The third year of medical school represents the beginning of clinical training. It is a time, I am sure that you have been looking forward to with keen anticipation. It is also possibly your most important year with regards to residency selection. A good and solid performance on the clinical rotations will considerably enhance your chances of obtaining a position in a quality residency program. Because students in the clinical rotations are evaluated and graded in a different manner than in the basic sciences, it is important that you have an understanding of that process before starting the third year. The grade that you receive is often based on many subjective considerations that are not often apparent. These guidelines address those considerations.

1. At the outset of any rotation, it becomes your responsibility to understand exactly what is expected of you. Know when and where you are supposed to be at any given time of the day or week (orientation, rounds, lectures, conferences, etc.). Know which individuals to whom you will be responsible (resident, attending, preceptor, etc.). Make certain that you are clear about your assignments, duties, and responsibilities on the wards as well as in the classroom. Most importantly, try to find out what didactic requirements enter into making up your grade. Inquire into the type of written and oral exam that you will have to take, what the formats are, where the questions derive from, and what the best source materials are to study for those exams. Also, find out how you are going to be graded on the clinical portion, i.e., what specific performance criteria are used, so that you know what activities will be important in order to secure good evaluations.

2. Once you have an understanding of the requirements and assignments, always make the effort to carry them out willingly and completely. Be sure that you are on time for all activities every day, even if that means that you have to be up at six in the morning. Stay as late as is necessary to complete your ward duties or day-ending rounds. Never leave a clinical area or
hospital without informing your resident. Residents and attending physicians, who eventually are asked to write an evaluation of your performance, will note any signs of lack of effort, perceived or real, and that will influence your final grade.

3. As a corollary to item two, always be willing to carry out any clinical and patient assignment, no matter how trivial. Residents feel that they work very hard and any task that you can assist with will benefit the team but, more pertinently, the patient. It is important for you to be an asset to the ward team. Not only will the residents be more willing to teach, but a better written evaluation from them could mean a better grade.

4. Whenever you are assigned a patient, take the same kind of responsibility for him or her as if you were a resident. That means doing a thorough history and physical, collecting and interpreting the initial laboratory data, making a problem and differential diagnosis list, and a treatment plan. Then, closely follow the patient throughout the hospital stay. Keep up with the daily lab and x-ray studies. Don't wait for the resident to give that data; get it for yourself. If you establish yourself as a reliable source of information about the patient's progress, it only adds to your performance and value to the team.

5. After each patient work-up that you do, take the time to read the section in the relevant major textbook about the clinical problem that the patient presents with. Not only will you learn a lot, but you will be immediately conversant about the disease process and can intelligently interact with residents and attendings from the outset of the patient's care. The reading need not be extensive at that juncture. Your goal is to get a basic idea of what is going on so that you can effectively participate as a team member. More reading, in depth, can be done when your clinical duties have ended for the day. Reading about every patient that you see is an effective learning method because of the patient association. A solid year of accumulating knowledge in this manner will provide you with a formidable clinical information base.
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E.M. CASE PRESENTATION FORMAT

Age Sex
C.C.
H.P.I.
R.O.S.
P.M. Hx
Soc. Hx
Meds/Allergies
P.E. Vital Signs by Number
General Appearance
HEENT FOCUS ON
Neck
Chest PERTINENT POSITIVES
Heart &
Abd PERTINENT NEGATIVES
G.U.
Extremity
Neurologic
Rectal
Identify E.D. Problem
Differential Diagnoses for Problem
E.D. Diagnostic Work-Up
Treatment & Follow-Up Plan