

Dr Sussman's Pearls for a Successful Medicine Clerkship

1. Set Expectations

Both the student and faculty should set expectations for the rotation.

- The faculty should **be very clear about what is expected of a student during their rotation**. Example-
 - "I expect you to come in early enough to preround on all of your patients, present a full H&P during rounds, and admit 1 patient per call cycle, following up to 3 or more per week."
 - Other items would include expectations of participation during discussions on work rounds, presenting topics, introducing evidence-based literature for student's medical-decision making etc.
- As a **student, set your expectations for the rotation- an individualized learning plan**. Example-
 - "This is my second month of inpatient medicine. I feel that I have developed a cohesive presentation style, but I'm still struggling with developing an appropriate differential diagnosis. I'd like to work on being able to effectively clinically reason through my cases".
 - This allows faculty to tailor formative feedback to what you need and challenges you to perform at your top level.

2. Daily formative feedback

- The faculty are asked to provide students with feedback daily. Example-
 - **Not** "Great job, John," **but-**
 - "John, your H&P presentation was excellent because you appropriately prioritized your problems and provided relevant differential diagnoses. I was able to see how you were connecting the pathogenesis of disease to what you are seeing clinically/and apply your knowledge to the clinical setting. Over the next week, I'd like to see you move more into the management territory and start thinking about providing some evidence to support your medical decision making."
 - Specific feedback reinforces what John is doing correctly and challenges him to continue to improve rather than performing at the same level.

3. Solicit Feedback

- Faculty may be busy and forget to give feedback. *Be proactive and solicit feedback*. Example-
 - "I know we are busy rounding but could we set some time aside today and discuss feedback?"
- Ask for more than an evaluation
 - "Great job" does not tell you what you are doing well, nor does it provide opportunities for improvement.

4. **Be observed doing a history and physical exam**
 - Recruit your residents and attendings to supervise you; you need to learn this skillset.
 - Ideally this can be accomplished during bedside rounds.
 - The faculty know this is an expectation of the clerkship.
5. **Review your H&P and SOAP notes**
 - *AT LEAST one H&P and one SOAP note should be constructively reviewed by faculty each week.*
 - This is the clerkship where you learn to communicate about patients, a critical ability for you to mature into a competent physician.
 - If there are any problems here, please notify me.

Groundrules

As a student, **you are expected** to do the following:

1. **Admit one patient per call cycle and follow up to 3 patients/week.**

As you progress, you may be challenged to follow more patients (up to 5 patients/week)
2. **Preround on all of your patients.**

Come in early enough to spend time examining your patients, reviewing the charts, speaking to RN/family, and talking to your intern to develop a plan to present on work rounds.
3. **Present your full H&P and progress notes on the patients that you are following.**

You need the experience in presenting fully at least a few times/week. During busy call cycles, clinic obligations by your attending, it is fine if they ask for a briefer version; however, this should not be the standard. Remember, you are trying to develop the skillset of communicating about your patients. You need to learn the full version first before you become adept at presenting only pertinent findings.

Days Off

For additional information, refer to the [CoM Medical Student Duty Hours Policy](#)

1. **You are given 1 day off in 7**

Your team will try to give one weekend day *if possible* to avoid having you miss conferences that occur during the week.
2. **Ambulatory block**

You have weekends off and holidays in accordance with the UA holiday schedule
3. **"Golden weekend"**

At the end of your 4-week block, before transitioning to your next rotation, you have both days off, a "golden weekend."
4. **Holiday schedule**

As a student, you follow the [UA Holiday schedule](#). If you work on a holiday, the team will make sure you have an additional day off.
5. **Thursday before the NBME Medicine subject exam**

As a student, you have the day before the subject exam off.

6. No favorites

- The teams are expected to be consistent with student days off. Example
 - Just because LuLu is an affable student who fits in well with the team, it is not fair to give her an extra weekend off while other students have only 1 day off in 7.
 - We strive to maintain uniformity across the clerkship and be equitable and fair to all students.

Conference schedule

1. ALL ROTATIONS (except rural rotations)

- **Wednesday afternoon is your Academic Half-day (AHD).**
 - You should be relieved of your duties by 12PM for Medicine Grand Rounds
 - After Grand Rounds, you will have a series of small groups and lectures until 5PM.
 - Attendance is required; *missed sessions result in a loss of points. This includes signing in for your colleagues.*

2. Inpatient Rotations

- **BUMC Main and South Campus inpatient rotations**
 - **Tuesday afternoon conference**
You will participate in a case-based interactive sessions with DOM faculty from 1PM-2PM.
 - **Morning/intern/resident report/noon conference**
You will attend the same conferences as your team members. Please verify the conference schedule with your residents at your inpatient site.

You are **NOT expected to attend resident academic half-day on Thursday afternoons**

- However, you may participate if you would like to do so.
- **SAVAHCS inpatient rotations**
 - **Tuesday afternoon simulation sessions**
 - **Friday afternoon conference**
 - **Morning/intern/resident report/noon conference**
You will attend the same conferences as your team members. Please verify the conference schedule with your residents.

3. Ambulatory rotations

- **Friday afternoon Residents as Teachers sessions**
 - Residents deliver case-based, shelf-targeted talks from 1PM-3PM

Absences

For additional information on absences, refer to [CoM Medical Student Attendance policy](#).

1. **Contact the team and clerkship coordinator immediately if you are ill/have an unplanned absence**
 - Log the absence in MedLearn and notify your team members immediately.
 - If you are on ambulatory block, you must alert your clinic preceptor as soon as possible.
 - Often they will have patients scheduled for you and an absence will impact their clinic workflow.
2. **Excused absences**
 - For example, a conference presentation- must be submitted to the clerkship at least **30 days in advance**.
 - At the start of your rotation, alert the team immediately about the dates of absence.
3. **Personal passes**
 - You are allowed **2 "personal passes"** by the COM.
 - Example- days off for attending a wedding, sister having a baby etc.
 - These must be approved by the clerkship and COM **30 days in advance**.
 - You have **ONLY 2** passes for the entire Year 3.
 - Personal passes are tracked in MedLearn by Curricular Affairs and Student Affairs.
4. **Total number of absences**
 - You can miss **NO MORE than 6 days total over the 12 weeks of clerkship**.
 - Any additional absences- *whether by personal pass, illness, or any reason- you will need to repeat the clerkship*.
 - You may have meetings with your Deans during various times of the year. Remember to alert your team and clinic preceptors as soon as possible. The teams/preceptors often check with our office and we verify the meeting
7. **Remediation of Absences**
 - It is up to the faculty/team's discretion for remediation of any absence. They may choose to have you make up the absence by doing an additional call day, present a topic to the team, or other activity.
 - For missed clinic days, you will need to **submit 2 Aquifer cases to Lucy for each 1/2 day or clinic missed** (i.e. if you miss one whole day, that equals 4 Aquifer cases). <https://www.meduapp.com/>
 - Absences are taken very seriously and are tracked by Curricular Affairs. *Remember, if an absence is unexcused, this will result in a loss of points.*
8. **Time off for midclerkship meeting with the clerkship director**
 - You will be meeting with me about 6 weeks into your clerkship to discuss your progress.
 - Be prepared to ask your team or clinic preceptors for that time off (typically an hour between the meeting and travel time).
 - Let your team and preceptors know well in advance.

- In the Ambulatory block, clinics may need to be revised as you are part of the workflow.
- At the midclerkship meeting
 - Bring an H&P or SOAP note that has been reviewed (with constructive comments provided) by your faculty or senior resident.
 - Don't forget to redact the patient information (Just black it out).
 - We will do a "check in" to see how you are doing in the clerkship.
 - Although it is ideal to have evaluations in at this time, they are not always available.

Ambulatory Block

- You will typically have between 5-8 half-day clinics/week made up of **general internal medicine, medicine subspecialties, hospice, and PT.**
- This should be an **ACTIVE learning process**, not strictly shadowing.
 - Although some of the more complex clinics may ask you to shadow initially, you should be able to see the patient and obtain an interval history/present throughout your time in clinic
 - **Seize on the opportunities to learn from what you are seeing.** Even if you are not actively participating, you are learning- maybe by watching a physician speak to a patient about end of life care, or seeing how a physician handles a high volume clinic.

If you are struggling on Clerkship

If you are not meeting expectations due to knowledge gaps, professionalism, or another reason, **I ask you and your team members/preceptors to contact me immediately.** *This cannot wait until the end of the clerkship!*

- A student rated "below expectations" on their New Innovations evaluation should have been discussed with me before the evaluation is written.
- It is important for you and me to have the opportunity to remediate deficiencies or potentially pull you out of the clerkship if necessary.

Remember...

You can meet with me **anytime** to discuss anything related to the clerkship. I am also happy to discuss any interests in IM, navigating 4th year and career advising.

Have fun!