

Introduction

"I just can't believe it," said Gary, a third year medical student finishing his first clerkship. "Average? But it seemed like everything was going so well."

Gary had just completed his end-of-clerkship meeting with Dr. Gordon, his attending physician. His overall clinical performance was rated as average. He described his experience.

"During my first few days," he said, "I asked the resident how Dr. Gordon would prefer for me to present patients during rounds. I really took his recommendations to heart. Now I find out that my presentations didn't meet Dr. Gordon's expectations. In attending rounds, I had spoken up when my patients were being discussed but I kept quiet otherwise, not wanting to slow things down. Now Dr. Gordon tells me I didn't participate enough. He wasn't sure if I was disinterested or just someone who has a quiet personality. He told me that I needed to be more assertive.

"Even the talk I gave didn't go as well as I thought it had. I spent ten minutes talking about heart failure and gave a comprehensive talk about it. Dr. Gordon said that the talk was too superficial and it would have been better if I had picked a certain aspect of heart failure to talk about. I'm so frustrated. I really wanted to do well. Where did I go wrong?"

Every year, thousands of medical students across the country have similar clerkship experiences. They start their clerkships with tremendous enthusiasm and energy, spend long days in the hospital, and work hard, only to be disappointed in the results. Why? The reason is that many of them overlook a critical step, one that prevents them from reaching their full potential during clerkships. What is that step?

Like Gary, they haven't learned how to make the transition between the basic science and clinical years of medical school.

Many clerkship directors, faculty members, and residents feel that students are not adequately prepared for clerkships.

Did you know...

In a survey of clerkship directors in internal medicine, surgery, pediatrics, family medicine, and obstetrics/gynecology at 32 U.S. medical schools, nearly half reported that students were not adequately prepared in key competency areas prior to beginning their third year of medical school.

From Windish DM, Paulman PM, Goroll AH, Bass EB. Do clerkship directors think medical students are prepared for the clerkship years? *Acad Med* 2004; 79: 56-61.

Times of transition in medical education are particularly stressful and moving from the classroom to the wards is certainly no exception. When physicians look back on their medical school years, nearly all consider the clinical years to be the highlight of their medical education. However, all will tell you that the transition between the basic science and clinical years was quite difficult. Consider the following statements made by new third year students:

“The third year was a whole new world. When I first started, I felt so lost.”

“I felt so confused. You need someone to hold your hand and walk you through it but no one does. I didn’t think I would ever catch on.”

“It’s so easy to start off on the wrong foot.”

Why is the transition so difficult? The third year of medical school is like starting a new job. Your new job will be nothing like your old one. The skill set that you developed in order to be a successful basic science student is not the same set you’ll need to be successful during the third year. The basic science and clinical years of medical school are fundamentally different, as shown in the following table.

Key differences between the basic science and clinical years of medical school

Basic sciences	Clerkships
Day starts at 8 AM or later	Day often well under way by 8 a.m.
Classes usually over by 5 PM	Day rarely ends at 5 PM

Flexible schedule	Structured schedule
Considerable control over time	Cede control over your time to others
Frequent breaks during the day	Few breaks during the day
Weekends always free	Weekend work responsibilities
Sleeping through the night	Working through the night (i.e., on call)
Few surprises during the day	Expect the unexpected
Expectations clear	Expectations often unclear
Intellectual challenge	People challenge (team members, patients)
Same routine from course to course (attending lecture, reading, studying, taking exam, etc.)	Varying routine from clerkship to clerkship, requiring the ability to adapt
Hearing about patients	Taking care of patients
Primary focus on learning and acquiring knowledge	Expectation to apply this knowledge to patients you are caring for
Lots of time to read and study	Lack of time to read and study
Professors	Bosses (interns, residents, attending physicians)
Individual effort	Team effort
Less initiative required	Lots of initiative required
Can do it your way	Must do it the team's way
Objective grading (tests, etc.)	Subjective grading (evaluations, etc.)

At the heart of the problem is the failure to recognize the "hidden curriculum" of values that exists in clerkships. This affects the performance of students at the start of the year and impacts their performance with the start of every single new rotation. Too often, students are left on their own to figure out just what it takes to do well on the rotation. Just when students have determined which

behaviors, actions, and attitudes are valued and rewarded, it's time to move on to the next rotation.

Transition is difficult. Every year, however, there are medical students who consistently perform at a high level during their third year. What enables these students to succeed? What limits the success of their colleagues? Is there something that sets these top performers apart from the rest?

There sure is, and it can be summed up in one word—savvy.

What does it mean to be "savvy?" Savvy students work hard but they also know what it takes to impress attending physicians and residents. They become familiar with their role and responsibilities quickly and integrate socially and professionally into their teams. They learn to avoid the costly mistakes that their colleagues tend to make. These are the mistakes that prevent students from reaching their full potential during clerkships.

Failure to reach your full potential during clerkships can negatively affect you in many ways. First, the skills, attitudes, behaviors, and habits you develop during this crucial year will shape and impact your future as a physician. In fact, several studies have shown that certain behaviors displayed by third year students have been associated with future disciplinary action by state medical boards.

Did you know...

In 2005, Teherani and colleagues published the results of a study seeking to identify the domains of unprofessional behavior in medical school associated with disciplinary action by a state medical board. Three domains of unprofessional behavior were significantly associated with future disciplinary action - poor reliability and responsibility, poor initiative and motivation, and lack of self-improvement and adaptability.

From Teherani A, Hodgson CS, Banach M, Papadakis MA. Domains of unprofessional behavior during medical school associated with future disciplinary action by a state medical board. *Acad Med* 2005; 80: S17-20.

Second, clerkship grades are a major factor used by residency programs when making decisions to interview and rank applicants.

Did you know...

In 1999, Wagoner and Suriano reported the results of a survey of program directors in 14 specialties. In this survey, program directors were asked to rank academic criteria according to level of importance in selecting residents. “Grades in required clerkships” consistently received top ranking from directors in all specialties, including competitive specialties such as orthopedic surgery and ophthalmology. “Number of honors grades” also was highly valued, especially by competitive specialties.

From Wagoner NE, Suriano JR. Program directors’ responses to a survey on variables used to select residents in a time of change. *Acad Med* 1999; 74: 51-58

Third, clerkship grades are a major determinant of class rank. How important is class rank in the residency selection process? In the study performed by Wagoner, the most competitive specialties cited class rank as one of three factors considered most important in considering a candidate. The other two were grades in required clerkships and total number of honors grades.

Fourth, clerkship grades are a factor used by medical schools in electing students to the Alpha Omega Alpha Honor Medical Society, also known as AOA. According to the AOA constitution, only students “whose scholastic qualifications place them in the upper twenty-five percent of their class shall be considered for election.” The most competitive specialties as well as highly sought residency programs in less competitive specialties attach considerable importance to AOA membership.

Fifth, comments made on clerkship evaluations by attending physicians and residents are often taken and placed word for word in the medical student performance evaluation (MSPE), formerly known as the Dean’s letter. This is an important component of the residency application.

Finally, your clerkship performance is important in securing strong letters of recommendation from faculty, yet another key part of the residency application.

Failure to reach your full potential during clerkships can affect your chances of matching into a particular specialty, a specific residency program, and your future career as a physician.

Starting the clinical years of medical school is a watershed moment in your medical education, one that requires you to have

a specific strategy for success. This book focuses on the mistakes that students make during the third year of medical school. Once you are familiar with these mistakes, you can do everything in your power to avoid them. You can then become the savvy student who is poised for clerkship success. You can secure outstanding clinical evaluations, strong letters of recommendation, and have favorable comments added to your medical student performance evaluation, all of which will maximize your chances of matching with the residency program of your choice. You can build a strong foundation for your career as a physician.

Take charge of your third year, instead of letting it take charge of you.

The Team

During clerkships, you will usually be part of a team responsible for the care of patients assigned to the team. The team will usually consist of the following individuals:

- Attending physician
- Resident
- Intern

While all teams will be led by an attending physician, the composition of the rest of your team will often vary from clerkship to clerkship. It may also vary within a clerkship, when you change teams. Your team may have only a resident, only an intern, or both a resident and an intern. Some teams have several residents and interns. You may also find yourself working with no interns or residents, reporting directly to the attending physician.

Attending physician

The attending physician is typically a faculty member at the medical school who has been assigned to be the leader of the team. The attending physician's primary goal is to ensure that the patients assigned to the team receive the best possible care. Providing a solid educational experience for residents, interns, and medical students is also an important goal. The attending physician is responsible for evaluating all team members. The team's contact with the attending physician varies according to what type of service you are assigned. On an inpatient ward, contact with the attending physician may be limited to attending rounds, a period of time during the day in which the entire team meets with the attending. In a clinic or outpatient setting, you may have

ongoing contact with the attending physician as each new patient is seen.

Resident

The resident physician is a house officer who, at the minimum, has completed an internship. By definition, internship refers to the first year of residency training that follows medical school graduation. Second in charge, the resident (along with intern), under the guidance of the attending physician, oversees the care of all patients assigned to the team. The resident supervises the work of the interns and medical students, and ensures that the treatment plans for the individual patients are implemented. The resident is also responsible for teaching the junior members of the team.

Intern

Next to medical students, the interns are the most junior members of the team. You will probably have the most interaction with the intern, since he or she will also be following patients assigned to you by the resident. When issues arise in the management of your patient, you should first discuss the matter with the intern. Interns have a lot on their plate, which is why they need to function quickly and efficiently to accomplish the day's activities with regards to patient care. On a daily basis, some of their responsibilities include scheduling tests/procedures, drawing blood or performing other procedures, checking lab test results, entering orders, writing daily progress notes, and communicating with their patients' families. Although many interns love to teach students, they are often unable to teach as much as they would like because of the many demands placed on their time.

A Typical Day

Here's what a typical clerkship day (inpatient setting) looks like:

6:30 - 7:30 AM	Pre-rounds
7:30 - 9:00 AM	Work rounds
9:00 - 10:00 AM	Time to get your work done or morning report
10:00 - Noon	Attending physician rounds
Noon - 1:00 PM	Noon conference
1:00 - ?	Time to get your work done (+ student conferences)

Keep in mind that how the day is set up will vary from clerkship to clerkship. It may also vary within a clerkship when you move from one hospital to another or change teams. Below is a description of pre-rounds, work rounds, and attending physician rounds.

Pre-rounds

The day will typically begin with pre-rounds. During pre-rounds, you will see your patients alone. The goal is to identify any new events that have occurred in your patient's hospital course after you left the hospital on the previous day. The information that you gather will be presented to the resident and intern during work rounds, which immediately follow pre-rounds.

Work rounds

During work rounds, also known as resident rounds, the team (usually without the attending physician) travels from room to room, seeing each of the patients on the service. The most junior member of the team (junior medical student, intern), who is following the patient, is required to update the team on the patient's progress. This update will include any significant events that have occurred overnight and the results of any lab/diagnostic testing. The information you present will help the team formulate a diagnostic and therapeutic plan.

Attending physician rounds

Attending physician rounds, generally referred to as attending rounds, is a period of time during which the entire team meets. Your interaction with the attending physician will mainly occur during these rounds. What occurs during attending rounds will vary from day to day. If your team admitted patients the day before, the attending physician will expect to hear about these new patients. Typically, the most junior member of the team, who is following the patient, will present newly admitted patients to the attending physician. If there are no new patients to present, the attending physician may ask for updates on previously admitted patients, discuss interesting aspects of patients' illnesses, conduct bedside rounds, or have team members give talks.