You will be given this after you present one of your "31 Things" at student bedside rounds.
 - a. You come up with a question for further learning, make an appointment with one of the librarians, finish the worksheet, and present it at a subsequent student bedside rounds.
- E. **Matrix form**
 - 1. On the second bedside rounds patient, you will not perform an EBM, but you will go

to multidisciplinary rounds (3rd floor M-F at 8:30AM) on any day of the patient's hospital admission and present your patient to social workers, nutritionists, PT, OT etc.

2. You will go with the intern or senior resident on your team.
 3. Have the intern/resident who was present at the meeting with you sign-off on the form to confirm your attendance.
 4. You will then complete the matrix form found on Blackboard and turn it in to Marissa.
- F. **14 H&Ps** reviewed and signed by senior resident or attending.
1. You cannot turn in the yellow H&P forms used for admissions at UMC. You will need to type them up.
 2. If you are going to Beaumont, you can print the H&P typed for the electronic chart.
 3. These are surprisingly time consuming.
 - a. Consider making a template at the beginning to save you time later, and do not save them all to type up the weekend before they are due.
 - b. It also creates a hassle trying to hunt down your resident/attending for their signature.
- G. **MKSAP questions** DUE: every other week (on days of IM lectures)
- H. **EKG forms II and III** (given out and to be turned in during the IM EKG lectures)
- I. **30 OpLog entries** (see syllabus for details about requirements)

VII. Specialty Rotations

A. Cardiology at Beaumont

1. **Where**
 - a. Meet at the ICU (4th floor) at 6AM sharp for sign out.
2. **Pre-Rounds**
 - a. After meeting with the team, go to the IM floor (9th floor) and pre-round on your patients (assigned by your resident).
3. **Rounds** (usually around 8AM)
 - a. Meet up with your attending either on the 9th floor or in their office to formally round.
 - b. Make sure to have a copy of your patient's EKG in case the attending asks for it.
4. **Cardiology Morning Report**
 - a. Every Wednesday at 8AM in the cardiology clinic
5. **Hours:**
 - a. When you leave depends on your resident.
6. **Things to know:**
 - a. Cardiac drugs, physiology of at least CHF, atrial fibrillation, mitral stenosis, angina, and the basics of reading EKGs (Dubin's is a great resource)

B. Cardiology at UMC

1. **Who**
 - a. You will likely be assigned to one of the cardiology fellows when you are on the consult service in the hospital.
2. **Where**
 - a. **Consult service**
 - (1) Meet in the echo reading room (Enter hospital through doorway that leads to

ICU elevators, make left through hallway to door marked "Cardiovascular Services." Inform receptionist who you are looking for and ask her to show you to the echo reading room.

- (2) 50/50 chance the fellow or attending you are looking for will not be there, but it is a good place to wait).

b. Clinic

- (1) Pay attention to Scheduler.
- (2) Cardiologists see patients on both the 1st and 2nd floor of Clinic Building.

3. Duties

- a. Observe transesophageal echocardiograms
- b. Observe PCI in the cath lab
 - (1) *Where is the Cath lab?*
 - (a) Upon entering hospital, turn right, double doors at end of hallway lead to the surgical suite. You will not likely have badge access if on IM rotation. Upon entering, continue straight back through double doors, and make left. There are two cath labs, make sure you enter the viewing gallery)
- c. Round on CVICU patients
- d. Tuesdays you will likely be assigned to Dr. Abedin (electrophysiologist).
 - (1) He enjoys letting students perform cardiac auscultation and associated exams, and he will ask, "What did you hear?" Do your best, do not lie.

4. Hours

- a. The cardiology service is consulted on many patients, and their days usually go longer than the scheduled 8AM-5PM

5. Things to know

- a. Remember to take appropriate notes when seeing consult patients, even if you are there only in a shadowing capacity because occasionally the fellows will ask you to fill in the green consult sheet with the pertinent findings.
- b. They do not have high expectations of your cardio knowledge. Display enthusiasm, courtesy, and interest. You have the potential to learn a lot of high yield information.

C. Heme/Onc at Beaumont

1. Who

- a. Dr. Ramos and Dr. Graham.
 - (1) They are wonderful and both are willing and excellent teachers.
- b. Dr. Alexander
 - (1) He is the third oncologist but is busy with many patients, so you will not spend much time with him.
- c. One IM resident will likely be rotating through.

2. Where

- a. Clinic is on the 10th floor.

3. Duties/Hours

- a. Attend IM morning report at 7:30AM or 7:45AM depending on the day (you will be given a schedule).
- b. Go to the clinic after morning report and find Dr. Ramos or Dr. Graham.
 - (1) They will let you know if they have patients or admin time that day.
 - (2) They will either give you a mini lecture or you will see their clinic patients with them.
 - (3) If the patients are not too complicated, they will let you see them on your own.

(4) Occasionally there are consults on the floor to see.

c. The day usually ends at 3 or 4PM.

4. **Things to know**

a. Coagulation cascade, transfusion reaction, the basics of leukemia and lymphoma

5. **Attire** - business casual

D. **Heme/Onc at UMC**

1. **Who/Where**

a. Information emailed to you before rotation starts.

b. The residents change at the beginning of each month.

2. **Duties**

a. **Consults**

(1) Round in the morning on assigned patients, (ask your resident who you should follow), write a progress note on the blue form, and get it signed by your attending.

(2) Your resident will then usually text you when there is a consult.

(3) Ask your resident to proxy the list to you so you can easily find the chart of the new consults.

(4) The consult forms are green, double-sided, and extremely straightforward.

b. **Clinic**

(1) This will be with an attending and possibly an intern or resident. Pay attention to the schedule emailed to you to know if your clinic is on the first or the second floor.

(2) Go to the Internal Medicine Clinic on that floor and ask around for your attending.

(3) Your attending will tell you which patients to see.

(4) Find a computer and look at their old heme/onc notes in Centricity.

(a) Find out what their cancer, when they had it, and how it was treated. Look at the plan from the last visit, find out if there is anything the doctor is following that needs to be asked about, and see if he ordered imaging, labs, or started a new medication.

(b) Look at their lab work and imaging (in Centricity AND Cerner)

(c) When you see the patient, ask about pertinent symptoms (SOB for lung cancer history; general symptoms like weight loss, fatigue, bruising, etc.)

3. **Things to know**

a. The green consult form does not have a line for imaging so do not forget to include it, and know everything about the reason for consult.

b. If the patient has a history of cancer, write down the dates it was diagnosed, when and how it was treated, and how he/she is being followed.

(1) Log on to centricity and find old office visit notes if he/she is being followed at Texas Tech.

c. **For bonus points**

(1) You can help get the old records for patients with a history of cancer that was diagnosed and treated somewhere else.

(a) There are records request forms at the nursing station.

(b) Fill it out with the patient's old hospital info (you can even call that hospital to get a fax number) and have the patient sign the form. You can either fax this yourself or at least have the form ready for the resident to fax.

E. **GI at Beaumont**

1. **Who**

a. **Drs. Goldberg, Calcagno, and Carter**

- (1) Each will be on call for a week at a time, and you will mainly be with the one on call that week.
- (2) Goldberg is the chief of GI. He is responsible for your overall experience and will do your evaluation at the end of the rotation.

2. **Where**

- a. 2nd floor

3. **Duties/Hours:**

a. **Typical day**

- (1) 7:30AM - IM Morning report and Lecture
 - (a) These are helpful and the GI docs expect you to attend.
- (2) 8:30AM-9AM (After morning report)
 - (a) Go to the GI department (Lori will show you) and find the doctor on call.
- (3) 9AM-5PM
 - (a) You will watch endoscopies/colonoscopies, see patients in clinic, or see consult patients.
 - (b) You can ask Mary or one of the other office personnel for a schedule of your doctor.
 - (c) Dr. Goldberg and Dr. Carter will usually let you go home after you see 2 patients and write notes (usually around 3-4PM).
 - (d) Dr. Calcagno will have you to hang out and study until 5PM in case there is a consult.

4. **Things to know**

- a. They do not expect you to know everything.
- b. Be clear with how you present your patient, and if you do not know something, just ask.
- c. **TIP:**
 - (1) The 6 notes you write on this rotation can be counted toward your total H&Ps for the Internal Medicine Block. This will save so much time throughout the rotation.

F. **GI at UMC**

1. **Who**

- a. You work mostly with the resident or junior fellow.

2. **Where**

- a. Find out who your resident is and find them at morning report the first day of the rotation. Additionally, some days you will be with Dr. McCallum in the Texas Tech clinic.

3. **Hours:**

- a. 7:30AM - IM morning report
- b. You will stay until whenever you are done rounding on patients or you are done in clinic with Dr. McCallum (usually between 3-5PM).

4. **Things to know**

- a. Causes for anemia, causes for positive FOBT, causes for esophageal bleeds

G. **Nephrology (only at UMC)**

1. **Who**

- a. IM intern and nephrology fellow

2. **Where**

- a. On first day, go to the ICU (2nd floor of UMC) and look for the IM intern.

3. Hours

- a. One day before the rotation starts, email the nephrology fellow and the IM intern assigned to the team to find out the time they will meet to round.
- b. At the end of the first day, ask your intern or fellow which patients they would like for you to round on and what time they want you to meet.
- c. Times change every day depending on their other commitments.
- d. Usually done between 3-5PM.

4. Things to know

- a. Presentation Style:
 - (1) Subjective = very succinct
 - (2) Objective = VERY IMPORTANT!
 - (a) You need to know about the renal panel and calculate acid-base status every single time.
 - (b) Labs: Need to know urine output, BUN/Cr trend, GFR, and CKD score.
 - (c) Dialysis: Need to know how much fluid was taken out for the session. If the patient is cirrhotic, you need to know about the hepatic panel and common renal complications associated with liver disease.
- b. Top pathologies: cirrhosis, diabetic nephropathy, AKI
- c. Read the nephrology chapter in the purple pocket medicine handbook (where most pimp questions come from)

H. Pulmonology at Beaumont

1. Who

- a. You will mostly work with Dr. Gregory Brown, director of pulmonology.

2. Where

- a. Pulmonary clinic is on the 10th floor.

3. Duties/Hours:

- a. 7:30AM - Attend IM morning report (you will be given a schedule).
- b. You mostly see clinic patients in the mornings Monday-Thursday and read PFTs in the afternoons.
- c. Fridays are mostly spent with the attending teaching or in the PFT lab. You will respond to inpatient pulmonary consults a couple of times per week.
- d. Usually done by 3PM
- e. Most likely will be asked to create a brief and informal PPT on a topic of your choice to present at the end of the rotation.

4. Things to know

- a. Go through the UWorld pulmonary questions to help answer common "pimp" questions.

VIII. Common Notes and Scores

A. Progress Notes

1. See the general format for "how to present."

B. H&Ps

1. Follow the order of questions on the yellow H&P form from UMC.
2. Keep the HPI focused on their acute problem.

C. Scores for conditions - there are more, but these are very common

1. Pancreatitis – Ransom's Criteria
2. Atrial Fibrillation Stroke Risk - CHA₂DS₂-VASc

3. DVT/Pulmonary Embolism - Well's Criteria
4. End-Stage Liver Disease – MELD Score
5. Sepsis – SIRS and Sepsis-3 (NEW)
- D. **Calculations** - you'll need to know many more than this, but here's a start
 1. Fractional Excretion of Sodium (FENa)

$$\frac{\text{Urine Na} \times \text{Plasm Cr}}{\text{Urine Cr} \times \text{Plasma Na}}$$
 2. Calcium Correction for Hypoalbuminemia

$$\text{Corrected Ca} = (4.0 - \text{albumin}) + \text{Ca}$$
 3. Maintenance Fluids Calculation
 - a. 421 Rule
 - (1) 4 ml/kg/hr for first 10 kg of Body weight
 - (2) 2 ml/kg/hr for next 10 kg
 - (3) 1 ml/kg/hr for any kgs over that
 - OR
 - (4) $\text{Weight in kg} + 40 = \text{Maintenance IV rate/hr}$
 4. Metabolic Acidosis – Winters' Formula
 - a. $(1.5 \times \text{HCO}_3) + 8 \pm 2 = \text{Expected } p\text{CO}_2$
- E.

IX. Don't Miss These Findings

- A. Always do a good lung exam, especially if the patient has been hospitalized for several days.
- B. Do not forget your Neurological exam and to check all the cranial nerves.
- C. Look for "wrinkles" on the legs to assess for improving edema in patients with CHF exacerbations.
- D. Always practice feeling for different pulses. It takes a little while to perfect.
- E. Assess pressure points (or make note of need for assessment) in bedridden, elderly patients.
- F. Look at any of the buckets around the patient to see if he/she is still vomiting, coughing up sputum, etc.
- G. Always note the color of the "Outs" of the patient (vomit, stool, urine)

X. How to Present

- A. Do not just say "vital signs stable" or "physical exam unremarkable." Always give ALL of the details until told not to.
- B. General format (unless told otherwise)
 1. **Subjective**
 - a. Be succinct (pt still c/o of pain 8/10 and nausea x #days)
 2. **24 hour events**
 - a. This is anything pertinent that happened since rounding last (pt had a run of 8 beats of v fib)
 3. **Objective**
 - a. Vitals: temperature, HR, BP, RR, O2 sat (give ranges)
 - b. Ins and Outs (when pertinent, look up 24 hour ins and outs, net balance, and calculate hourly urine output)

- c. Physical exam (focus on unchanged and changes such as improving abdominal tenderness)
 - d. Labs (focus on trends and work to interpret them)
 - e. Radiology
4. **Assessment/plan**
- a. Format it in the style of a problem list with the most important problem first.
 - b. Review this with your intern before rounds. That does not mean asking your intern what their A/P is and then repeating that, but rather suggesting yours and getting feedback on it.

XI. How to Rock the Shelf

- A. Start studying early and keep up with it
 - 1. This can certainly be challenging since IM has by far the most material to study.
 - 2. Make a study plan from the beginning, and do your best to stick to it.
- B. UWorld is great resource
 - 1. Try to get through all of the questions.
 - 2. There are over 1,000. You cannot do this in one week. Seriously. You cannot.
- C. Pay attention during rounds
 - 1. A decent amount of the information will be helpful for the exam.
 - 2. Look up everything you do not know when you encounter it. It can be easier to remember details if you have a specific patient in mind to connect them to.

XII. Tips If This Is Your Chosen Specialty

- A. Get to know Dr. Davis, Dr. Cashin, and especially Dr. Mukherjee
 - 1. Most IM residency programs require that at least one letter come from the department chair, so Dr. Mukherjee's letter is mandatory.
- B. Most IM programs require 3 letters, but some require 4, so you should consider at least 4 faculty to ask.
 - 1. IM letters can come from any specialty (as long as at least one letter comes from Dr. Mukherjee), so you can look for letter writers throughout third year, and not just during the IM clerkship.
- C. To get quality letters, the best thing to do is to get to know your faculty outside of the clinic/hospital.
 - 1. All the IM faculty have offices on the 1st floor of AEC, and stopping by every once in a while can go a long way, especially if you do not have your IM rotation until the end of the year.
- D. As far as the rotation itself, having good H&P taking skills and good oral presentations are very important (mostly comes down to practice), as is coming up with a good problem list for patients with at least a rough idea of how to diagnose/treat each problem.
- E. You should always carry at least one patient (except, of course, for the first day of the rotation), even if you were carrying several patients the day before, and they all got discharged.
 - 1. You should try to pick up someone else from the list to see.
- F. If you really want to stand out, read an article about it and discuss it the next morning on rounds.

- G. Try to perform at the level of an Intern by the end of your clerkship, and you will be an all-star on the rotation.

XIII. Common PIMP Questions

- A. Do not just say "vital signs stable" or "physical exam unremarkable." Always give ALL of the details until told not to.
- B. General format (unless told otherwise)
1. **Subjective**
 - a. Be succinct (pt still c/o of pain 8/10 and nausea x #days)
 2. **24 hour events**
 - a. This is anything pertinent that happened since rounding last (pt had a run of 8 beats of v fib)
 3. **Objective**
 - a. Vitals: temperature, HR, BP, RR, O2 sat (give ranges)
 - b. Ins and Outs (when pertinent, look up 24 hour ins and outs, net balance, and calculate hourly urine output)
 - c. Physical exam (focus on unchanged and changes such as improving abdominal tenderness)
 - d. Labs (focus on trends and work to interpret them)
 - e. Radiology
 4. **Assessment/plan**
 - a. Format it in the style of a problem list with the most important problem first.
 - b. Review this with your intern before rounds. That does not mean asking your intern what their A/P is and then repeating that, but rather suggesting yours and getting feedback on it.

XIV. Good Resources

A. Books

1. Step Up to Medicine
2. Dubin's EKG book
3. Purple "Pocket Medicine" book
4. Master the Boards for Step 3
 - a. This may seem odd, but the Step 3 book is more applicable to shelf exams than the Step 2 book
5. Bates' Guide to Physical Exam and History Taking
 - a. Great reference if you're in the library (very large and dense)

B. Websites

1. <https://onlinemeded.org/>
 - a. Free videos are a great resource for topics you are struggling with. Also great for Step 2 CK
 - b. <https://onlinemeded.org/intern-content>
 - (1) Probably intern level, but still helpful for Shelf exams, and very helpful for coming up with diagnostic/treatment plans for a variety of common medical conditions)
2. <https://www.youtube.com/user/drericstrong>

- a. Great EKG/CXR resources; also includes videos to help with H&P, oral presentations, and coming up with differential diagnoses and problem lists
3. <https://www.youtube.com/user/eozdalga/videos>
 - a. Good videos about performing the physical exam

XV. FAQs

Q: Where do I put my stuff?

A: On the 5th floor of UMC, take a right after getting off the elevators, and turn left down the hall. The last door on your left before the stairs is the conference room many teams do their rounds. You can put your things in that room. Also, there are lockers in the basement of UMC or in the basement of the Texas Tech Clinical Sciences Building

Q: Is this shelf exam very similar to the General Surgery shelf?

A: No. Although there is some overlap on material, the material covered is different because you will need to know more about surgical management.

Q: Do you shadow attendings or residents?

A: Neither. You are in your clinical years so you will no longer be shadowing. If you find yourself shadowing, you need to either become more involved or ask to be more involved. That being said, rounds might seem like shadowing and that will be with both attendings and residents.

Q: How much time do you spend on rounds?

A: This will depend on the attending and whether your team is on call. Generally, do not expect to go home before noon. In addition, there will now be more teaching in the afternoons so you will be staying for that as well.

Q: Do you have night shifts?

A: Sort of. See the section on long call for an explanation on that. Basically, you are expected to pick up 2 patients that were admitted over the night. Some require you to be there and some have it split up in shifts. Ask your senior resident what is expected of you on Long call.

Obstetrics & Gynecology

5

I. Important Contacts and Titles

A. Clerkship Director:

Heidi Lyn (heidi.lynn@ttuhsc.edu)

B. Clerkship Coordinator:

Veronica Anaya (veronica.anaya@ttuhsc.edu)

C. Residency Director:

Melissa Mendez (melissa.mendez@ttuhsc.edu)

D. Department Chair:

Veronica Mallett (veronica.mallett@ttuhsc.edu)

II. Faculty & Residents

A. Faculty

<https://el Paso.ttuhsc.edu/som/obgyn/faculty.aspx>

B. Residents

<https://el Paso.ttuhsc.edu/som/obgyn/currentresidents.aspx>

III. General Principles

A. Clerkship Components

1. The clerkship consists of 7 or 8 weeks comprised of labor and delivery, maternal fetal medicine, gynecology oncology, benign gynecology, and faculty clinic.

2. Labor and Delivery

a. 8hr shifts (7AM-3PM, 3PM-11PM, 11PM-7AM)

(1) Attend morning report if you are on the 7AM-3PM shift.

(2) Expect to work on nights and weekends

b. Meet on the 2nd floor of EPCH in the resident workroom

c. Depending on your resident, you will either be assigned to work with one resident during your shift, or you will follow at least 1-2 patients.

d. Physicians on Duty

(1) **Interns:**

(a) Mostly OB/Gyn interns, but will occasionally also have Family Medicine or Emergency Medicine residents on the service.

(2) **Board Runner**

- (a) 2nd year resident in charge of updating the “board”: a list of all patients currently on the L&D service and their most updated information.

(3) **Senior resident**

- (a) 3rd or 4th year resident

(4) **Attending physician**

e. **Medical Student duties**

- (1) Assist board runner in updating the board

- (2) Once you are assigned a patient, introduce yourself to them!

(3) **Vaginal deliveries**

- (a) Perform/assist delivery.

- (i) Most residents will allow you to deliver the placenta starting on day 1, so read up on proper technique.

- (ii) Perform/assist repair of minor tears.

(4) **C-sections:**

- (a) Assist the attending physician and resident performing the delivery.

- (b) Ask the scrub nurse which side of the table you need to be on; most of the time you will be standing next to the most junior resident.

- (c) If you arrive a few minutes early to your shift, you can “pre-scrub” (scrub, but then dry your hands with a paper towel) so that during the rest of the shift if you need to get to a C-section quickly you can just use the surgical hand antiseptic, which is much faster.

3. **Specialty and Faculty Clinics**

- a. Located on the 2nd floor of the TTUHSC Clinic building.

- b. Establish with your attending/resident how they want you to see patients.

- c. Many of the patients are Spanish-speaking only, so brushing up on your OB/Gyn Spanish will be very helpful in your ability to take a good H&P.

4. **Specialty Surgery**

a. **UMC OR (1st floor)**

- b. See General Surgery section for OR tips/etiquette. You should be able to find out what surgical cases are on the schedule for the next day; read up on the cases the night before so you are prepared to answer questions. You should also familiarize yourself with the patient’s past ob/gyn, medical, and surgical history and how they impact the surgical case. Introduce yourself to the patient before the surgery!

B. **Skills exams** – (midway through rotation)

1. **Suture and knot-tying exam**

- a. You will be given practice materials from the clerkship coordinator, and at the exam you will be asked to demonstrate:

- (1) Running lock suture

- (2) One-handed tie

- (3) Two-handed tie

- b. These skills will be demonstrated and taught during a didactics session prior to your exam.

2. Pelvic exam

- a. You will perform a pelvic exam on a standardized patient.
- b. Talk to the patient, and let them know what you are doing.
- c. Not only is this good bedside manner, but it also helps your grader see that you understand the components of a pelvic exam.

IV. How to Succeed

A. Be proactive and hands on!

1. Ask to do as many procedures as you feel comfortable.
2. If you are nervous, observe the procedure being done, and then ask the resident or attending if they would be willing to supervise you doing it the next time.
3. The worst thing they can say is no.

B. When you are assigned to Benign Gynecology, Maternal Fetal Medicine, or Gynecology Oncology, email the resident you are assigned to the Friday before your first day to establish the time and location you need to report

1. For the other services, you can just report to where you are assigned in Scheduler.
2. Again, this shows that you are proactive.

C. Be familiar with normal labor, fetal heart tracings (normal and abnormal), and management of preeclampsia and PROM/PPROM.

1. These are not only high yield on your exams, but you will see these patients during the rotation.

V. What to Keep in Your White Coat

A. Stethoscope

B. Comprehensive Handbook Obstetrics and Gynecology (Zheng)

1. Very helpful during the rotation for looking up diagnosis and treatment guidelines.

C. L&D

1. Pen and plain white paper
 - a. You won't always have your white coat on during this rotation

VI. Requirements and Assignments

A. Continuity notes

1. You will follow a pregnant woman in her 3rd trimester.
2. You will go to all prenatal visits, the delivery, the first postpartum visit, and the first newborn visit.
3. You need to write a SOAP note for each of these encounters.

B. Update Op-Log weekly

1. Refer to Blackboard for the most updated requirements.

VII. Specialty Rotations

A. Maternal Fetal Medicine (MFM)

1. Help manage high-risk pregnancies, including multiple gestations, fetal congenital defects in utero, gestational diabetes, etc.
2. Be familiar with management of gestational diabetes and hypertension in pregnancy.
3. **Components**
 - a. Morning rounds on antepartum patients (2nd floor EPCH)
 - b. High risk OB clinic, Gestational Diabetes clinic, Sonography clinic
4. **Hours**
 - a. 12hr shifts (hours vary), 5 days/week

B. Gynecology Oncology

1. This is a surgical rotation, in which you will be expected to assist in perioperative and postoperative care of patients, as well as scrub in on cases. Review pelvic anatomy, staging and treatment of cervical, uterine, vaginal/vulva, and ovarian cancers.
2. **Components**
 - a. Morning rounds on Gyn/Onc patients (5th floor EPCH)
 - b. Gynecology Oncology clinic
 - c. Surgery days
3. **Hours:**
 - a. 12hr shifts (hours vary), 5 days/week

C. Benign Gynecology

1. This is a surgical rotation, in which you will be expected to assist in perioperative and postoperative care of patients, as well as scrub in on cases.
2. It would be helpful to review pelvic anatomy, pelvic organ prolapse, hysterectomy indications and procedures, and abnormal uterine bleeding.
3. **Components**
 - a. Morning rounds on OB/Gyn patients (5th floor EPCH; some will be at WBAMC, the coordinator there will give you first day instructions)
 - b. Benign Gynecology clinic
 - c. Surgery days
4. **Hours**
 - a. 12hr shifts (hours vary), 5 days/week at **UMC** or **WBAMC**

VIII. Common Locations

- A. Maps can be found in the Appendix

IX. Common Notes and Scores

A. Progress Notes

1. Medical student progress notes are not part of the patient's official medical record; however, you will most likely be asked to write a progress note for patients you see by your resident.
2. Writing a good progress note will also help you give an organized template to present your patient from.

B. Post-op Progress Note

a. Subjective

- (1) __ year old post-op day __ from _____ procedure.
- (2) Acute overnight events (i.e. Patient's BP dropped significantly to ____, patient became febrile ____, basically anything the night nurse would have called the resident for). Keep it concise (At 0200 patient's blood pressure dropped to 100/80 and pulse was 120, temperature was 101.0F. Patient was started on 1L bolus of normal saline and penicillin. Vitals stabilized after fluids and antibiotics).
- (3) patient complaints or nurse comments. Good things to include are: pain rating, ambulation, how they are tolerating their diet, any bleeding/irritation of their surgical site, bowel movements/passing flatus
- (4) Quick review of systems

b. Objective

- (1) Vitals: include 24hr range. For temperature, it is sufficient to say "Tmax ____". If patient was febrile, also note the time the max temperature was taken, and note the current temperature.
- (2) Ins/Outs: IV fluid, PO intake, emesis, urine, stool drains.
 - (a) Urine output should be at least 0.5mL/kg/hr. For most patients this means at least 30mL/hr.
 - (b) Not all patients will have strict I/O's being measured.
- (3) Physical exam: always listen to heart and lungs, check for edema or leg cramps, and check the surgical site.
- (4) Labs
- (5) Meds: If writing notes on the blue progress note forms, you can write meds and allergies in the left margin.

c. Assessment

- (1) __ year old post-op day __ from _____ is (healing appropriately/complicated by post op fever/etc.)
- (2) With complicated patients, it's helpful to list the patient's problems/diagnoses in numerical order so you can organize your plan

d. Plan

- (1) Keep it organized. A good format to follow would be: medication changes, lab tests, procedures, consults, discharge disposition (if applicable)

C. Antepartum Progress Note

a. Subjective

- (1) ___ year old G_P___ at ___ weeks gestation confirmed by ___ week ultrasound on hospital day ___ for _____.
- (2) Yes or no: vaginal bleeding, contractions, loss of fluids, or decreased fetal movements
- (3) Acute overnight events, patient complaints or nurse comments
- (4) Quick ROS. Make sure to include any symptoms that your resident would want to monitor based off of the problems the patient was admitted with (i.e. for patients with preeclampsia, ask about headache, blurry vision, RUQ pain, and edema)

b. Objective

- (1) Vitals
- (2) Ins/Outs
- (3) Physical Exam
- (4) Medications: pertinent routine meds (i.e. Magnesium for preeclampsia patients, betamethasone for preterm pregnancies), or new medications.
- (5) Labs

c. **Assessment:** Summarize findings above

d. **Plan:** Plan for each problem and diagnosis described

D. H&Ps

1. General OB/Gyn History

a. 5 P's- Periods, Partners, Pregnancies, Preventatives, Prolapse.

- (i) This is a pretty full history format you would use on a new patient. In a busy/full clinic, make sure to focus your history on pertinent information
 - (ii) i.e. If a patient's chief complaint is menopausal symptoms, you probably do not need to go into as much detail of their sexual history.
- (2) **Periods** - Menstrual History
- (a) Menarche (what age did they start their period)
 - (b) Regular or irregular
 - (c) Important characteristics- heavy bleeding, clotting, extreme cramps, associated symptoms (bloating, headache, etc.)
 - (d) Menopause- onset of menopause, any associated symptoms (hot flashes, vaginal dryness, depression, painful sexual intercourse, etc.)
- (3) **Partners** - Sexual History
- (a) # of current partners
 - (i) Are they using consistent barrier protection?
 - (ii) If they are monogamous but you strongly suspect an STI, mention to your resident/attending that the patient states she is monogamous but due to "xyz" signs and symptoms you still strongly suspect "xyz" STI.
 - (b) # lifetime partners
 - (i) Any past sexual encounters without barrier protection?

- (c) Previous hx of STI's
 - (i) Make sure to ask about pelvic inflammatory disease, and if yes were they ever hospitalized for it
 - (4) **Pregnancies** - OB history
 - (a) G's & P's
 - (i) Deliver in G#P#### format
 - (a) G: # of pregnancies, including those that did not result in a live birth
 - (b) P: full term, preterm, abortions (spontaneous or elective), living children
 - (b) For all previous pregnancies:
 - (i) Pregnancy or delivery complications
 - (ii) Vaginal or cesarean
 - (iii) Term or preterm
 - (5) **Preventatives**
 - (a) Paps
 - (i) When was their last pap
 - (ii) Any history of abnormal paps - if yes, what was done about it
 - (b) Breasts:
 - (i) When was their last clinical breast exam
 - (ii) When was their last mammogram
 - (iii) Any history of abnormal findings
 - (a) If yes, what was done about it
 - (c) Colonoscopy (if patient is over 50yo)
 - (d) DEXA scan (if patient is over 65yo)
 - (6) **Prolapse**
 - (a) These are questions you would want to ask of any patients who are postmenopausal or have had 4+ children.
 - (b) In a 25 year old, causes of urinary problems are more likely due to UTI than prolapse.
 - (7) Urinary frequency/urgency/incontinence
 - (8) Constipation
 - (9) Any feeling of bulging or pressure in their pelvic area
 - (10) Other history
 - (11) PMH/PSH
 - (12) Family history
 - (13) Social history (tobacco, alcohol, drugs)
 - (14) Medications/allergies
- b. Physical exam**
- (1) As a general rule, always check heart, lungs, and abdomen.
 - (2) If pregnant:
 - (a) Fundal height
 - (b) Fetal heart rate

- (3) If gyn:
 - (a) Pelvic exam (ask your resident or attending if they would be willing to supervise you)
 - (i) Do not forget to inspect for lacerations, dryness, rashes, lesions, or other external abnormalities
 - (b) Breast exam (also done under supervision)
 - (i) Note any lesions by position and quality

2. **L&D Triage H&P**

a. **Current pregnancy history**

- (1) Gestational age (GA)
- (2) Has the GA been confirmed by either LMP or sonogram?
 - (a) When was their LMP
 - (b) When were their prenatal sonos
- (3) Any complications
- (4) THE BIG FOUR (do not forget to ask these 4 questions)
 - (a) Contractions: when did they start, how often, etc.
 - (b) Vaginal bleeding: color, pain, amount
 - (c) Loss of fluid: "gush of fluid" or steady loss of watery fluid
 - (d) Decreased fetal movements: if yes, ask how often baby is moving.
- (5) Prenatal care
 - (a) Are their vaccinations and routine maternal screening tests up to date
 - (b) Any maternal illnesses, trauma, or STI's during current pregnancy
 - (c) Any previous visits to triage or hospital during current pregnancy

b. **Previous pregnancy history** - for each pregnancy:

- (1) When and where
- (2) Vaginal or cesarean
 - (a) If vaginal, was it an operative vaginal delivery (vacuum-assisted or forceps delivery), or a normal delivery
- (3) Term or preterm
 - (a) If preterm, what gestational age
- (4) Size of baby
- (5) Complications (maternal or fetal during any time of pregnancy, delivery, or postpartum period)
 - (a) Important ones not to miss: preeclampsia, Group B strep, fetal alcohol syndrome, drug use
- (6) Congenital or developmental defects

c. **Review of Systems** - especially make sure to ask these

- (1) Headache or blurry vision
- (2) Chest pain, or shortness of breath
- (3) Abdominal pain
- (4) Edema

d. **Other important history**

- (1) STI's
 - (2) Alcohol/drug use
 - (3) Medications/allergies
 - (4) PMH: including **asthma**
- e. **Physical exam** - under supervision
- (1) Vital signs (especially note if blood pressure is >140/90)
 - (2) Cervical exam
 - (a) Dilation
 - (b) Effacement
 - (c) Station
 - (3) Any visualized fluid
 - (a) Make sure to note if there is fluid pooling, nitrazine test, or ferning of fluid under microscope
 - (4) If there is a fetal heart tracing monitor or a tocometer (measures maternal contractions), note any findings here
 - (5) Again, you should do a heart, lung, and abdomen exam on any patient.

X. Don't Miss These Findings

A. Symptoms of preeclampsia

1. vision changes, RUQ tenderness, LE edema, headaches

B. "Mag checks"

1. Mg is given as neuroprotectant in preeclampsia
2. Symptoms of Magnesium toxicity
 - a. Decreased reflexes and listen to lungs/heart, record blood pressure, record urine output (UOP), check for edema

C. Non-reassuring fetal heart tracings

1. Variable decelerations
2. Late decelerations
3. Sinusoid heart tracing

XI. How to Present

- A. Make sure you don't start off with "Patient is doing well..." because that's an assessment
- B. A good first line
 1. "This is a ___ year old G_P___ with an EGA of ___ weeks based on ___ week ultrasound presenting for ___."
- C. Good things to ask patient about in postpartum rounding

1. Pain, ambulating, eating, urinating, BMs, passing gas, vaginal bleeding, headaches, SOB, RUQ pain, vision changes, breastfeeding, plan for future anti-contraceptive
- D. For patients with gestational diabetes,
 1. If they have their blood sugar logs, present the range of blood sugars for each category (fasting, post-breakfast, post-lunch, post-dinner) and note how many measurements were above the target blood sugar (fasting <95, 1hr post-prandial <140)
 2. **TIP:** If they have their glucometer with them, check the values on that.

XII. How to Rock the Shelf

- A. Pick 2 resources and use them thoroughly. Make sure one of these resources is UWorld.
- B. **Quality question review.**
 1. Read through and understand the answer explanations, including the incorrect answers.
- C. Know how to distinguish diagnoses with similar clinical presentations (i.e. Vaginal bleeding), especially if they have different management strategies.
- D. OB/Peds is an assignment-heavy block, and you will not have as much free time as the other two blocks.
 1. Be sure to utilize all of your time wisely and plan out your studying from the beginning of the block.

XIII. Tips If This Is Your Chosen Specialty

- A. **BE ON TIME!!!**
- B. **READ.**
 1. You will definitely impress your residents and attendings if you read beyond textbooks and look at current literature.
 2. If you mention a paper that you want to discuss, make sure to at least remember what journal and who the author was (or what institution the author was affiliated with).
 3. The ACOG practice guidelines are a great start; a membership to ACOG is required for access, but it is free for students.
- C. **Be a team player!**
 1. Volunteer for tasks, such as updating the board, performing "mag checks", see patients in triage, etc.

XIV. Common PIMP Questions

- A. **How much blood loss is considered a "hemorrhage" during a delivery?**
Vaginal \geq 500cc; C-section \geq 1000cc
- B. **What are the definitions of PROM? PPROM?**
1. **PROM:** premature rupture of membranes
 - a. Rupture of membranes before onset of labor (regular uterine contractions every 3-5min + cervical change)
 - (1) Confirm amniotic fluid in vagina
 - b. Prolonged PROM: rupture of membranes $>$ 18hrs before the onset of labor.
 2. **PPROM:** preterm premature rupture of membranes
 - a. PROM before 37wks0d gestation
- C. **What is the treatment for syphilis in a pregnant woman with a penicillin allergy?**
1. Desensitization and then... Penicillin!
- D. **Cardinal Movements:** "ED FIRE REX" Engagement, Descent, Flexion, Internal Rotation, Extension, Restitution, Expulsion
- E. **4 stages of labor:** dilation, expulsion, placental, and immediate post-partum
- F. **4 signs of placental separation:** cord lengthening, gush of blood, globular uterus, and placental expulsion
- G. **Labor is defined as:** regular contractions + cervical change
- H. **Most common cause of postpartum hemorrhage?** Uterine atony
- I. **When to give steroids:** deliveries $<$ 34 weeks.
Why? Prevent neonatal respiratory distress syndrome, intraventricular hemorrhage, and necrotizing enterocolitis.
- J. **Normal fetal heart rate:** 110-160
- K. **"VEAL CHOP"**
1. **V**ariable Decels = **C**ord compression
 2. **E**arly Decels = **H**ead compression
 3. **A**ccelerations = **O**kay :)
 4. **L**ate Decels = **P**lacental Insufficiency

XV. Good Resources

- A. **Books:**
1. **Case Files OB/Gyn 4th edition**
 - a. This is the most popular text resource for shelf studying, and it is especially great if you learn best by going over cases and doing questions.
 2. **Blueprints OB/Gyn**
 - a. This is a great resource for the rotation and shelf studying if you learn well from a traditional textbook format. Thorough, but does not include questions.
 3. **Comprehensive Obstetrics and Gynecology (leather-bound pocket edition) by Thomas Zheng**

- a. This is a good resource to keep in your white coat pocket, and sometimes easier to navigate than Up to Date. It is a thorough but concise guide to diagnosis and management of obstetrical and gynecological conditions. It also has sections with common abbreviations and Ob/Gyn medical spanish.

B. Online:

1. UWorld Question Bank

- a. 227 Obstetrics and Gynecology questions. Very high yield

2. Association of Professors of Gynecology and Obstetrics Student Resources Page <https://www.apgo.org/student.html>

a. UWise

- (1) Very popular question bank with 542 questions with answer feedback. The answer explanations are not as thorough as UWorld explanations, but the questions are pretty high yield.

b. Residency Directory

- (1) If you decide to apply to an Ob/Gyn residency, this is a great database of all of the programs in the United States. Most of the programs have information and statistics updated within the past 2-3 years.

XVI. FAQs

Q: **Is there a required number of deliveries you have to attend?**

A: Not exactly, but you will be very busy during the Labor and Delivery rotation so you can guarantee you will be in on quite a few.

Q: **How many babies do we get to deliver?**

A: This depends on your level of involvement, and the trust the resident has in you. When you are on L&D, you can try to get in on as many as you would like. Do not hesitate to ask if you can deliver. Although you will not be doing the entire delivery without help, you will get a great experience.

Q: **Do you do breast and pelvic exams?**

A: The pelvic exam is part of the skills portion tested on during this rotation so you will need to gain experience in this skill. You may do breast exams occasionally, but it is not something you do in every visit. Neither of these exams should be done without a chaperone and attending/resident supervision.

I. Important Contacts and Titles

A. Clerkship Director

Dr. Lynn Hernan M.D. (lynn.fuhrman@ttuhsc.edu)

B. Clerkship Coordinator

John D. Ramirez (john.d.ramirez@ttuhsc.edu)

Cell: 915-274-0544

II. Faculty & Residents

A. Faculty

<https://el Paso.ttuhsc.edu/som/pediatrics/faculty.aspx>

B. Residents

1. **PGY1** - https://el Paso.ttuhsc.edu/som/pediatrics/pgy1_residents.aspx

2. **PGY2** - https://el Paso.ttuhsc.edu/som/pediatrics/pgy2_residents.aspx

3. **PGY3** - https://el Paso.ttuhsc.edu/som/pediatrics/pgy3_residents.aspx

III. General Principles

A. 7-8 weeks (depending on whether you started on Ob/Gyn[7] or Peds[8])

B. 2 or 3 weeks of clinic, 2 weeks of wards (1 week days, 1 week nights), 1 week of individual learning plan (more information below), 1 or 2 weeks of specialty clinic, and 1 week of nursery.

C. Peds clerkship components:

1. Wards

a. **Wards Days (WD)** – M-F, 7AM-7PM, for 5 weekdays

b. **Wards Nights (WN)** – Nights (7P-7A) and Weekends (7AM-7AM or 5PM-10PM if Sunday night)

c. You will be assigned an average of 3-4 patients

d. Responsible for complete workup including:

(1) H&P

(2) Lab orders

(3) Lab results

(4) Orders

(5) Consultation orders and follow-ups

(6) Daily progress notes

(7) Discharges

e. Morning Report

- (1) Every Monday and Thursday at 8AM when on WD
(excused when on WN)

f. Grand Rounds

- (1) 1st and 3rd Wednesday of month at 8AM (Breakfast at 7:30AM)

2. Nursery

- a. 1 week (M-F) rotation
- b. Attend Morning Report
- c. Do at least 3 well baby exams and practice Ballards
- d. Attend Morning Report
- e. Attend Grand Rounds

3. General Peds Clinic

- a. Located in TTUHSC Clinic Building 3rd floor
- b. 2 week rotation
- c. Wednesday afternoons, there is no clinic- work on SNAP challenge
- d. Attend Morning Report
- e. Attend morning teaching sessions (when advised) on Tuesday and Wednesday at 8AM
- f. Attend Grand Rounds
- g. MUST hand in 4 prescriptions (real or mock) - must be signed off by resident of faculty

4. Specialty Clinic

- a. They will try to accommodate 2-3 specialties you request
- b. 2 week rotation located in the clinic building
- c. Attend Morning Report
- d. Attend Grand Rounds

5. Continuity Patient

- a. You will follow the mom (through her pregnancy) and the baby (after birth)
 - (1) All prenatal clinic appointments
 - (2) Attend delivery of the baby
 - (3) Perform neonatal exam on baby
 - (4) Go to the baby's first clinic appointment
 - (a) SOAP note required.

6. Supplemental Nutrition Assistance Program (SNAP) Challenge

- a. Clinic students (teams) are to feed a hypothetical child for a week on a SNAP budget (\$31.50). You make a meal plan, go to the store, buy the food, and then donate what you bought to the food bank.
- b. The group with the most nutritious meals wins a prize!

7. 15 CLIPP cases

- a. Online cases with a quiz at the end.

8. Discharge Planning Activity

- a. You will be given a case (Ex: Pregnant teenager) and you have to identify discharge needs and find outside resources to help the patient after they are discharged from the hospital.

9. Ethics Project

- a. Role playing of Ethics Committee deliberation and recommendations. Assigned 1 of 8 roles, have 4 -6 weeks to research roles, then meet for deliberation/recommendations.

10. Individual Learning Plan (ILP)

- a. Choose what topics you want to learn that week by filling out form with Strengths and Deficiencies related to Pediatrics
- b. You will meet with the Chief Resident and Dr. Hernan to come up with a plan a schedule for the week
- c. Mention if you would like to spend time in the pediatric specialty of your chosen residency
 - (1) Example: If you want to do orthopedics, you may spend time in the pediatric OR for cases or in clinic with Dr. Abdelgawad.

11. Emergent Delivery Simulation

- a. Learn how to resuscitate mother and baby in the simulation lab

12. Mock Root Cause Analysis (RCA)

- a. You will learn how to evaluate adverse outcomes in patient care.
- b. You will be given a case, identify what went wrong, and learn how that led to an adverse outcome for the patient

13. Op-Logs due Monday 8AM every week! Do not test this.

- a. See Blackboard for criteria

IV. How to Succeed

- A. BE ON TIME!
- B. Be interested and polite.
- C. If the attending tells you to go home and read something **DO IT!**
 1. They WILL remember and they WILL ask you about it!
- D. Do what you can to help! (getting charts and patient stickers on Wards)
- E. Dress to impress.
 1. Wear business casual in the clinic and scrubs in the hospital.
 2. ALWAYS wear your white coat.

V. What to Keep in Your White Coat

- A. Stethoscope, pen light, reflex hammer, stickers for the kids

- B. "Pediatric Vital Signs and Developmental Milestone Horizontal Badge ID Card Pocket Reference Guide"
 - 1. \$3 on Amazon (search for it by above name)
- C. On Nursery
 - 1. Ballards - assessment of gestational ages
 - 2. Nursery spreadsheet for presenting (see appendix)

VI. Requirements and Assignments: checklist (see appendix)

A. Wards

- 1. Observed H&P by resident or faculty (scoring rubric in syllabus)
- 2. Typed H&P turned into Clerkship coordinator (graded by faculty)
- 3. Project (if assigned)
- 4. 4 Evaluations combined for WD and WN

B. Nursery

- 1. Observed newborn H&P by resident or faculty (scoring rubric in syllabus)
- 2. Typed Newborn H&P (scoring rubric in syllabus)
- 3. 2 Evaluations

C. General Peds Clinic

- 1. 2 Observed clinic H&P - resident or faculty (scoring rubric)
- 2. Project (you may be assigned one)

D. Specialty Clinic

- 1. Presentation (10-15 min) on topic or case of your choice- present during didactics
- 2. Reflective writing (<1page)

E. Continuity Patient

- 1. Newborn H&P (you can turn in the forms used in the nursery, no need to type it all out!)
- 2. Reflective writing
- 3. Follow-up infant visit notes- **IE** at TTUHSC clinic

F. Supplemental Nutrition Assistance Program (SNAP) Challenge

- 1. Receipt/meal plans (must be turned in by ends of 1st week in clinic)
- 2. Reflective writing

G. 15 CLIPP cases

H. Discharge Planning Activity

I. Ethics Project

J. Individual Learning Plan (ILP) - must be completed by Friday after ILP wk

K. Simulation

L. Mock RCA

VII. Specialty Rotations

- A. Email the assigned preceptor beforehand to find out when and where to meet
- B. Read the associated section in BRS to prep
- C. In all of the specialties, you will get to see the patient first, present to the attending, and evaluate the patient together

D. **Specialties**

1. **Endocrine:**

- a. Located on the 3rd floor of the TTUHSC clinic building in the purple pod or Schuster Clinic
- b. Cases seen most often
 - (1) **Thyroid problem, diabetes**, growth delay, and transgender

2. **Cardiology**

- a. Located in Texas Tech Peds clinic – Purple Pod
- b. Physician: Dr. Badugu
- c. KNOW YOUR MURMURS
- d. Case seen most often
 - (1) Down syndrome
 - (a) You will need to know more than the heart stuff,
 - (b) Know everything about Down syndrome!

3. **GI:**

a. **Clinic**

- (1) Texas Tech Peds Clinic – Purple Pod
- (2) Cases seen most often
 - (a) Eosinophilic esophagitis, failure to thrive, hepatitis

b. **Endoscopy suite:**

- (1) Location
 - (a) Take elevators 2nd floor by Pediatric Registration
- (2) Leave your belongings in a locker in the resident lounge in the basement of UMC
- (3) Ask front desk to take you to Endoscopy Suite.

4. **Heme/Onc:**

- a. Located in the 7th floor of EPCH
- b. You will be working with Dr. Carcamo, he is awesome and you will learn a lot!
- c. You will see a wide variety of cases, but make sure to brush up on your oncologic drugs, especially their side effects!

5. **Infectious Disease**

- a. Working with Dr. Handel
- b. Email him to meet as he floats around the hospital
- c. Cases seen most often
 - (1) abscesses, HIV, and mononucleosis

6. **Nephrology**

- a. Working with Dr. Guzman

b. Texas Tech Peds Clinic - Purple pod

c. Cases seen most often:

(1) HTN and kidney failure

VIII. Common Locations

Floor #10	EPCH Children's Hospital	PICU
Floor #9		Wards
Floor #8		Open Floor
Floor #7		Hem/Onc
Floor #6		NICU
Floor #5		Well Baby Nursery
Floor #4		Well Baby Nursery

IX. Common Notes and Scores

A. Progress Notes

1. You will be writing paper progress notes during wards days/nights
2. You can find copies of the progress notes in the resident work room

B. H&Ps

1. Look at the general section for how to present
(writing the H&P will be a written form of this)
2. For Peds include
 - a. Birth/Feeding History
 - b. Growth and Development
 - c. Immunizations
 - d. HEEDSSS Exam for Adolescents
 - (1) Home environment, Education and employment, Eating, peer-related Activities, Drugs, Sexuality, Suicide/depression, and Safety from injury and violence
 - (2) <https://www2.aap.org/pubserv/PSVpreview/pages/Files/HEADSS.pdf>

D. Nursery

1. Ballards (available in nursery)
2. Most common information needed for history of neonate (put these in a spreadsheet)

a. **Mother**

- (1) Age
- (2) GP (Gravida & Parity)
- (3) GA
- (4) PNC
- (5) Mom's bld grp
- (6) Mom's Coombs
- (7) Mom's serology
- (8) Mom's hx
- (9) Mom's imp labs
- (10) ROM
- (11) Delivery
- (12) Length of ROM

b. **Baby**

- (1) Baby's APGAR
- (2) BW
- (3) CW & % diff
- (4) Baby's blood grp
- (5) ALGO
- (6) CCHD
- (7) Stool/void
- (8) Feeds
- (9) Pediatrician
- (10) Labs
- (11) J-meter
- (12) Concerns
- (13) Exam Findings

X. Don't Miss These Findings

A. **Dehydration**

1. Hx of fluid loss (vomiting or diarrhea) or decreased intake of fluids
2. **Signs**

- a. Sleepiness, irritability
- b. Eyes and fontanel appear/feel sunken
- c. Decreased or absence of tears
- d. Decreased number of wet diapers

B. **Appendicitis**

1. Symptoms
 - a. Begin within periumbilical pain and within hours pain localizes to the RLQ
 - b. Vomiting, fever, and anorexia usually present

C. **UTI**

1. Vary depending on age of child:
 - a. **Neonates**
 - (1) Lethargy, fever, irritability, jaundice
 - b. **Infants**
 - (1) Fever, vomiting, irritability
 - c. **Younger children**
 - (1) If they were previously toilet-trained may present with nocturnal enuresis or daytime wetting
 - d. **Older children:**
 - (1) **Cystitis**
 - (a) Low-grade or no fever, dysuria, urinary frequency, or urgency

(2) **Pyelonephritis:**

- (a) HIGH-fever, back or flank pain, vomiting, dehydration
- (b) **Note:** pyelonephritis difficult to dx in nonverbal children (infants),
 - (i) Suspect if fever or systemic symptoms are present

D. Allergic Rhinitis

1. **Signs and symptoms**

- a. Sneezing, nasal congestion, rhinorrhea, nasal itching, pale nasal mucosa
- b. Allergic shiners
 - (1) Dark circles under eyes (venous congestion)
- c. Dennie's lines
 - (1) Creases under eyes as a result of chronic edema
- d. Allergic salute
 - (1) Occurs when patient uses palm of hand to elevate tip of nose to relieve itching

E. Source used for above - BRS Peds

F. Also important:

- 1. Ear, throat, sinus, and lung infections

XI. How to Present

A. Look at the General section for how to present

B. For Peds, include:

- 1. Birth/Feeding History
- 2. Growth and Development
- 3. Immunizations
- 4. HEEDSSS Exam for Adolescents

XII. How to Rock the Shelf

A. **BRS Pediatrics** - must read!

B. **PreTest Pediatrics** - do this last and only if you have time

C. **UWorld** - take notes and review them!

D. **NBME Self-Assessments**

E. **BoardVitals** (found of library website) might also be helpful

XIII. Tips If This Is Your Chosen Specialty

A. Pediatrics is a very rewarding specialty with tons of diversity.

B. Pediatricians are among the most satisfied of all physicians!

C. You need to be compassionate, outgoing, and having a good-natured personality helps!

- D. Pediatric residencies are great about looking at the whole applicant, not just your score (with exception of some of the top ranked programs), so make sure you are well rounded and have a passion for pediatrics!
- E. Stats from charting the outcomes 2014
 1. Mean Step 1 score: 226
 2. Mean Step 2 score: 241
 3. Mean number of research experiences: 2
 4. Mean number of abstracts, presentations, and publications: 3
 5. Mean number of volunteer experiences: 8

XIV. Common PIMP Questions

- A. Know your developmental milestones!
- B. Different classes of asthma and drugs used to control it
- C. Strep throat, how to treat and complications of untreated infection
- D. UTIs and how to treat them
- E. Rashes
- F. Normal vitals for various age groups in children
- G. How to calculate maintenance IV fluids
- H. Urine output for anyone in a diaper should be ml/kg/hr
- I. Common bacteria in GI tract, nose, and throat, and antibiotics used to treat them

XV. Good Resources

A. Books

1. BRS Pediatrics
2. Case Files Pediatrics
3. Pre-test Pediatrics

B. Websites

1. **Peds Radiology help:** <https://www.cchs.net/pediatricradiology/imagegallery>
2. **Pedigree tool:** www.progenygenetics.com
3. **HEADSSS Exam:**
<https://www2.aap.org/pubserv/PSVpreview/pages/Files/HEADSS.pdf>

XVI. FAQs

Q: How do I examine a crying baby?

A: With a gloved hand, gently stroke to the roof of the mouth to generate the sucking reflex- should calm them right down

Q: How do I examine a crying child?

A:

- a. Allow parent to hold the child in their lap during the examination
- b. Show the child the instrument you are using (stethoscope, otoscope) and tell them that you are not going to hurt them
- c. If the child has a super hero or animal on their shirt, tell them that you want to "listen to superman" ... or whatever is on their shirt - works like a charm
- d. Give them a sticker to distract them (\$1 for a booklet at BigLots)

Q: Is it mostly an inpatient setting?

A: You will get both inpatient and outpatient experience on this rotation.

Q: Do you work weekends?

A: Yes, when you are on Wards Nights and Weekends you will work 2 weekend shifts.

I. Important Contacts

A. Psychiatry Clerkship Director

David F. Briones, MD (David.Briones@ttuhsc.edu)
(915) 215-5319

B. Psychiatry Assistant Clerkship Director

Silvina B. Tonarelli, MD (Silvina.Tonarelli@ttuhsc.edu)
(915) 215-5858

C. Psychiatry Clerkship Coordinator

TBD

Name: _____

Email: _____

Phone: _____

II. Faculty & Residents

A. Faculty

<https://el Paso.ttuhsc.edu/som/psychiatry/faculty.aspx>

B. Residents

Unavailable at the making of this guide

III. General Principles

A. Description of Psychiatry

1. Psychiatry is the branch of medicine devoted to mental disorders. Many of your patients suffer affective, cognitive, and/or perceptual abnormalities that prevent them from living life to the fullest.
2. At first blush, your patients may look “normal” in this rotation, but do not let that lead you to make the mistake they are not sick, that they are without pain. The degree of morbidity of psychiatric patients may be some of the highest you encounter—strive to have an open mind, strive to be empathetic.
3. Even if you do not end up going into psychiatry, you will encounter psychiatric patients in virtually every specialty.
 - a. The tools you will glean from this rotation Empathy, emotional intelligence, interpersonal observational skills, may actually save a patient’s life someday.

4. In the hustle and bustle of modern medicine, you may be the only one to ask your patient if they have had heard voices commanding them to do things, if they have had thoughts of suicide. Reaching out could mean pulling someone off a cliff that no one else could see.
- B. At the risk of sounding preachy, this rotation will teach you things of which you did not know the human mind was capable. You will learn things about yourself of which you did not know you were capable.
- C. Be present, be reflective, and be in the moment.

D. The Rotations

E. Outpatient

1. Student Morning Report – EPPC basement - 7:30AM

- a. Students who had their "Weekend Call" the week before will present the history they performed on the admits they saw, and discuss this with the other medical students and whoever the fellow, attending, or resident is for that session.
- b. Weekend Call
 - (1) You will go to EPPC on a weekend night or morning to see patients that are presenting
 - (2) Required detailed write up and history to be presented at Student Morning Report the following week

2. Adult Consult Liaison - UMC ER Zone C - Usually 8:30AM-9AM

a. Rounds –

- (1) With the residents on the consult service, you will discuss patients from the previous night that need to be seen for progress notes
- (2) You will also accompany the residents and attendings to see the new consults
- (3) If you saw the patient and wrote a note, you will present this patient to the attending for discussion
- (4) You will then go see the patient as a team
- (5) The day will usually end by 5PM but you may occasionally stay for longer.

3. Child Consult Liaison – Clinic in Basement of EPPC - after Student Morning Report

- a. With the Child Psychiatry fellow, you will discuss cases and learn about pharmacology and psychiatric diagnoses
- b. You will often wait in the cubicle until there is a consult from EPCH for a child to be seen
- c. This service is not very busy so you will have ample chance to catch up on studying

F. Inpatient

(i) 2 Locations – EPPC or EPBH

2. EPPC (El Paso Psychiatric Center)

- a. Many students will do their inpatient rotation here: you may see patients with your team (usually 2-3 residents and an attending, often Dr. Marquez), or attend court hearings for the psychiatry patients.
 - b. **Rounds**
 - (1) With the group you will see patients together, visit them on the floor, and interview them as a group in one of the conference rooms. In the unlikely event you are alone with someone and feel uncomfortable, speak up and ask for a chaperon, fellow student, etc.
 - c. **Court** - 1st floor EPPC, to the right *through* the elevator [just hit the other 1st floor button]
 - (1) You will likely be assigned to a few mornings in court (Monday and Thursday mornings). Even if sitting in court does not sound thrilling to you, the cases are often fascinating and you can learn a lot of both psychiatry and law from listening in.
- (2) Why this is Important**
- (a) This is actually a unique experience most other medical schools do not have. Here you can learn how, why, and when you can write an Emergency Detention Order (EDO), under what conditions someone may be housed or treated against their will, among others.

3. **EPBH** (formerly UBH) - ~8AM to 3-5PM

- a. **Location** –
 - 1900 Denver Ave.
 - El Paso, TX 79902
- b. You will see new admissions and write progress notes on previous patients you were following
- c. After you write the history, you will present to Dr. Deeba, and discuss the plan with the patient.
- d. You will work very hard on this service, but you will learn very much about inpatient psychiatry.

IV. How to Succeed

A. Professionalism is a key

- 1. Be on time!
- 2. Do not use phone when it is not appropriate
 - a. Example - Don't use your phone during patient encounters [unless *explicitly* instructed by your attending to look up a medication]
- 3. Communicate with your residents and clerkship coordinator.

B. Know. Your. Meds.

- 1. Psychiatry is a medication heavy rotation

2. There are many options for each disorder, each with their own indications and risks.
 3. Commit to learning medications and their side effects well and you will be a superstar!
- C. As with all rotations, if someone asks you a question to which you do not know the answer, simply say you do not know.
1. Be honest
 - a. It is a sign of maturity to know what you do not know. People will be happy to educate you or ask you to look into it on your own.

V. What to Keep in Your White Coat

- A. **Pocket DSM-5** (the department loans you one!)
- B. A pharmacology reference of your choice:
 1. The one loaned to you is handy for learning/conceptualizing the meds.
 2. Medscape/UpToDate are just okay for that purpose.
 3. Check Blackboard for good summaries.

VI. Requirements and Assignments

- A. Progress Notes
 - a. **Inpatient: *Minimum of 4***
 - b. **Outpatient: *Minimum of 6***
 - c. **Due 8:00 am the Monday after Inpatient and Outpatient rotations**
- B. H&Ps
- C. MOCAs
- D. 5 Student Healthcare Matrices
- E. Lecture Presentation
- F. Practicum Presentation
- G. Evaluations from faculty and residents
- H. Op-Log Entries

VII. Specialty Rotations

- A. **Psychiatry Longitudinal Selectives**
 1. **Adult Consultation Liaison**
 - a. UMC ER Zone C
 - (1) http://www.dshs.state.tx.us/mhospitals/EIPasoPC/EPPC_Admissions.shtm
 2. **Outpatient Clinic/Child**
 - a. See children with Dr. Devargas, Dr. Gutierrez, and/or fellow.
 3. **Sleep Center**

- a. Patient assessment management, and interpretation of sleep studies. EPSC has state-of-the-art technology with accurate computer and expert physician readings. (<http://www.elpasosleepcenter.com/>)
- 4. Child Guidance Center**
- a. Provides outpatient mental health services for adults, children, and families. There is a team of Licensed Professional Counselors, Psychiatrist, and Licensed Clinical Social Workers that provide a range of mental health services including psychiatric evaluations, individual, family and group therapy. Treatment services are tailored to meet the individual needs of children and families. (<http://elpasochildguidancecenter.org/wordpress/>)
- 5. Geriatric Psychiatry Longitudinal Selective:**
- a. Goals
 - (1) To perform comprehensive assessments of geriatric patients
 - (2) To perform continuity follow-up care of elderly patients
 - (3) To understand the differences in pharmacotherapy in the elderly.
 - (4) To be able to understand the bio-psychosocial aspects of treatment planning in geriatric patients.
- 6. Neurology Clinic with Dr. Boris Kaim**
- a. Specializes in Neurology, Psychiatry, and Sleep Medicine in his private clinic located on 2311 N. Mesa St. Suite F., 79902
- 7. Psychiatric Emergency Service:**
- a. ER Work. EPPC intake, 1st floor Rear. Persons with mental health problems may be considered for services at EPPC if their needs cannot be or are not met by community in home, day program or residential service providers. An application for admission, determination of mental health problems, court commitment for services, level of need and level of care protocols and copies of Letters of guardianship, as applicable. (Jorge Molina, Texas Department of State Health Services).
http://www.dshs.state.tx.us/mhhospitals/EIPasoPC/EPPC_Admissions.shtm
- 8. Alternatives Day Hospital / walk-in clinic**
- a. A substance abuse treatment facility but they offer different types of programs. Adult Psychiatric services, women programs, Adolescent Services, anger management and parenting classes. I've attached some more info and a link http://www.alternativescentre.com/about_us
- 9. Juvenile Probation Department**
- a. Located on 6400 Delta Dr. 79905. Juvenile Probation Unites, as stated on the website (http://www.epcounty.com/jvprobation/about_us.htm),
 - b. To assist young people in avoiding delinquent behavior and provide protection of the public by promoting the concept of consequences for delinquent conduct, as well as providing treatment, training, and rehabilitation that emphasizes accountability and responsibility for both parents/guardians and children for their actions.
- 10. Mentis**

- a. Located on 1831 Murchison Dr., Ste. C. Provides Neuro Rehabilitation.
- b. As stated on the website (<http://www.mentisneuro.com/>), provides post-acute Neuro-rehabilitation to persons who have sustained an acquired brain injury or who are significantly challenged by neurological conditions that restrict mobility, social interaction, communication, employability and re-entry into their homes and communities.

11. **Psychotherapy**

- a. This selective is based on individual and family patients seen by Rafael Aguirre.
- b. Objectives:
 - (1) Refine interview techniques and strategies
 - (2) Refine process of obtaining family history from a bio psychosocial view point
 - (3) Become familiar with the individual, marital, and family therapy process.

VIII. **Common Locations**

- A. See Appendix for map of EPPC

IX. **Common Notes and Scores**

A. **Progress Notes**

1. Inpatient: *Minimum of 4*
2. Outpatient: *Minimum of 6*
3. Due 8:00 am the Monday after Inpatient and Outpatient rotations
4. See Appendix for example

B. H&Ps

C. MOCA

D. Mini-Mental Status Exam

X. **Don't Miss These Findings**

- A. For all patients, but especially child psychiatry: Safety questions!
 1. Suicidal thoughts? Suicide attempts? Suicide plan?
 2. Hearing things other cannot? Seeing things others cannot? Voices telling you to do things?

XI. **How to Present**

- A. The art of presenting in medicine is one that takes years to hone. Know your audience!
 1. **Are you and your resident lounging with your attending over coffee to discuss the patient?**
 - a. Take your time! Tell a story.

2. Are you seeing patients in resident clinic and your attending is overseeing additional residents are well?

- a. Clear, concise presentations are necessary. Pertinent changes since last visit, current meds. Mental status exam. What is working, what is not.
- B. Here is some next-level, gold-star, sage advice on presenting adapted from Dr. Cantrell (PGY-4 2015). Broken into a few themes first. With regard to your audience

1. "People are terrible listeners"

- a. **Translation:** attendings are super smart people, yet they have a lot on their plate.
- b. At our best we retain 70% of what we hear, usually <50%.

2. "Retain your problems"

- a. **Translation:** Again- attendings are super smart people, yet they have a lot on their plate. Spoon feed them, do not make them search your presentation for information they need.

3. "We speak differently than we write"

4. Translation: Do not read off your paper! It will still be there for reference after you present.

- a. Tell a story. This is psychiatry! "All we got is language". No need for the pressured speech of presentations in other specialties

5. "Tell 'em what you're gonna tell 'em"

a. Your 1-liner for your HPI

- (1) [Age] [Gender] [History of disease {defining symptom (worsening/ameliorating/stable)}]
- (2) Example: 34 y/o male with past psychiatric history of Bipolar I and no current symptoms of mania or depression present for follow-up as an outpatient.

b. 1st paragraph

- (1) HPI: most recent, most relevant situation and inciting event for *why they are here today*

c. 2nd paragraph

- (1) Lifetime progression of the disease/symptoms

d. 3rd paragraph

- (1) Symptom paragraph- other associated symptoms (eg. DIGFAST for mania).
- (2) Go through pertinent positives and negatives.

e. 4th paragraph:

- (1) Loose ends. Substance use, alcohol use (how much, how often, what type, specifics).
- (2) Toxicology screen, relevant imaging, EEG, sleep study, etc.

XII. How To Do Well On Shelf Exams

- A. As with all rotations:

1. Study well on your patients each day to the best of your ability. They are your best teachers.
- B. The **UWorld** questions for psychiatry are:
 1. Too few. There are only about ~100 at the time of writing. You'll likely want more practice.
 2. Easier than the shelf. That does not mean *too* easy! They are a good place to start practicing.
- C. Lange Q&A Psychiatry, 10th Edition

XIII. Tips If This Is Your Chosen Specialty

A. Study.

1. This may seem obvious, but the psychiatry rotation is paired with internal medicine, which is a bear to study for itself. Set aside time early on to study for psychiatry. Make a schedule.

B. Don't lose sight of psychiatry during your internal medicine rotations

1. Many of your medical patients will have psychiatric issues and medications - use this as an opportunity to review!

C. Psychiatry residents and attendings are particularly approachable, understanding, and eager to teach (even without regard to this author's bias).

D. Even if your duties have finished and you are released, ask if there is anything else with which you can help.

E. Ask if you can read up on anything, if your attending/resident recommends any particular articles or books. Psychiatrists are cool people that read good books.

F. Join the American Psychiatric Association.

1. It is free to students.
2. **Note:** They send you daily emails: *don't* opt out of the "Headlines" email: glance over these daily updates to keep abreast on the latest in psychiatry research. Doing so is a great way to show your preceptors that you are serious about psych!

G. Contact the Psychiatry Interest Group

1. They have things going on all year and opportunities to volunteer.

XIV. Common PIMP Questions

A. Psychiatrists are generally chill folk:

1. Chances are nominal that you will feel intimidated when they ask you questions.

B. They will ask you some general question in good faith

1. Know your antipsychotics
 - a. You are not too old for mnemonics, use them to keep your typical vs. atypicals straight.
 - b. Many can contribute to metabolic syndrome.

C. Know your neuroleptic malignant syndrome from your serotonin syndrome!

D. Similar physical presentations with a few important differentiators.

XV. Good Resources

A. Books

1. **DSM-5**
2. **First Aid for Psychiatry** is a nice reference, good to get a first look at concepts.
3. **Lange Q&A for Psychiatry**: your best resources

B. Websites

1. **UWorld Question Bank**: <http://www.uworld.com/>
2. American Psychiatric Association: www.psychiatry.org

XVI. FAQs

Q: How much interaction with other departments do you have?

A: Many of the consults to psychiatry are from other departments so you will have ample interaction with them when determining why Psychiatry was consulted.

Q: Do you work weekends?

A: You will have one or two weekend calls where you will be required to perform a full history on a patient to present in morning report. You will not, however, have full shifts on the weekend.

Q: What are my chances of being threatened?

A: This is an important question because it is a common misconception. Although there are instances where you will need to be more vigilant, you are very unlikely to be threatened. That being said, be aware of your situation, watch body language, have an exit plan, and always stand between your patient and the door. The odds of this happening are very slim, but it is very important to know that you should never strike back if attacked. You must defend yourself against attacks without returning as it is our responsibility to protect our patients. You will be trained on this at orientation.

Q: Are there ever cases that frighten medical students?

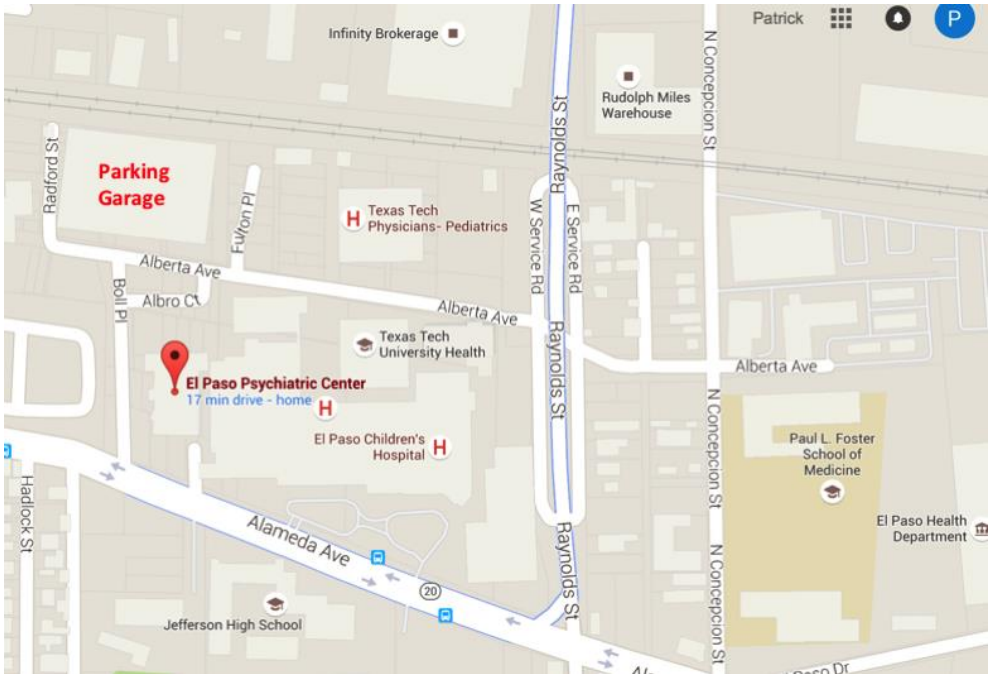
A: The cases are very unique in Psychiatry, but you will always be with a large group of people and the hospital is a very safe place. The residents and attendings will do their best to never put you in harm's way.

Appendix

I. MAPS

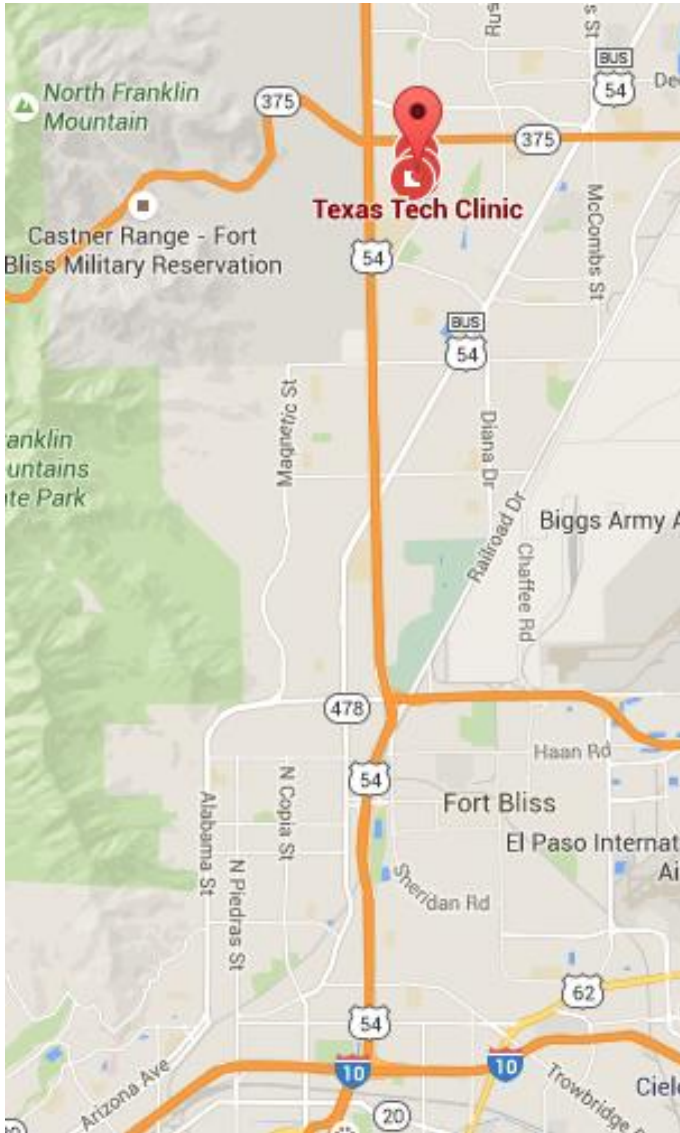
EPPC

4615 Alameda Ave
El Paso, TX 79905



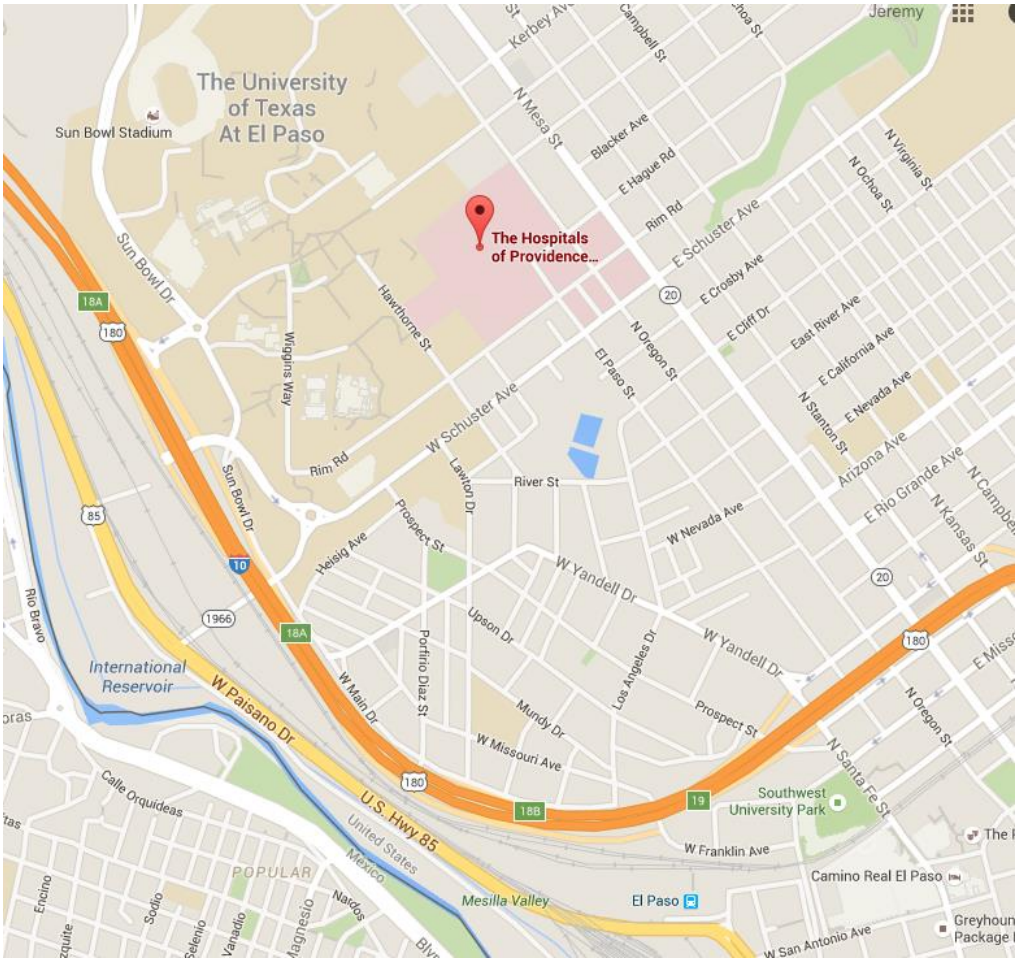
Kenworthy Clinic

9849 Kenworthy St.
El Paso, TX 79924



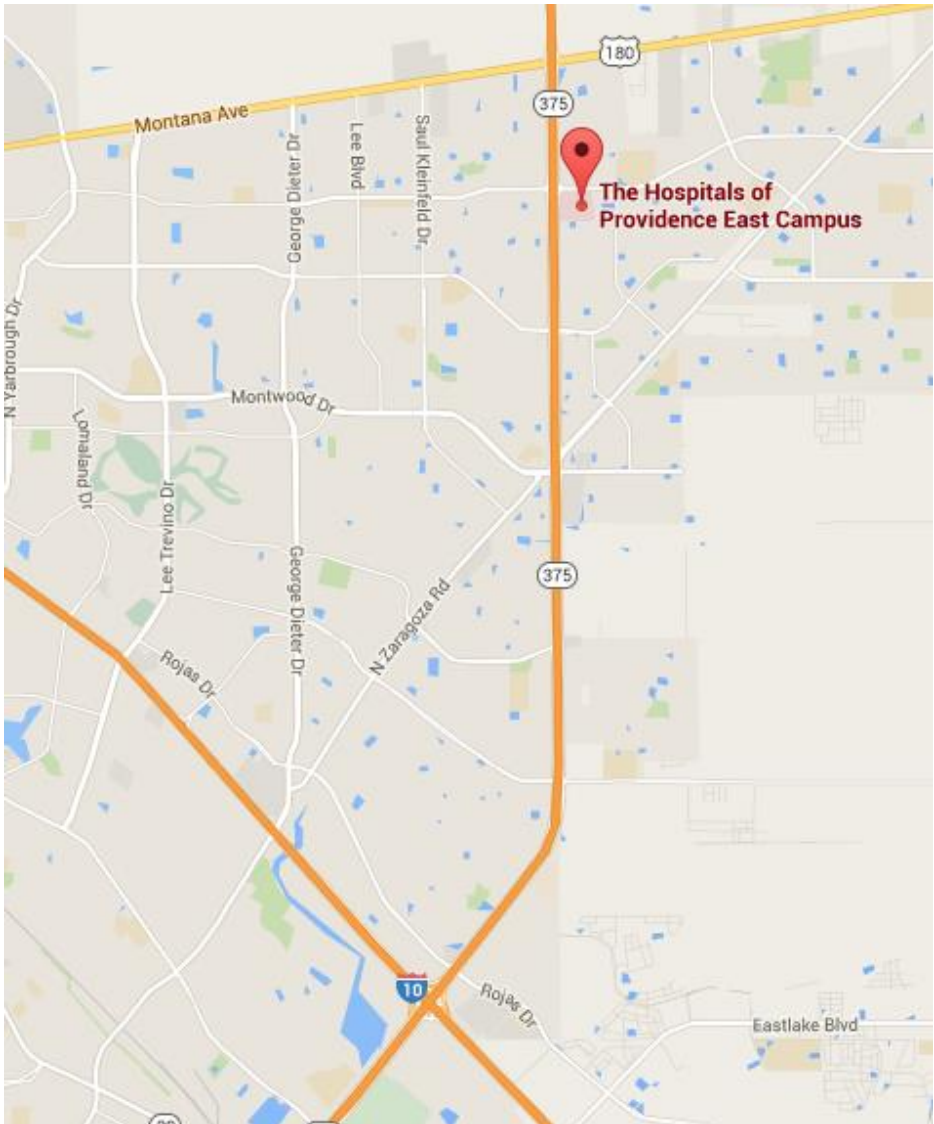
Providence – Memorial Campus

2001 N Oregon St,
El Paso, TX 79902



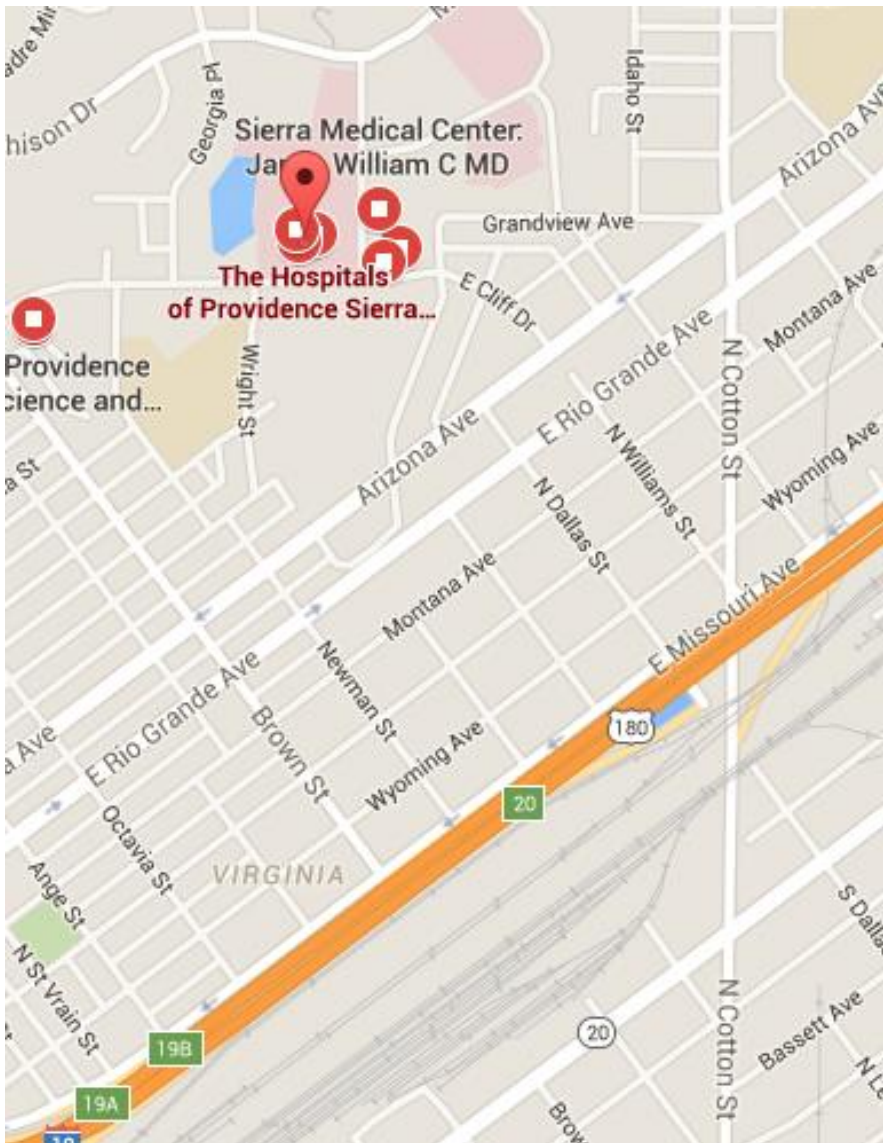
Providence – East Campus

3280 Joe Battle Blvd,
El Paso, TX 79938



Providence – Sierra Campus

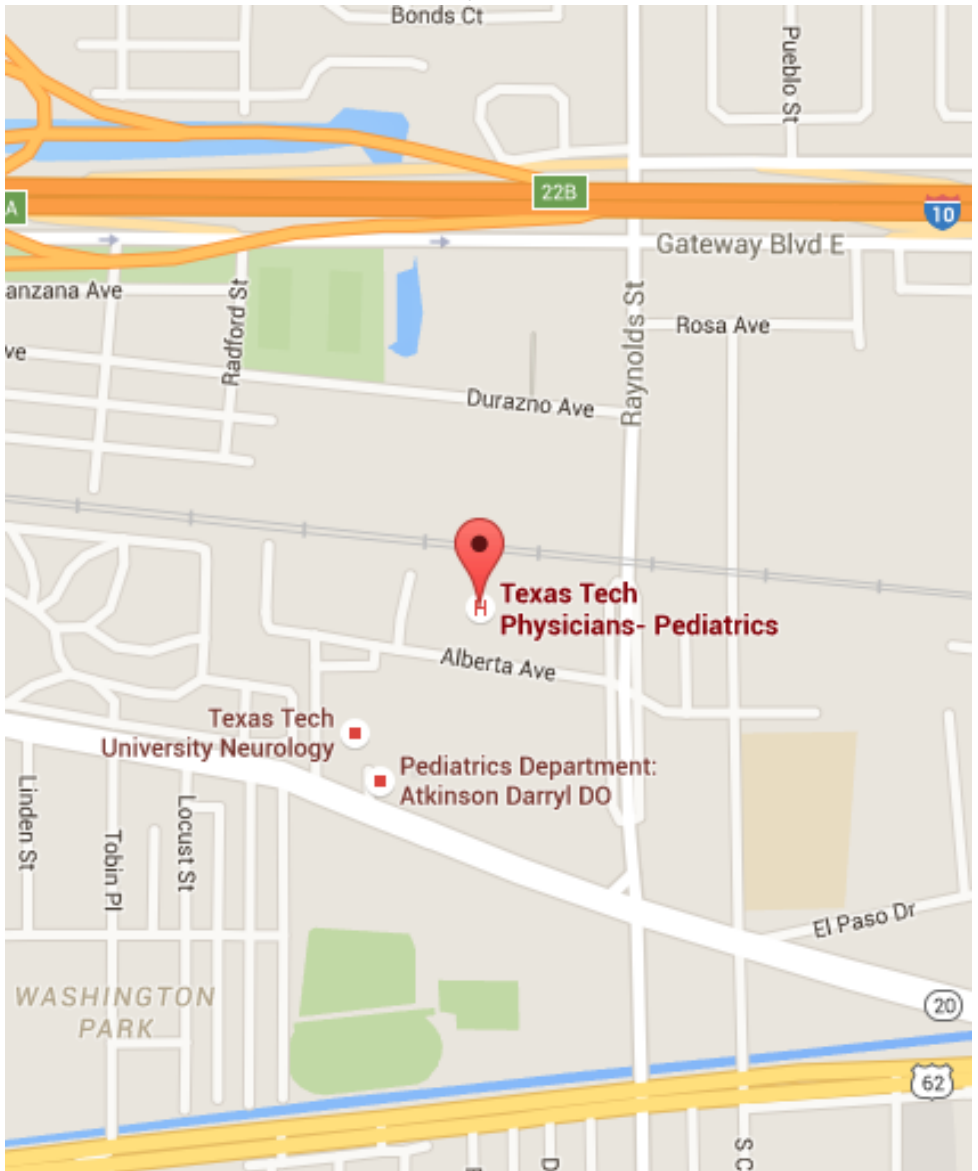
1625 Medical Center Drive
El Paso, TX 79902



Texas Tech Clinical Sciences Building

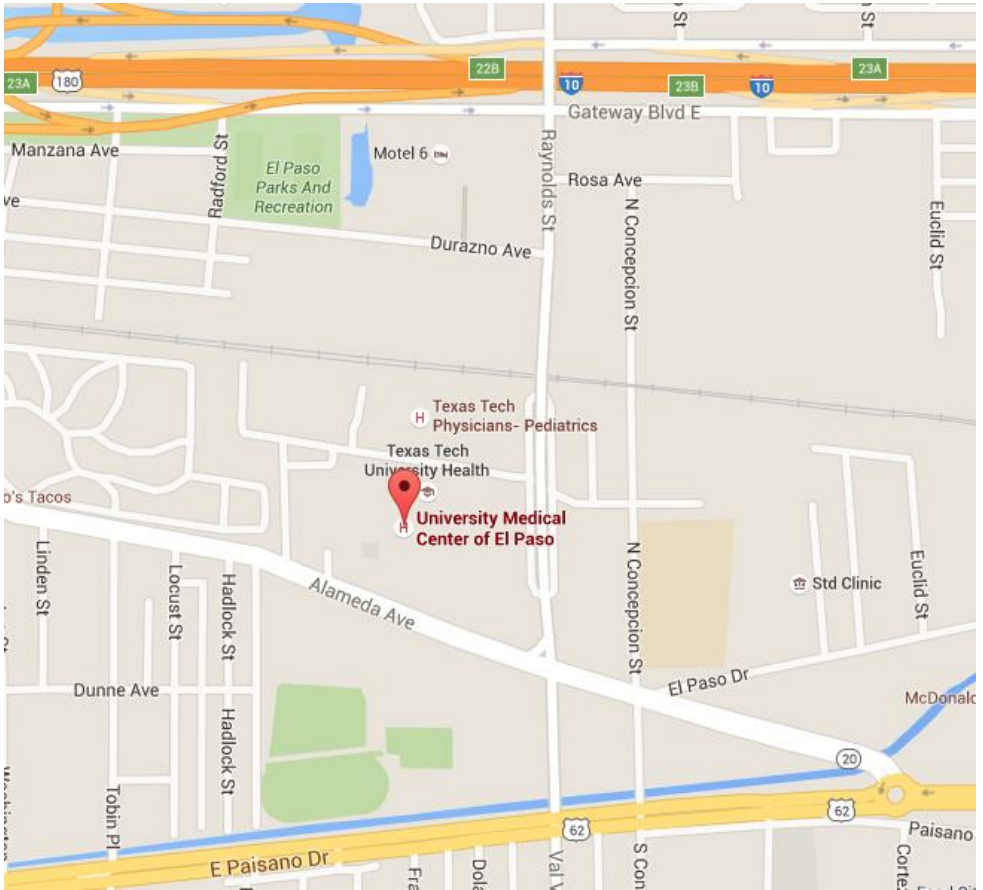
5001 El Paso Dr.

El Paso, TX 79905



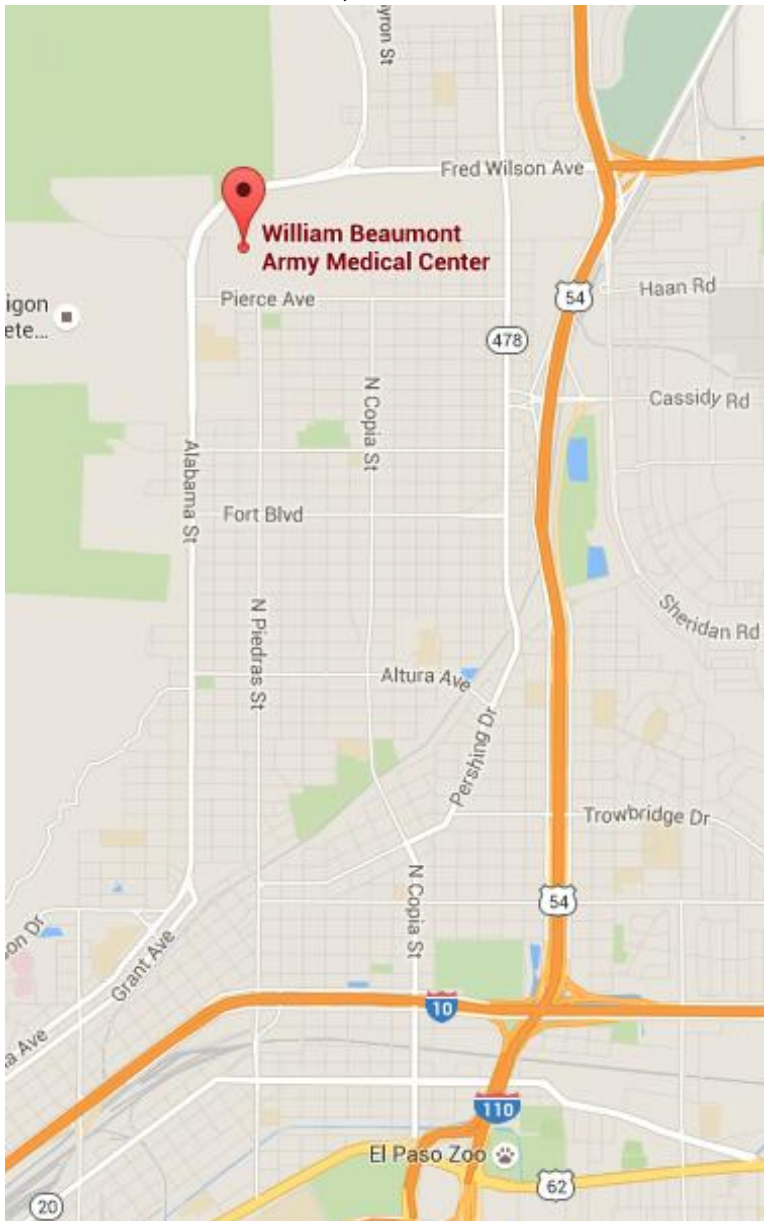
UMC

4815 Alameda Ave
El Paso, TX 79905



WBAMC

5005 N Piedras St
El Paso, TX 79920



II. Notes Examples

Student Name
Date
SOAP Note #1

A. SOAP Note

SUBJECTIVE

Chief Complaint: c/o cough and sore throat of less than one day

HPI: Patient is a 65 yo woman with PMH of DM2, HTN, and hyperlipidemia c/o cough and sore throat.

-Cough and Sore Throat

- Cough began last night and she had difficulty getting sleep due to the frequency of coughing
- Throat currently hurts, scratchy in nature, pain 8/10
- c/o minor white phlegm production
- c/o nasal congestion today in the AM
- tried a cough drop today in the AM, failed to alleviate symptoms
- pt denies nausea, vomiting, fever, chills, headache
- no history of asthma
- One sick contact: her daughter

-Left Ear Pain

- Experiencing left ear pain worsening over the past 3 months
- reports that pain is sharp and located, pain 8/10 and only occurs at night
- located anterior to the tragus, pain is not felt within the ear canal
- Moving her head to the right helps, but takes about 4-5 min to resolve
- Ear feels plugged during the day
- Reports minor difficulty hearing
- Last hearing test was June 2014 which she passed
- patient denies any serous or bloody discharge from the ear

-Right Side Abdominal Pain

- Pain located just under her right ribs in RUQ
- has been on/off for one year
- Started as a sharp pain, but recently is more dull in nature
- no associating with meals or movement, no pattern to onset of pain
- reports chronic diarrhea
- reports minor groin pain which is relieved with urinating
- denies dysuria

Diabetes mellitus type 2, hyperlipidemia and hypertension all continue to be well-controlled. Patient states that although she did not eat breakfast before coming in for her appointment in clinic this morning, she tries to eat a well-balanced diet and control her blood sugars, she's up to date with her Ophthalmology diabetes monitoring exams (next exam due April 2016). She is taking all her medications as prescribed. In addition, she denies chest pain, SOB, peripheral edema, headaches and myalgias. She has c/o weight loss over the past two years, states she's lost 'a few pounds' at every doctor visit.

Past Medical History:

Diabetes, Type 2
Hyperlipidemia
Hypertension

Past Surgical History:

Appendectomy
btl
no eye sx

Family Medical History:

Cousin- Colon cx

Social History:

Patient currently smokes every day about 3-5 cigs/day
Patient has been counseled to quit.
Alcohol Use - no
Drug Use - no
Regular Exercise - yes

Patient's current problems list:

TOE PAIN (ICD-729.5) (ICD10-M79.676)
DIABETES MELLITUS, TYPE II (ICD-250.00) (ICD10-E11.9)
PERIPHERAL NEUROPATHY (ICD-356.9) (ICD10-G82.9)
GERD (ICD-530.81) (ICD10-K21.9)
IRRITABLE BOWEL SYNDROME (ICD-564.1) (ICD10-K58.9)
TOBACCO ABUSE (ICD-305.1) (ICD10-F17.200)
DIARRHEA, CHRONIC (ICD-787.91) (ICD10-K52.9)
DYSLIPIDEMIA (ICD-272.4) (ICD10-E78.5)
HYPERTENSION, BENIGN ESSENTIAL (ICD-401.1) (ICD10-I10)
DIABETES MELLITUS, TYPE II, UNCONTROLLED, W/VASCULAR COMPS (ICD-250.72) (ICD10-E11.59)

Patient's current list of medications:

GLIPIZIDE 10 MG TABS (GLIPIZIDE) Two tablets twice a day
PRAVACHOL 40 MG TABS (PRAVASTATIN SODIUM) Take one (1) tablet by mouth at bedtime.
HYDROCHLOROTHIAZIDE 25 MG TABS (HYDROCHLOROTHIAZIDE) Take 1 tab PO daily
AGAMATRIX PRESTO TEST STRP (GLUCOSE BLOOD) use as directed to test blood sugar once a day
METFORMIN HCL 1000 MG TABS (METFORMIN HCL) Take one (1) tablet by mouth twice daily.
VISTARIL 25 MG CAPS (HYDROXYZINE PAMOATE) Take one po tid
EPIPEN 2-PAK 0.3 MG/0.3ML SOAJ (EPINEPHRINE) apply intramuscular once as needed for severe allergic reaction with shortness of breath

Allergies:

* PENICILLIN (Critical)

LMP: NONE GIVEN

Screening: Colonoscopy (January 2013) - normal**Review of Systems**

See HPI

OBJECTIVE**Vital Signs****Vital signs entered by:** Clarissa Rico, MA (September 25, 2015 9:37 AM)**Ht:** 62 inches, **Wt:** 120**Temp.** 97 degrees F, **Temp Site:** temporal, **BMI** 22.03, **BSA** 1.54**BP #1:** 119/ 68, **Site:** left arm**Lowest BP:** 119/ 68**Pulse Cuff Size:** M**Blood Pressure Type:** Sitting**Current Pain:** 2/10**Location:** throat**Type:** Stinging**Pulse Rate #1:** 79, **Respirations:** 20, **Exercise:** no, **Passive smoke exposure:** yes**Smoking status:** current every day smoker**Quit smoking literature given to patient:** yes**Problems Reviewed:** Done**Physical Exam** (Describe normal and abnormal findings):**GEN:** Thin, fatigued and slightly ill-appearing 65 yo woman in no acute distress.**HE/ENT:** Head- atraumatic, normocephalic; Eyes- clear, non-icteric; Ears- right ear had cerumen build-up, TM was clear and non-bulging, left ear had crescent shaped sclerosis lining the bottom TM, clear of cerumen**CV:** RRR, S1 and S2, no murmurs, rubs, or gallops**PULM:** clear to auscultation in left lung fields, minor wheezing auscultated on right lung fields (upper, middle and lower), (-)tactile fremitus, no use of accessory muscles with breathing**ABD:** normoactive bowel sounds, soft, non-distended, NTTP in all 4 quadrants, (+)Murphy's sign**Extremities:** normal- no deformities, or peripheral edema**Neuro:** cranial nerves grossly intact**Psychiatry:** oriented x3, normal mood and affect, appropriate demeanor and dress**Lymph Nodes:** no enlargement or gross abnormalities, minor tenderness along anterior

6. Hyperlipidemia - well-controlled

- continue pravachol (one 40mg tab PO qhs)
- continue healthy dietary habits

7. Hypertension - well-controlled

- continue HCTZ (one 25mg tab PO qd)
- continue low-salt diet

Patient understood and was in agreement with the plan outlined at today's visit and all topics that were discussed. The importance of smoking cessation was stressed, however she was not interested in quitting smoking at this time. Ensured her that there are treatments and programs to help her quit and to return to clinic for smoking cessation information if she changes her mind. Pt will also return to clinic after her Thorax/Abdominal/Pelvic CT scan, sooner if URI symptoms persist or worsen.

chain

Skin: no abnormal bruising, lesions or rashes noted

Pertinent Labs and Imaging

Thorax, Abdominal/Pelvic CT Scan w/o contrast (8/26/2013)

- 3mm soft tissue density moderate nodule in the right lower lobe
- 4mm focal calcification in the interpolar left kidney consistent with atherosclerotic calcification or non-obstructive renal calculus

Assessment and Plan

1. Viral URI complicated with 40+ year tobacco use - ongoing
 - recommended hydration and rest
 - OTC cough drops and chloriseptic spray to alleviate symptoms
 - Follow-up in 2 weeks or sooner if symptoms do not resolve
 - Educated patient on the importance of smoking cessation
 - Offered smoking cessation support if she decides to quit
2. Right Lower Lung Lobe Nodule - potentially suspicious for neoplasm
 - CT scan of thorax w/o contrast
 - Follow-up in clinic after CT scan
3. Right Upper Quadrant Abdominal Pain - ongoing – considering cholelithiasis, biliary dyskinesia, liver mets (if pulmonary neoplasm), hepatic irritation, costochondral and/or musculoskeletal pain, possible referred pain from right nephrolithiasis (less likely)
 - CT scan of abdomen/pelvis w/o contrast
 - Follow-up in clinic after CT scan
4. Left Ear Pain - ongoing, intermittent – abnormal draining of ear canal or sinuses, also considering acute pain from positioning during sleep, pain from tympanic sclerosis is less likely cause
 - Recommended ENT and Audiologist referral, pt declined
 - Follow-up to clinic prn if symptoms do not resolve or worsen
5. Diabetes - well-controlled
 - continue glipizide (two 10 mg tabs BID) and metformin (one 1000mg tab BID)
 - educated patient on the importance of eating well-balanced meals at regular time intervals

B. ICU Note

_____yo M/F on POD # _____ s/p _____

Overnight events:

Neuro:

Pt alert and oriented x4, moving all extremities well. Pain well/not well controlled on ____ (pain meds and doses) ____, currently rated as ____/10.

CV:

Chest pain? On exam, heart sounds regular rate and rhythm, no S3/S4, murmurs, rubs or gallops. HR range: _____
BP range: _____ MAP range: ____ CVP: _____ CO: _____

Chest tube output:

Drips:

Cardiac Meds:

Resp:

SOB, cough, dyspnea? Exam: lungs sound clear to auscultation bilaterally.

Vent settings:

Meds:

CXR:

FEN/GI:

Pain? Flatus? Bowel movement? Exam: bowel sounds, non-tender, non-distended



Ca: ____ Mg: ____ PO4: _____



Meds:

KUB:

Diet:

GU:

Foley in place?

In: _____ Out: _____ Net: _____ UOP: _____

Endo:

Last 3 glucoses:

Diabetes regimen

Ext/Skin:

Exam: warm and well perfused, dressing in place/ wound appears clean, dry, and intact

Heme/Id:

Tmax:



C. Psychiatry Clinical Note

CLINICAL NOTE

Date: _____ Client Name: _____

SEEN: _____ Individual _____ Couple _____ Collateral _____ Family _____ with Father _____ with Mother _____ Other _____
Failed Apt: _____ Therapist Cancel _____ Client Cancel _____ No Show _____

MENTAL STATUS:

Orientation: _____ Person _____ Place _____ Time/Situation **Self-Perception:** _____ WNL _____ Depersonalization _____ Derealization

Insight: _____ WNL _____ Impaired: Minimal _____ Moderate _____ Severe **Judgment:** _____ WNL _____ Impaired: _____ Minimal
_____ Moderate _____ Severe

Appearance: _____ WNL _____ Well-groomed _____ Unkempt _____ Dirty _____ Meticulous _____ Unusual

Behavior: _____ WNL _____ Guarded _____ Withdrawn _____ Provocative _____ Hostile _____ Impulsive _____ Uncooperative
_____ Suspicious _____ Manipulative _____ Hypoactive _____ Belligerent _____ Hyperactive _____ Cooperative _____ Pleasant
_____ Under-the-influence

Speech: _____ WNL _____ Delayed _____ Soft _____ Loud _____ Slurred _____ Excessive _____ Pressured _____ Perseveration
_____ Incoherent

Affect: _____ WNL _____ Congruent _____ Incongruent _____ Labile _____ Expansive _____ Constricted _____ Blunted _____ Flat

Mood: _____ Euthymic _____ Euphoric _____ Irritable _____ Fearful _____ Anxious _____ Dysphoric _____ Angry _____ Sad
_____ Hurt _____ Shame

Insight: _____ WNL _____ Limited/Concrete _____ Impaired _____ Lacking

Judgment: _____ WNL _____ Critical _____ Logical _____ Impaired

Thought Process: _____ Organized _____ Disorganized _____ Goal Directed _____ Irrational _____ Rigid _____ Obsessive _____ Tangential
_____ Circumstantial _____ Preoccupied _____ Loosening of Associations _____ Blocked _____ Flight of Ideas
_____ Memory Impairment (_____ Recent _____ Remote)

Thought Content: _____ Relevant **Hallucinations:** _____ Not Present _____ Auditory _____ Visual _____ Mood Congruent
_____ Mood Incongruent Other: _____

_____ Reality Based **Delusions:** _____ Not Present _____ Persecutory _____ Erotomanic _____ Grandiose _____ Somatic
_____ Paranoid _____ Jealous _____ Reference
_____ Being Controlled _____ Persecutory _____ Thought Broadcasting _____ Thought Insertion _____ Mood Congruent
_____ Mood Incongruent Other _____

Sleep: _____ WNL _____ Impaired _____ Difficulty Initiating _____ Early Waking _____ Excessive _____ Fatigue

Appetite: _____ WNL _____ Increased _____ Decreased

Risk Assessment: Suicidal Ideation: _____ No Evidence _____ Denied _____ No Intent _____ Death Wishes
_____ Plan: _____

Homicidal Ideation: _____ No Evidence _____ Denied _____ No Intent _____ Plan: _____

ETOH/Substance Use: _____ No Evidence _____ Denied _____ Social ETOH _____ Other: _____
_____ Abuse _____ Dependence

III. Requirement Checklists

A. Pediatrics

Nursery	Resident/Attending	Date completed
Newborn Observed		
Written H&P		
Evaluation #1		
Evaluation #2		

Wards	Resident/Attending	Date completed
Observed H&P		
Written H&P		
Evaluation #1		
Evaluation #2		
Evaluation #3		
Evaluation #4		

Clinic	Resident/Attending	Date completed
Observed H&P #1		
Observed H&P #2		
Clinic check list		
Prescriptions #4		
Evaluation #1		
Evaluation #2		
Evaluation #3		
Evaluation #4		
Project		

Specialty	Resident/Attending	Date completed
Didactic presentation		
Reflective writing		
Evaluation #1		
Evaluation #2		
Evaluation #3		
Evaluation #4		

SNAP Challenge	Resident/Attending	Date completed
Receipts		
Reflective writing		

Other activities	Date completed
Discharge planning activity	
Ethics project	
Simulation	
Mock RCA	
Telephone medicine activity	
Continuity patient – Newborn H&P	
Continuity patient reflection	
Order writing	
Order writing	

Oplog category (need 10)	Number (need 30)

CLIPP Cases

Number	Topic	Date completed
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

IV. Setting up the VPN

A. Go to <https://solveit.ttuhs.edu> and search "VPN setup" for screen shots

B. Mac OSX

1. Click the **Apple logo** icon in the top left of your menu bar and select **System Preferences** from the drop-down
2. The System Preferences window will open
3. Click the **Network** icon
4. On the left, you will see all available network connections
 - a) Click on the **[+]** icon to add a connection
5. In the following window:
 - a) In the **Interface** dropdown select: **VPN**
 - b) Verify that **VPN Type** is set to: **L2TP over IPSec**
 - c) In the **Service Name** Field Type: **TTUHSC VPN**
 - d) Click **Create**
6. The **TTUHSC VPN connection** will now be listed in the left-hand column of the **Network** window
7. Select **TTUHSC VPN** in the left-hand column of the **Network** window
8. In the right-hand pane:
 - a) For the Server Address type: **svpn.elpaso.ttuhs.edu**
 - b) For Account Name enter: **your eRaider username**
 - c) Click **Authentication Settings**
9. Under User **Authentication**:
 - a) Select **Password**
 - b) Type your **eRaider password**
10. Under **Machine Authentication**
 - a) Select **Shared Secret**
 - b) Type **ttuhsc**
 - c) Click **OK**
11. Check the box for **Show VPN status in menu bar**
12. Click **Advanced**
13. In the **Options** tab
14. Make sure **Send all traffic over VPN connection** is checked
15. Select the **DNS** tab
 - a) Under **Search Domains**
 - b) Click the **[+]** icon
 - c) Type in **ttuhsc.edu**
 - d) Click **OK**
16. Click on **Apply** to complete the setup

C. iPhone


1. From the home screen on your iPhone, click "Settings"
2. Then click "General"

3. After clicking General, you will click "VPN"
4. Once in VPN, you will click "Add VPN Configuration"
 - a) Make sure the L2TP is the option selected.
 - b) Description: TTUHSC
 - c) Server: svpn.elpaso.ttuhs.edu
 - d) Account: Your eRaider username
 - e) RSA SecurID: Off
 - f) Password: Your eRaider password
 - g) Secret: ttuhsc
 - h) Send All Traffic: On
5. Then click "Save" in the upper right-hand corner.
6. Once that is done, go back to the main Settings page and turn the VPN on.

D. **iPad**


1. Navigate to 'Settings', then select 'General' and then select 'VPN'
2. Under 'L2TP' enter the following information:
 - a) Description: TTUHSC VPN
 - b) Server: svpn.elpaso.ttuhs.edu
 - c) Account: eRaider Username
 - d) RSA SecurID: leave Off
 - e) Password: eRaider password
 - f) Secret: ttuhsc
 - g) Send All Traffic: ON
 - h) Proxy: Off

E. **Windows**

1. Go to the Desktop interface.
2. Swipe from right and go to **Settings**, then click **Control Panel**
3. In the Control Panel, with the **View by:** set to **Category**
4. Click on **Network and Internet**
5. Click on **Network and Sharing Center**
6. Then click on **Set up a new connection or network**
7. Choose **Connect to a workplace** and click **Next** 
 - a) **NOTE:** *If asked Do you want to use a connection that you already have? Select No, create a new connection and click Next*
8. Click on **Use my Internet connection (VPN)**
9. Internet address: field, type **svpn.elpaso.ttuhs.edu**
10. Destination name: enter **TTUHSC VPN**
11. Then click **Create**
12. Click **Close**
13. In the Network and Sharing Center window
 - a) Click on the **change adapter settings**
14. Right-click on the TTUHSC VPN menu item and select **Properties**
15. Go to the **Security** tab

- a) Type of VPN: select **Layer 2 Tunneling Protocol with IPsec (L2TP/IPSec)** from the drop-down menu.
 - b) Data encryption: should be set to **Require encryption (disconnect if server declines)**
 - c) Type of VPN: click on the **Advanced settings** button.
 - d) Check **Use preshared key for authentication**
16. In the Key: field type **ttuhsc** and then click **OK**
- a) Authentication choice
17. Select **Allow These Protocols**
- a) Check **Microsoft CHAP version 2 (MS-CHAP v2)**
 - b) Click **OK** on any remaining windows to save all your changes.

F. **Android**

1. Go to your **Settings Menu** on your device
2. Click '**More Networks**'
3. Select '**VPN**'
4. Select '**Basic VPN**'
5. Click the **+** sign in the upper right corner.
6. Type '**TTUHSC**' in the '**Name**' field
7. In the '**Type**' drop down box, select '**L2TP/IPSec PSK**'
8. In the '**Server Address**' type '**svpn.elpaso.ttuhsc.edu**'
9. Leave '**L2TP secret**' and '**IPSec indentifier**' blank, for the '**IPSec pre-shared key**' type '**ttuhsc**'
10. Click '**Save**' at the bottom
11. It will take you back to the '**Basic VPN**' Page
12. Click on '**TTUHSC**' in the list
13. Enter your eRaider user name in the '**User name**' field, then enter your eRaider password in the '**Password**' field below.
 - a)  *TIP: If you want it to save your password, check the 'Save account information' check box*
14. Click '**Connect**'

V. **Absence Form**

(On Next page)

MEDICAL STUDENT ABSENCE FORM

*Please complete form for ANY student absence and forward a copy to:
Student Affairs Department- 4800 Alberta Ave., El Paso, TX 79905
Fax: 915-545-6516*

The *TTUHSC School of Medicine Student Affairs Handbook* provides attendance guidelines for Medical Students in years 3 and 4 as follows:

1. There are no unexcused absences for clerkships or elective
2. Any absence for any reason must be reported to the Clerkship Director
3. Absence must be cleared in advance with the Clerkship Director/Preceptor and the absence shall be documented in the campus Student Affairs Office for inclusion in the student's file
4. In the event of an emergency, the student must contact the campus Office of Student Affairs as soon as possible.
5. If a student misses more than 6 working days in a twelve-week clerkship, more than 4 working days in a eight-week clerkship, more than 2 working days in a four-week clerkship or elective, or more than 12 working days during the year, then the student will meet with the Clerkship Directors to discuss the circumstances of the missed days. As a result of this discussion, it is possible that a student could:
 - a. Be required to repeat a clerkship or elective; OR
 - b. Be required to repeat the year; OR
 - c. Be dismissed
6. Absences will be reported as part of the final clerkship grade

Note: *This form provides documentation and authorization for all absences. Please complete and return to the Clerkship Director's Office after review with your attending.*

STUDENT NAME: _____ **DATE SUBMITTED** _____

ROTATION DEPARTMENT: _____

DATE(S) OF ABSENCE: _____ -

REASON FOR ABSENCE:

ACTION BY ATTENDING

CONCUR / NONCONCUR Comment:

Name of Attending (Please Print)

(Signature of Attending)

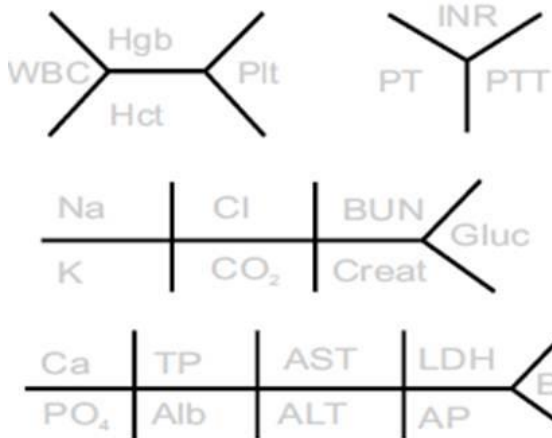
(Date)

ACTION BY CLERKSHIP DIRECTOR

ABSENCE EXCUSED _____ **ABSENCE UNEXCUSED** _____

Clerkship Director Signature

Date



CRITICAL LAB VALUES

Lab Values		Critical Values			
BMP-					
Calcium	8.6 - 10 mg/dl	≤ 6 mg/dl, ≥ 13 mg/dl			
Cl-	99 - 109	< 80, > 115 mEq/L			
Gluc.	74 - 106 mg/dl	< 40, > 450 mg/dl			
K+	3.5 - 5.5	< 2.8, ≥ 6.2			
Na++	132 - 146 mEq/L	≤ 120, ≥ 160 mEq/L			
BUN	9 - 23	≥ 80 mg/dl			
Creat.	Female Male	0.5 - 1.1 mg/dl, 0.7 - 1.3 mg/dl	> 4 mg/dl		
Total Protein	6.4 - 8.3 g/L				
Albumin	3.2 - 4.8 g/L				
CBC					
Hgb	12.0 - 16.0	≤ 6.0 g/dl, ≥ 20 g/dl			
Hct	Female Male	37 - 47, 40 - 54	≤ 18%, > 60%		
WBC	5.2 - 12.4	≤ 2.0, ≥ 30,000			
RBC	Female Male	4.2 - 5.4, 4.6 - 6.19			
Platelets	130,000 - 400,000	≤ 40,000, ≥ 999,000			
Ultra-Troponin	0.006 - 0.039	0.040 - 0.779 (high) > 0.78 (Critical)			
Serum Drug Levels					
Carbamazepine (Tegretol)	4 - 10 mcg/ml	> 15 mcg/ml			
Digoxin (Lanoxin)	0.8 - 2.0 mg/dl	> 2.0 mg/dl			
Gentamycin	peak - 5 - 10 mcg/ml valley - < 2.0 mcg/ml	> 10 mcg/ml			
Phenobarbital	15 - 40 mcg/ml	> 40 mcg/ml			
Phenytoin (Dilantin)	10 - 20 mcg/ml	> 20 mcg/ml			
Theophylline (Aminophyllin)	10 - 20 mcg/ml	> 20 mcg/ml			
Tobramycin	peak - 5 - 10 mcg/ml valley - 0.5 - 2.0 mcg/ml	> 10 mcg/ml			
Valproic Acid (Depakene)	50 - 100 mcg/ml	> 125 mcg/ml			
Vancomycin	peak - 25 - 40 mcg/ml valley - 5 - 15 mcg/ml	> 30 mcg/ml			
Anticoagulant Related and Clotting					
PT	9.0 - 11.7 sec.	> 80 sec.			
INR (Coumadin)	0.9 - 1.2	> 6			
PTT (Heparin Monitoring)	55.0 - 75.0 sec.	> 70 sec.			
APTT (therapeutic)	23.3 - 31.9 sec.	SJH ≤ 19 sec, ≥ 100 SJE No Low, ≥ 100			
Fibrinogen Level	203 - 377 mg/dl	≤ 100.0, ≥ 600.0 mg/dl			
ABG's -norms:					
pH	7.35 - 7.45	P O ₂	80 - 100	BE	-2 /+2
P CO ₂	35 - 45	HCO ₃	22 - 26	O ₂ sat	> 95