THE
Third year
SURVIVAL GUIDE

Students Advising Students
Stritch School of Medicine
Loyola University of Chicago
Last Update: Spring 2015
Congratulations!

You’ve finished second year, step 1 is over, and third year is finally here! While you will still have to work hard to do well, you will finally be able to do the things you came to medical school to do in the first place – scrub for surgeries, deliver a baby, work in the hospital, and most importantly, play an integral role in patient care every day.

Third year presents a different set of challenges than you have encountered thus far in medical school. Unlike first and second year, “book smarts” and good test taking skills alone will not equal success. You’ll need to figure out the ins and outs of your role on each rotation, get along well as a team player, become increasingly more efficient, and find ways to stand out among your peers on the floors. In the pages that follow are valuable tools to help you excel through each clerkship, from sample notes to recommended study materials. While it’s a pretty comprehensive resource, if you have any other questions, feel free to contact any of our 4th year members – we’d be happy to answer them for you!

We hope you find this a helpful, high-yield resource throughout third year, and from all of us to all of you: best of luck, and enjoy the ride!

Your Students Advising Students M4 Members – 2015-2016

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General Advice & Information

Cardinal rules of 3rd year:

1. Know your patients better than anyone else on the team.
2. Read around your patients, and read something EVERY DAY.
3. Ask your team what their expectations are on day 1 of each new service.
4. Ask for feedback and ways you can improve daily.
5. Always have something to study with you. Random downtime is common.
6. When you’re not sure, ask.
7. Don’t ever say you did something that you didn’t do or say you know how to do something, when you don’t.
8. Nobody likes a complainer.
9. Wash your coat when it gets grungy. Don't wear a fomite.
10. Find something you can enjoy about every rotation, keep a positive attitude, and learn as much as you can.

Finally, while it seems most of this goes without saying, don’t be the jerk that throws other people under the bus! For example...

- Only answer questions directed to you or the group; refrain from jumping in when a peer was asked a question they did not know or need a moment to answer.
- Only pre-round on YOUR patients. (Seems ridiculous, but it does happen!)
- Don’t steal other students’ patients, admissions, or surgeries. Divide and conquer, keeping things evenly distributed among all students on the team.
- Just because you want a letter from a specific attending does not mean you should “hog” all of their time. All students on the service need evaluations so play fair. Then, be sure to rock the time you do have to impress them.
- NEVER, under any circumstances, bad-mouth another student, resident, or attending with any members of your team.
- Communicate with the other students on your team to make sure you’re on the same page. **Planning to bring in an article? Give the other students you’re working with a heads up so they can find a related article to present, too.

Remember: BOTH students looking good is far better than only YOU looking good. Solid teamwork can make even the worst of clerkships enjoyable experiences and nearly all cases will result in a better evaluation for both students.

Plus... It’s lonely at the top if you stepped on everyone else to get there. Play nice. :]

SAS: Crash Course for 3rd Year
A Note on Choosing a Specialty:

While the ERAS (residency application) process doesn’t start until summer after 3rd year, away rotation applications and planning for 4th year starts as early as January! Realizing this, it is in your best interest to actively contemplate your future during 3rd year. Do you like the topics covered in your current rotation? Do you get along well with the residents/attendings? Can you see yourself working in that field? Do you prefer the intellectual internal medicine approach, or are you more satisfied doing procedures and working with your hands? Do you prefer outpatient or inpatient settings? Is continuity of care important to you? Reflecting on these questions to narrow down your choices to 1-3 fields by the spring semester will help you better plan when to complete your Sub-I’s, take boards, do away rotations, etc. Talk to the specialty advisors if you have any questions as well. Their names and contact information can be found at: http://www.stritch.luc.edu/advisorprogram/.

What goes in those white coat pockets?

- ID badge & Pager
- Pens & Highlighter
- Penlight (available at the hospital gift shop or online)
- Stethoscope with your name on it!
- Maxwell’s Quick Medical Reference (available at the hospital gift shop or online)
- Blank paper/notepad
- Note cards/scut sheets with complete info for your patients (see Appendix for sample)
- Granola bars/quick snack and money/credit card
- Articles to share with the team or read during downtime
- Yellow “student log” card to tally the types of patients you see (req'd by all clerkships)

NOTE: Long white coats must be purchased by the student and are required for Surgery and OB/GYN clerkships as well as the Nursery portion of Pediatrics. Coats should extend to the knees and can be purchased in the hospital gift shop or from multiple online retailers. Additionally, when you are wearing scrubs in common areas of the hospital, your long white coat needs to be buttoned!
Who’s Who?

- **ATTENDING**: Short for “attending physician” - a board certified or board eligible physician who has completed their residency and serves as the leader of the team, ultimately accepting responsibility for the patients on your service.

- **FELLOW**: Having already completed their residency, fellows are receiving training in a subspecialty. For example, a Cardiology fellow has already completed their Internal Medicine residency (3 years) and is now completing an additional few years of training in Cardiology.

- **CHIEF RESIDENT**: Depending on the program, this person is either in their final year of residency or has stayed an extra year to be the chief. They are responsible for many administrative tasks, like making the residents’ schedules, planning noon lectures and conferences, and ensuring that all residents are on track to meet their training program requirements. The chief normally has attending privileges and can act as the head of a service team.

- **SENIOR RESIDENT**: Simply, the resident on the team who is furthest along in their training. In medicine, this normally refers to a 3rd year resident in their final year of training. In surgery, however, a 3rd, 4th, or 5th year resident can act as a senior resident depending on who else is assigned to the team. Sometimes these residents are called “chiefs,” but don’t get them confused with the actual chief resident(s) as described above.

- **INTERN**: a first year resident

- **SUB-I**: “Sub-intern” – the 4th year medical student

What is rounding?

Exclusive to inpatient services, “rounding” consists of discussing the patients on your service and then seeing them together as a team. This can be done as “**walking rounds**” (going to each physical patient room, standing outside the door to discuss their case, then going in to see them together) or “**table rounds**” (sitting as a group and discussing all of the patients, then going to see them together). Generally, someone on the team (e.g. you!) “presents” the patient (shares the H&P or daily SOAP note out loud) and the treatment plan is then discussed by the team, with the attending or senior resident having the final say on what will actually happen for your patient that day.

Rounds typically involve teaching, both during your discussion as well as in the room with the patient where you may be shown specific physical exam findings or how to perform a specific exam technique. They are also one setting for the infamous “**pimping**” (being “put in my place”) you hear about – the attending or residents asking the students questions to test your knowledge of the disease process and treatment methods for your patients’ diagnoses. This is another reason it’s important to read **every day** and know as much as you can about each patient you’re assigned!
Writing Notes

Writing notes in the patient’s medical record is the primary way physicians communicate and are referenced by consultants and specialists long after you graduate and move on to residency. Notes should be complete, but concise, and contain only accurate information. Your student notes will be much longer than the resident’s or attending’s since you are expected to include every pertinent detail of the history and develop an extensive, well thought out A&P. You will be evaluated on your ability to synthesize all that you have learned from the patient’s story and chart with the information you’ve learned from your studying/reading in order to develop a reasonable plan. It is worth noting that different clerkships and specific attendings will require different lengths and breadths for your H&Ps, so be sure to refer to the clerkship sections of this booklet for specific guidelines for each rotation!

Full (New Patient) H&Ps:
When you see a patient for the first time in an outpatient clinic or when you’re admitting a new patient to the hospital, a full H&P should be completed the way you were taught first and second year. This includes the chief complaint, HPI, PMH (past medical hx), PSH (past surgical hx), Current Health/Screening, Medications, Allergies, Social History (including drugs, sex, alcohol, smoking), Family History, and Review of Symptoms. For the physical exam, you should comment on the patient’s general appearance/state, and examine the heart, lungs, abdomen, extremities, and whatever else is pertinent to your particular patient’s complaint and medical history. Any recent labs and imaging should also be included (new since the last outpatient visit or those done in the ER for a new hospital admission). The A&P (assessment and plan) should present your prioritized differential and address the patient’s treatment plan either by problem (e.g. CHF, HTN, asthma) or system (CV, Respiratory, Heme, Neuro). The specific requirements will vary depending on the clerkship.

SOAP Notes:
SOAP notes are reserved for return outpatient visits or daily progress notes for inpatient settings. They contain a Subjective update (essentially the HPI for that visit/day), an Objective section (for the vitals, physical exam and any lab or imaging updates), and an Assessment and Plan. These notes are briefer than full H&Ps and focus on information most pertinent to your current service/clerkship.
Admission Orders:
At Loyola, students are normally not involved in writing admit orders for patients, which is unfortunate since it’s an important skill to develop for residency (and certain clerkships will still test you on it during your OSCE!) . You may need to write admitting orders for rotations outside of Loyola though, such as West Suburban. It is prudent to learn them anyway, whether that means writing them out on paper for practice or asking your resident to teach you. All admit order topics are easily remembered using the acronym ADC VAN DISMAL as follows:
- Admit to: service, floor/unit, attending, resident (with pager #)
- Diagnosis: or chief complaint if the diagnosis is not clear yet
- Condition: fair, stable, guarded, critical
- Vitals: routine, Q4 hrs, Q shift…
- Allergies:
- Nursing Orders: DVT prophyl (TED/SCDs), Accucheck Q6, strict I&Os…
- Diet: NPO, General, ADA (diabetic), Cardiac (low fat/Na), CLD (clear liquid)
- IV Fluids: NS, LR, ½ NS, etc… @ rate (100cc/hr)
- Special: respiratory therapy, vent settings, dressing changes…
- Meds: name, dosing; includes O2 needs, insulin regimen (ISS = insulin sliding scale)
- Activity: ad lib, bed rest, with assistance, as tolerated, OOBTC (out of bed to chair)
- Labs & Imaging: CT in am, CXR now, EKG stat…
Oral Presentations

Oral presentations are your best opportunity to show your stuff to your team. In order to impress your superiors (and the people who will fill out that clerkship evaluation!), you want to ensure your presentations are succinct, accurate, and relay information in a fluid manner. Oral presentations on rounds are the team’s primary form of communication, so if your presentation is jumbled, out of order, or incomplete/inaccurate, your patient’s care may suffer… and you won’t impress anyone. Presenting is a learned skill perfected over time, so don’t fret too much if it takes you a while to get it right. Because you need to master that skill relatively quickly, though, here’s how to get it right from the get-go:

1. **Always ask a new attending how they would like you to present.** Some like very formal presentations, while others like it to be shorter or more conversational. While one may want a full physical exam report every day, some will want you to say, “on exam, no changes from yesterday.” There is no way to know which your attending prefer without asking, so ask!!!

2. **Start off with a brief sentence that reminds everyone who your patient is and why they’re here.** For example, “Mr. Jones is our 54 y/o patient with history of type 2 diabetes, hypertension, and 10 years of cocaine use admitted 4 days ago for acute renal failure.” This ensures you’re all on the same page going forward.

3. **Summarize overnight events.** This may be as simple as, “no acute events overnight,” or may involve concerning information – “he had a run of tachycardia to the 130s between 12am and 1am.”

4. **Give the subjective information obtained when you pre-rounded on the patient that morning.** “This morning, he reports mild nausea with one episode of vomiting around 5am, relieved by Zofran…”

5. **Review all pertinent objective information.** This will always include vitals and your exam and may include ins & outs (e.g. urine output for the past 24 and 8 hours), changes in medications or dosing, pertinent lab values (only abnormal values or numbers you’re following for that patient) and imaging results.

6. **For lab values, offer trending information.** “WBC count is 13.4 this morning, which is elevated but down-trending from 15 yesterday.”

7. **Give your assessment and plan** just the way you write it in your note, but **without reading off a piece of paper!** Start with that same summary sentence from the beginning of your presentation (Mr. Jones is a 54 y/o…) followed by your assessment of each problem with the appropriate next steps. “Given his improved urine output and mental status with down-trending BUN and Cr, Mr. Jones’ renal health seems to be improving. I suggest we…”

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*SAS: Crash Course for 3rd Year*
8. **NEVER, EVER, EVER read straight off your paper.** Except for lab values, you should know your patient well enough to do your presentation with very little reference to your paper notes. This will get easier as the year goes on.

9. **Read about your patients EVERY DAY!** This will help you to answer any questions the attending or residents ask you during your presentation pertaining to your patient, a practice often referred to as “**pimping**” (“put in my place” – taken from the old practice of attendings asking tough questions to prove to everyone they knew best and give overconfident residents and medical students a healthy dose of humility).

10. **Speak up, be confident, and take criticism in stride.** Accept that you will be interrupted, corrected mid-sentence, and sometimes embarrassed in front of the rest of your team. Use each criticism as a chance to improve and always strive to do better next time. You can always ask for feedback from your team as well.

   *For a helpful article with more information on presenting, visit:*
   
   [http://meded.ucsd.edu/clinicalmed/oral.htm](http://meded.ucsd.edu/clinicalmed/oral.htm)

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**Phone and Faxing**

- **Operator:** 0
  - When in doubt, dial 0 and ask the operator to transfer you
  - Also call 0 to connect to a **non-local outside line**.

- **Outside Lines w/(708) area code:** Dial 9, then -XXX-XXXX. If outside line w/o 708 area code, Dial 9 – 1 – then the full number XXX-XXX-XXX. **NOTE** – This is the same with FAXING!

- **Paging:**
  - Dial 6-8777 from a campus phone or 708-216-8777 from an outside line
  - Enter the pager number you want to call, then your call back number
  - To "tag" a page with your pager number to alert the recipient that it’s you calling (residents hate blind pages), hit *, then your pager number after you enter the callback number. Ex: say your pager number is 12345 and you want to be called back at 6-7890, you enter 67890*12345#, which shows up on the recipient’s pager as 67890-12345. That way, if they can’t call you back right away, they know who to page when they’re ready in case you’re not at the phone you originally called from anymore.

- **Loyola Scheduling:** dial 68563

- **Security:** 9-1-1 from any Loyola phone
Basic EPIC Tips

Using an EMR (electronic medical record) like EPIC will take some getting used to, and it will be several weeks/months before you truly feel like you know how to find what you’re looking for and do what you need to do within your patient’s chart. To expedite this process a bit, we’ve included the following tips that students in the past have said they wished they had known on day one of third year, originally compiled by SAS member Sarah Bauer, class of 2013.

Login

Department is actually the clinic department. By pressing the magnifying class, you can choose your clinic list. You can change this inside EPIC as well. It has NOTHING to do with your inpatient lists.
Clinic tab/Schedule

Clinic Lists

Here is where you can also change your clinic list. You will not actually have any patients, so you will have to find your appropriate attending/resident. You can also choose the date, and see what your clinic schedule looks like in the future.

Inpatient List

Inpatient tab

Right click a list, and set as default (will have a * next to it)
Top Side Bar

Very useful! Found under Physician Summary on the L Side Bar. This bar is completely customizable. Below are my settings – I’ll describe a few.

Anyone can edit this section. Summary of course (not always up to date), contact info, etc.

Very helpful! Any med that your patient gets or has gotten are recorded here. You can see how often they are requiring PRN meds, how many more days are left for their antibiotics, etc.

24 lab results, including cultures

You will have to play around with this and see what you like. Definitely choose shorter Display Names - the 3 in green boxes above are the ones I use the most.
Smart Phrases

EPIC -> Tools -> SmartTools Editor -> My SmartPhrases
(after selecting these, they will appear under EPIC -> Recent with a star next to it, by selecting the star, it will be saved under EPIC)

My SmartPhrases

Keep this short and sweet so your list is nicely organized. See next slide for how to edit this.

Smart Phrase

Name: you can name phrases whatever you like!
Only capital letters and # can be used, no spaces or punctuation.

At the end of every note:
Name, MS3 Pager #

Use this! Otherwise it will populate from smartphrase text and will be too long. See previous slide for where this pops up.
How to Steal Smart Phrases

EPIC -> Tools -> SmartTools Editor -> SmartPhrase Manager
(you can also select the star next to this phrase to save it under EPIC -> Recent)

Type ANY name here (student, resident, attending), they will not know that you are checking out their smart phrases!

How to Steal Smart Phrase (cont)

Select/double click the phrase you want to steal:

You will NOT be able to edit or mess up their smartphrase. However, you can COPY & PASTE their phrase (but don't include their signature with their name and pager #!).

Then you will need to open up your own smartphrase list (EPIC -> Tools -> SmartTools Editor -> My SmartPhrases), and create a New smartphrase. You can then PASTE their phrase, and make any edits you like! Click Save or Accept when you are done.

Feel free to steal my phrases! (Sarah Bauer)

Not sure who to steal templates from??? Start with any of your senior SAS members listed on the first page of this booklet. We’re happy to share!
Template Tips:

DO:
- **USE TEMPLATES!** You will hear attendings say that students are “not allowed to use templates” – what they mean is that you should still be doing the note yourself and not having everything auto-fill as many residents and attendings do. See “do not” below for more info, but the bottom line is that templates/smart phrases are great for creating a skeleton for your note to be filled in or adjusted by you as necessary.
- **Auto-generate simple things**, like the patient’s name, MRN, DOB, vitals, medication list
- **Actually review the med list!** While it is definitely good practice to auto-fill the patient’s medlist instead of hand-typing it every time, you want to make a habit of checking the list with your patient to ensure they are actually taking all of the meds you’re about to list in your note.
- **Include an outline of your physical exam in the template** to help you remember all of the steps you need to do. They key here is still filling it out daily so that it’s accurate to your patient, instead of auto-filling or copy/pasting the exam from the day before without actually looking at what you wrote.
- **Use *** to be sure you don’t miss anything!** If there is a single *** anywhere in your note, you will not be able to submit it. Placing a *** near each section you want to remember to edit will help ensure you get to it before finalizing your note.

DO NOT:
- **Auto-generate everything.** When you do this, it’s obvious you’re not actually taking the time to write the note, which is an important part of your development as a third year student.
- **Auto-generate the PMH, PSH, social hx, or problem list.** These are items you should be asking your patient about and typing yourself... NO EXCEPTIONS.
- **Copy/Paste your physical exam or auto-generate a normal exam that you forget to update with specifics to your patient!** For example, if you have your template with a normal physical exam that says “pulses 2+ in b/l lower extremities,” but then forget to edit it on your amputee patient, it’s not going to reflect so well on you.

The key to using EPIC well is to generate templates to fill in tedious information (like med lists) to save you time. It is NOT intended to take the place of you physically writing the note and going through the learning experience associated with it. Thus, exercise caution and use discretion when using templates, etc... and **DO NOT copy your residents’ and attendings’ bad habits, no matter how tempting. :]**
Useful Dot Phrases:

Name: @NAME@
Date of birth: @DOB@
MRN: @MRN@
Room: @ROOMBED@
Admission Date: @ADMITDTTM@

Vitals: @VITALSM@
Max temp: @TMAX[3d@}
Ins & Outs: @IOBRIEF@ -- Note: this will not cut it for surgery where you’ll want more
detailed information as described in the surgery section of this book!

Commonly Used Lab Dot Phrases:

@LABRCNT[APH:10,PCO2:10,PO2:10,HCO3:10@
@LABRCNT[GLUFS:6,GLU:6@}
@LABRCNT(wbc:3,hgb:3,hct:3,plt:3,agran:3,band:3,mcv:3)@}
@LABRCNT(na:3,k:3,cl:3,co2:3,bun:3,cr:3,glu:3,ca:3,ica2:3,mg:3,phos:3)@}
@LABRCNT(inr:3,pt:3,ptt:3)@
@LABRCNT[TROPI:5,BNP:5@}
@LABRCNT(alb:3,tp:3,alp:3,alt:3,ast:3,tbil:3,dbil:3,amy:3,lipase:3)@}
@BRIEFLAB(APH,PCO2,PO2,HCO3,BE)@

When you want to auto-fill a lab value that is not in this list, type “.ll” into the note field
(that’s dot-el-el) which will allow you to look over a list of labs, and if you select the one
you want, will fill in the value in your note.

NOTE: When using dot-phrases for lab values, be sure to go back through your note
and delete any that do not generate actual lab values! It’s just unprofessional to leave
many lines that say “No value available for @LABRCNT” in your note – so delete them!
Also check the dates on the labs and be sure they are all current. Maybe that ABG that
just auto-filled is actually from 4 weeks ago and needs to be cut from your note!
Ultimately, it’s up to you to quality control your own note.
The Clerkships
Overview:
Family Medicine is a 6-week clerkship spent at the same site with a strong focus on outpatient care. Weekdays are normally 8-9hrs long, and most locations involve little to no call and no weekend workdays. There are many different sites available, from Loyola Maywood Family Clinic to centers on the south side of Chicago, to out in La Grange, and more. Spanish-speaking and underserved clinics are also available. As sites change a bit from year to year, it is best to check with friends who have recently completed the rotation or fourth years to see what they thought of their site. Different sites also have experiences unique to them such as more obstetrical patients or opportunities in Emergency Medicine.

Grading is based on a subjective evaluation completed by your primary attending, an OSCE, a departmental exam, and two fairly hefty and time-consuming projects. The Biopsychosocial project involves performing an extensive interview on a patient, writing up their history with a focus on psychosocial factors, and presenting the patient to a group of students for discussion. The Evidence Based Medicine project requires completing a module about using Pubmed to answer a clinical question, choose an article and evaluating that article in depth—analyzing its validity and applicability to your patient. Both projects are a substantial amount of work, so DO NOT PUT THEM OFF!!! Get them done early in the clerkship so you do not have to worry about them during test time. Though they are only worth 10 points each, they can make the difference between a grade if you do well. If you follow the templates/examples provided on the clerkship website, you will do well. The exam is exclusively based on information from the online fmCases on MedU. There are 40 so start working on them early as well.

Recommended Study Materials:
- MedU fmCases – take the time to do 1-2 of these a night, and then reread the summaries available through SAS online. **MOST IMPORTANT for the test!**
- Case Files: Family Medicine – good overview of pertinent topics
- Pretest – book of review questions
- USPSTF Screening Recommendations – be VERY familiar with these! You will also get tested on them in PCM!

Smartphone Apps
- Micromedex – great pharm reference
- Epocrates – clinical reference tool
- AHRQ ePSS – great app that provides recommended screening interventions based on a patient’s age, sex, pregnancy status, social habits and sexual activity
- STATATPIII – gives you a patients 10y CVD risk
Additional items to carry in your pockets:
• Checklists for what to cover when you see a patient with diabetes, asthma, a well-child visit, a prenatal/postnatal visit, and a current vaccination schedule.

A Typical Day on Family Medicine:
• Arrive around 8:00am
• Review the list of patients your attending will see that day and perform a brief chart review (if possible) for each. Mark any interesting patients you would like to see.
• Go over the list with your attending (if they want)

• The remainder of your day will be seen seeing patients and writing encounter notes (full H&Ps for new patients, SOAP style notes for return patients). Aim to see 3-5 patients per half day of clinic.

• Some sites will have other requirements or opportunities for students – a few overnight calls, shifts in the emergency department, some time on the labor and delivery floor, visits to elementary schools, didactic lectures, etc. These specific requirements will be reviewed with you as they pertain to your specific site.

Tips for Success:
• Be as efficient as possible with your time. There is no question that you will be the rate-limiting step in your patient’s care that day, so ask your resident/attending beforehand how long they would like you to take with the patient and which issues they would like you to be sure to cover. (Often, there is not time for you to discuss all of your patient’s medical issues in one 15 minute appointment!)

• Although you may shadow some of the time, be sure to speak up if you are not getting enough hands-on practice or time to interview patients! Much of Family Medicine is about you being proactive and asking to do or see more.

• Always include Routine Health Maintenance as an item in you’re A&P problem list! Mention vaccinations, cancer screening, diet/exercise counseling, and anything else that pertains to the patient’s routine, preventative care.
Overview:
Internal Medicine is an 8-week clerkship divided into two 4-week inpatient blocks. One of the blocks must be spent at either Loyola or Hines to ensure every student experiences Internal Medicine in an academic setting, complete with daily didactic teaching sessions and patients with more complicated or rare disease processes. For the other 4 weeks, students have the option to rotate at Hines or Loyola (whichever they were not at for the previous 4 weeks), or at West Suburban Hospital (Oak Park). West Sub is a community hospital that often (but not always!) offers lighter hours and different experiences (such as writing admission orders at West Suburban) but has fewer formal didactic teaching/learning opportunities for students.

Grading is based on two subjective evaluations completed by your residents/attendings (one for each 4 weeks), an OSCE with a free-text exam portion, and an exam. The Exam will be an NBME shelf exam on the computer.

Additional items to carry in your pockets:
- Sabatine’s Pocket Medicine (small purple required course text – worth every penny! Especially helpful for preparing A&Ps. Buy online or in the hospital gift shop). About $40.
- “How to read an EKG” handout from PCM2

Smartphone Apps
- Micromedex – great pharm reference
- Epocrates – clinical reference tool***
- UpToDate: good resource for daily reading around your patients

Recommended Study Materials:
- For the shelf exam:
- StepUp to Medicine or another review book: Case Files, First Aid etc.
- Q bank medicine questions such as UWorld or MKSAP Question book
- For the OSCE:
- Lecture and small group notes and online learning objectives are very useful. Questions after the OSCE will come straight from the case examples in lectures.
A Typical Day on Medicine:

- Arrive around 6:00am
- Find out how your patients did overnight (“pre-round”)
  - Collect all objective data from EPIC – lab values, imaging results, ins/outs, vitals
  - Review new notes from any consult teams, social work, etc.
  - Talk to the patient to collect daily subjective data and complete a physical exam
  - Talk to the patient’s nurse to ensure you’re aware of anything that hasn’t been charted yet!
- Divide up any new patients with other students on your team. Review their admit H&P as well as all overnight events.
- Begin and ideally, submit or pend completed SOAP notes on all of your patients!
- After pre-rounding, meet with your team to formally round on all of the patients on your service with your attending (“rounds”)
  - You will give an oral presentation on each of your patient’s, complete with an assessment and plan. You may touch base with your resident(s) before rounds to discuss the A&P, but if you don’t have a chance, you should still do your best to develop an A&P that shows you’ve been reading about your patient’s disease process and demonstrates your ability to critically analyze their current situation.
- After rounds, complete or update (“addend”) your SOAP notes ASAP.
- The remainder of the day is spent calling consults, following up on any new labs or imaging, and adjusting the patients’ plans as appropriate. Be sure to ask your resident if there are any ways you can help, and don’t hesitate to check in with your patients throughout the day to monitor their progress!
- You will often have lectures, small groups, grand rounds, or educational conferences that supersede floor duties at various times during the day. You should receive a schedule of these sessions at the beginning of the clerkship.
- When the ED calls with a new admission, you will complete the initial H&P and present the patient to your resident. Again, be prepared to include a well-developed A&P with a multiple item differential! The Pocket Medicine binder is incredibly useful for this.
Tips for Success:

- Keep a note-card or scut sheet (see Appendix) for each of your patients, noting changes in their status/medications each day. This is particularly helpful for when your attending asks you a question like, “What’s his baseline Creatinine?” or “What was her WBC count on admission?”

- In medicine, a thorough and complete assessment and plan is best. In contrast to surgical specialties, the residents and attendings want you to write out your thoughts, explaining why the patient’s current diagnosis is the most likely diagnosis and why others on your differential are less likely.

- To develop your A&Ps, open the Pocket Medicine book to the section corresponding to your patient’s chief complaint (e.g. chest pain, shortness or breath, syncope) and go over the differential, work-up, and plan to ensure you aren’t missing anything important.

- Make sure to go home and read around your patients including work-up for a specific symptom or mechanisms/diagnosis/treatment of a disease. It helps to always have some notes written on a topic with you because your attending might out of the blue ask you what you have been reading about or if you have any topics to present. These are most often informal few minute presentations on a topic related to your patient.

- You will frequently be asked to obtain outside records - you will need to have the patient fill out a release of records form (usually available at any nurses station) and fax it to the appropriate hospital/clinic (see faxing instructions above). Often you will have to call the main line in order to find out how to get in touch with the medical records department. Be persistent in getting this information - residents and attendings notice
MEDICINE ADMISSION H&P TEMPLATE:

Internal Medicine
Student Admission H&P

CC:

HPI:

PMH:
PSH:
Current Health Status/Screening: colonoscopy? Mammogram? Pap smear?
Medications:
Allergies:
Social: ETOH, smoking, illicits, sex hx, occupation, living situation
Family Hx:
ROS: Be sure to cover 10 systems, 3 symptoms each!!!

Physical Exam: *never copy and paste
-Vitals:
-HEENT:
-CV:
-Pulm:
-Abd:
-Extremities:

Labs: particularly include any recent or baseline labs (what’s their normal Hgb? Cr?) and anything done in the ER before you were called.
Imaging: same rules apply – new or recent info, especially if done in the ER

Assessment & Plan:
In medicine, all A&Ps should start the same way: “[Patient Name] is a *** y/o M/F with PMH *** (list any pertinent past medical hx) who presents to the ER with *** (chief complaint and any super pertinent findings, ex: “SOB and Hgb 6.4”). From here, discuss your current differential and anything that has already been ruled out with testing or on exam. Be sure to prioritize it with the most likely diagnosis first! Then proceed with the plan by PROBLEM in order from most to least important/acute. Be sure to include (1) anything needed to stabilize the patient (hydration, oxygenation, bleeding, etc.), (2) ALL medications, (3) further evaluation needed (labs, imaging, tests), (4) any other treatment needed (procedures/surgeries, follow-up, lifestyle changes). For example…

“Jennifer Doe is a 58y/o F with PMH HTN, hyperlipidemia, and DVT who presents to the ER with 4 hours of shortness of breath. Pt's troponins and EKG were normal in the ED making myocardial infarction unlikely. Hx DVT concerning for possible pulmonary embolism. Other possibilities include… blah blah blah…
1. Shortness of Breath:
   - CT pulmonary embolism now
   - Oxygenation improved with 3L O2 via nasal cannula. Continue PRN. (etc.)

2. HTN: Pt has history of well controlled HTN, baseline BPs 130s/80s. Elevated now to 140/92.
   - Continue home HTN meds.
   - Monitor BP (etc.)

3. Hyperlipidemia: Total cholesterol 1 month ago 120.
   - Continue home Simvastatin.”

After you’ve addressed each problem, always include Fluids, Electrolytes, and Nutrition (“FEN”) as well as any prophylactic treatments, the patient’s Disposition (“DISPO” – patient’s current status and location in the hospital), and the patient’s code status.

FEN:
- Continue IV fluids @ 100cc/hour
- Check and replace lytes PRN (as needed)
- General diet (alternatives: cardiac, diabetic, NPO, clears, etc.)

PROPH: Heparin 5000 units subQ
DISPO: Stable on 7th floor. Likely d/c this afternoon.

FULL CODE or DNR/DNI

Pt seen and discussed with Dr. *** on team rounds.

[YOUR NAME], MS3
Pgr 12345
MEDICINE SOAP NOTE TEMPLATE:

Internal Medicine
Student Daily Progress Note

24-hour events: what happened since you last rounded/overnight (if anything)?

S: Pt did well overnight. No acute events. RLQ pain well controlled to 3/10 with Motrin. Tolerating general diet. Denies n/v/f/c (nausea, vomiting, fevers, chills). +BM (bowel movements), no diarrhea or constipation. Denies dysuria. No other acute complaints.

O:
I&O: (pt “ins & outs”— fluids, urine, stool, emesis, NG tube, drains)

Physical Exam: (as below + anything else pertinent to your specific patient)
• Vitals: (include T-max from last 24 hrs and current Temp, BP, RR, O2 sat)
• Gen: A&Ox3, NAD (alert/oriented to person, place, time - no apparent distress)
• CV: RRR, nl S1, S2, no m/g/r appreciated (rate and rhythm regular, normal S1/S2, no murmurs/gallops/rubs)
• Pulm: CTAB, no crackles (clear to auscultation bilaterally)
• Extremities: no edema, distal pulses intact in all 4 extremities

Medications: note changes in meds or dosing, especially fluids and pain regimen!

Labs & Imaging: only list NEW results (e.g. daily CBC, BMP). For radiology, give a quick summary instead of copy/pasting the entire results report from EPIC.

A&P: [Name] is a *** y/o M/F with PMH *** who was admitted on *** for ***. Now sum up any changes/improvements seen so far this admission, then proceed with the plan by PROBLEM as you would in a complete H&P. Include any acute problems as well as any changes to medications, etc.

FEN:
PROPH:
DISPO:
FULL CODE or DNR/DNI

Pt seen and discussed with Dr. *** on team rounds.

[YOUR NAME], MS3, Pgr 12345
Overview:
Neurology is a 4-week clerkship at either Loyola or Hines VA. It is divided into two 2-week blocks – one on the primary neurology inpatient service, and the other on the neurology consult service.

You will also be assigned to a specific outpatient clinic where you will work with the same attending for ½ day one time per week for all 4 weeks of the clerkship.

Grading: Neurology is based on subjective evaluations (40%) a video exam (answer questions about the patients shown in brief video clips) (20%), and a departmental exam (60%)

Additional items to carry in your pockets:
- Reflex hammer
- Tuning fork
- Penlight
- Safety Pins (found in outpatient clinic) - for testing pinprick sensation
- Long cotton swabs (found in outpatient clinic) – for testing soft/sharp sensation

Recommended Study Materials:
- The majority of written exam questions come from the material covered in the handouts available on the website (Lumen → Neurology → Curriculum: Clinical Neurology Topics) and the learning objectives for the clerkship.
- The videos for the video exam are all available to view and study from the link on the clerkship site (Lumen → Neurology → CAI Modules: Practical Neurological DVD Review – enter user:stritch, password:student → Medical Cases, then select the video you’d like to watch). At the end of each video is a paragraph or two about the video; questions on the exam are typically from these paragraphs and tend to focus on pathology/etiology, diagnosis, and treatment.
- UpToDate: fantastic resource for reading around your patients
- Lecture & online Neuro-Radiology curriculum
A Typical Day on Neurology:

- Your schedule will vary day-to-day depending on your specific attending/residents and how many patients are on your service at any given time. Some attendings like to round in the morning, other in the afternoon. You will just need to ask on day one to get a sense for what your schedule will be like for each 2-week block.

- You may or may not have your own patients to see, and some residents do not want you to write notes. If they do, the rotation will be a lot like medicine – preround on your own patients, present them on rounds, and write notes as described in the Internal Medicine section of this book, only specific to Neurology and with a Neuro exam included.

- When you are on consults…
  - Your patients will all have their own “primary” service (e.g. Internal Medicine, OB/GYN, or Surgery) and Neurology will be consulted to handle a specific problem (e.g. seizures, altered mental status, or unexplained weakness). Because of this, your team could see 10 new consults per day or not have any, so your schedule will be less predictable. As a consult is called you might be expected to leave rounds, go see the patient and then report back to the team to help keep the day moving. Again, this is all attending dependent!
  - You will not round on all of your patients every day. Instead, you chart review daily and see your patient only as needed or every few days to monitor their progress.

- When you are on the Neurology service…
  - Your team will cover patients in the Neuro-ICU and on the regular “floor.” Floor patients tend to be better learning experiences for third year students, particularly early in the year, and should be treated like your patients on internal medicine (pre-round, present at rounds, etc.).

Tips for Success:

- Watch the online neurology videos! These are exactly the same videos that will be on the video exam, so there is no reason not to watch them ahead of time and master the test.

- Review the basics for reading head CTs and MRIs. Almost every patient you see will have them, and it is not uncommon for the attending or resident to ask you to read the actual image during rounds!

- Review how to do a complete Neuro exam before starting the rotation so that you are ready to go with your first patient on day one!

- As the schedule is pretty unpredictable and slow days are common, always have something to study with you to make the best use of your downtime.
Overview:
OB/GYN is a 6-week clerkship with two sites to choose from – Loyola or Gottlieb. The breakdown of the clerkship varies depending on your site.

At Loyola, the clerkship is divided into three 2-week blocks: L&D (labor and delivery), ambulatory (clinic), and numerous electives assigned to you via lottery. Benign Gyn is “bread and butter” gynecology (fibroids, abnormal uterine/vaginal bleeding, ectopic pregnancies, pelvic pain, STDs/STIs etc.) with many outpatient surgical cases, whereas Gynecology-Oncology and Urogynecology involve more complex surgical cases and operate much like the general surgery services. Students at Loyola work with many OB/GYN residents and attendings, which is helpful for those interested in pursuing a career in OB/GYN who may need a letter of recommendation in the future.

At Gottlieb, a community hospital in Melrose Park, you will be exposed to L&D, surgical gynecology cases, and ambulatory clinics just as students will at Loyola, but the schedule is less well defined. Cases are typically less complicated than some of those seen at Loyola, but students who rotate there report more hands-on experience.

Gottlieb students work with Loyola residents and a Sub-I. The key for Gottlieb is TEAMWORK. You will be with your 4 student team for 6 weeks. It is very important that you take initiative to divide the days up on your own. It will be expected at sign out that you already know who is going to which case/clinic that day. While Loyola offers the most organized, formal teaching experience, Gottlieb often (though not always) have lighter hours and are generally less rigorous experiences, so students should contemplate which they prefer when ranking their sites for this clerkship.

Grading is based on subjective evaluations completed by your residents/attendings (it is up to you how many you submit!), an OSCE, and the OB/GYN NBME standardized “shelf” exam. This exam is a computer-based and covers a wide variety of topics, though tends to be more gynecology heavy. It is known for being a rigorous exam, so studying throughout the clerkship is key.

Additional items to carry in your pockets:
- OB/GYN Clerkship Guide given to you by the department on the first day of the clerkship. It contains sample notes, a schedule of what to cover at each prenatal visit, and many more useful tools that are invaluable during this clerkship.
Recommended Study Materials:

- **Beckman’s OB/GYN Textbook** – The NBME exam is written from the information and learning objectives in this text. Although it may seem dense at times, it is one of the better resources available for exam prep.
- Many students like the OB/GYN Case Files book, particularly if you’re the kind of person who gets bogged down by denser texts.
- Clerkship “PBLs” (problem based learning) – students on the OB/GYN rotation come together weekly to review cases together. These cases cover some of the more important topics on OB/GYN and can be a good review of that material.
- **U-Wise Questions** – provided by the clerkship, this Q-bank provides over 500 questions sorted by topic designed to mimic the shelf exam for practice. Students have reported that many questions in this Q-bank are easier than those on the actual shelf exam whereas others are more difficult.
- **USMLE World Q-bank** – some students prefer to prep for the shelf exam by reviewing the U-World questions pertaining to OB/GYN since the exams are similar in format and difficulty level.

A Note on Long White Coats:

For the 6-week OB/GYN rotation, a long white coat that extends to or beyond the knee and buttons in front is required. You must wear the coat over your surgical scrubs when you are anywhere in the hospital except for the L&D unit, pre-op, post-op, or the OR. Coats can be purchased in the Loyola hospital gift shop or from multiple online retailers.

A Typical Day on OB/GYN:

For this rotation, your daily schedule will vary greatly based on which part of the clerkship you’re on and to which site you were assigned. For instance, ambulatory days at Loyola tend to start around 8am and sometimes go for half a day only (great study time!), whereas L&D days typically run 7am-6pm, or 6pm-7am the next day if you are the student assigned to overnight call. Surgical services run much like the surgery clerkship, starting at 5 or 6am, and ending roughly 12 hours later. Some teams will round together, others won’t. Some will require you to write notes, others won’t. Realizing this, it’s important to touch base with your residents/attending at the beginning of each part of the clerkship so you know what is expected of you and can plan to be there on time, etc.
A Few Extra Notes about OB/GYN:

What’s up with call?
- While the specifics of call are different at each site, all students will be required to take call at some point during the OB/GYN clerkship. This may involve delivering babies, heading to the OR to remove an ectopic pregnancy, or going to the ED to evaluate a woman with severe abdominal pain. Your night may be constantly busy or entirely uneventful, so bring something to study during your down time!
- The day after you are on-call is your “post-call” day; you are released to go that morning and do not have to return until the morning of the next working day.

About rounding/pre-rounding:
- The expectations of you will differ with each service you’re on, so it is, as always, important to ask about them on your first day.
- Normally, you’ll arrive early enough to pre-round on your patients (chart review, speak with their nurse, daily SOAP encounter) and submit your notes before team rounds. Use the packet given to you by the clerkship to know what questions to ask your patients!
- In the past, Urogyne has preferred students do NOT preround or visit patients without the attendings. In this case, be sure you have reviewed the chart and talked to the nurse so you know about any acute events or issues from overnight.

Notes:
- We’re not kidding when we tell you to look at the packet they give you at clerkship orientation. It contains an outline of every note you will need to write on OB/GYN, so reference it before seeing all of your patients!
- Other helpful dot phrases you may want to include in your templates are:
  - Estimated gestational age: @EGA@
  - Estimated date of delivery: @EDD@

G#P#: how many gestations (pregnancies) and parturitions (deliveries) the patient has had. The “P” section is listed as 4#s, remembered using the acronym T-PAL:
- T = # of term deliveries
- P = # of preterm deliveries
- A = # of spontaneous (miscarriage) or elective abortions
- L = # of living children
- ex: G3P2012 is a woman who has been pregnant 3x, with two delivered at term, none preterm, one miscarriage or elective abortion, and 2 children living.

If you’re male…
- Don’t be surprised if some women ask for you to leave the room during their pelvic exam or delivery. Many attendings are good at explaining you are there to learn and insisting you stay, but there are others who will not argue with the patient and expect you to leave when asked. Excuse yourself politely and move on.
Tips for Success:

• **Keep an open mind!** Many students go in dreading this rotation and are surprised how much they actually enjoy it! Remember - attitude is everything. Your team will like working with you much more if you can be enthusiastic about your experience and aren’t that student that obviously does not want to be there.

• **Be respectful** – You will be dealing with very personal issues and performing sensitive exams almost daily on this rotation. Remember that the patient is always more uncomfortable than you are, and while you may be experiencing new sights or smells, your patient is feeling particularly vulnerable in these situations and needs you to act with the utmost respect and professionalism.

• **Introduce yourself to laboring patients BEFORE they deliver** – Wouldn’t you want to know who all the people in the room are if you were delivering a baby?

• **Turn in a wide variety of evaluations.** In OB/GYN, it is up to you to ask residents and attendings to fill out evaluations for you, and you are not limited in the number you can submit. To avoid having a weak eval that pulls your clinical grade down, hand a form to everyone you work with whom you feel can speak to your performance, even if it was only for one day.

• **STUDY EVERY DAY.** While this seems to be true for every rotation, the NBME shelf exam is tough! To get through the entire textbook and all learning objectives at least once (which you *should!* truly requires daily review. Make particular use of lighter days, such as ambulatory weeks at Loyola.

• **SHARE.** Most medical students have the dream of “catching a baby” before they graduate, so take turns picking up patients in active labor to give everyone a chance to experience that coveted delivery.

• **For the OSCE,** a large part of your grade is based on good communication with your SP. While performing a pelvic exam and pap smear on a plastic model in the middle of the encounter may feel awkward, do your best to treat the model exactly as you would a real patient and explain every, single step you perform. Same goes for the breast exam, which is on the actual SP.

• **Finally, refer often to the packet given to you at the clerkship orientation!!!** It’s helpful for note writing, knowing which questions to ask specific patients, etc.
Overview:
Pediatrics is a 6-week clerkship divided into a 3-week outpatient block (or 2 week outpatient and 1 week of either Peds ED or Night Float), a 2-week inpatient block, and 1-week in the newborn nursery. Inpatient weeks are completed at Loyola, St. Alexius, or St. Joseph’s Hospital (Lincoln Park), whereas students are assigned to a wide variety of community clinics to complete the outpatient weeks.

Grading is based on three subjective evaluations (one for each service – inpatient, outpatient, and nursery, weighted appropriately based on the number of weeks spent in each block) and MED-U Exam. There are several mandatory assignments, as well, that do not contribute to your grade but will require some time and energy.

Additional items to carry in your pockets:
- Tarascons Pharmacopoedia Pharm Reference. If you have a smart phone, the Epocrates, Dynamed, or Thompson’s apps also work well for looking up meds.
- Sanford Antimicrobial Reference to look up bugs and susceptibilities
- Copy of the current CDC Child & Adolescent Immunization Schedule
- Otoscope Insufflator Bulb – provided by the clerkship
- Bright Futures pocket guide for use during well-child visits – provided by the clerkship
- Stickers for your patients… because Peds is fun! ;]

Recommended Study Materials:
- Peds in Review: fantastic resource for reading around your patients (like UpToDate for kids!). This is also a good resource for article to present during inpatient. Access through the library website.
- CLIIPP Cases – online cases that will be discussed during orientation with helpful summary documents at the end of each case. The entire exam topics/questions come from these cases – do all of them, not just the few recommended/required for the course!
- Lecture and Small Group notes are also useful for exam study
- Some students like the Pre-Test Pediatrics book for practice questions, or Case Files for Pediatrics or Blueprints Peds for topic review
A Typical Day on Pediatrics:

Inpatient – a lot like Internal Medicine

- Arrive around 6:00am
  - “Pre-round” on your patients to figure out how they did overnight
    - Be sure to collect all objective lab data from EPIC (labs, vitals, imaging)
    - Check “ins & outs” – both 24hr value as well as cc/kg/hr for kids!
    - Do your daily SOAP H&P, speaking with parents as needed
    - Be sure to check with the nurse for any information that has not been charted yet!
  - Check with your resident to see if there are any new patients admitted overnight for you to see
  - Start and ideally finish your daily SOAP notes for all of your patients

- Sometime between 8:00 and 9:00am, you will round formally with your team
  - Be sure to consider any social factors than may influence your patient’s care. While this is true for all patients, it’s particularly important in Peds!
  - For infants and toddlers, a birth history should be included as part of their PMH (ex: “She was born at term, normal vaginal delivery, APGARS 9 and 10. She spent one day under the bili lights for jaundice, but had no other complications and went home on day of life #3.”)

- After rounds, complete your SOAP notes ASAP

- The remainder of the day is spent calling consults, following up on any new labs or imaging, and adjusting the patient’s plan as appropriate.
- Be sure to ask your resident if there are ways you can help, and don’t hesitate to check in with your patients throughout the day to monitor their progress!

- Like Internal Medicine, you may receive new patient admissions throughout the day in which case you will either go to the ED to see the patient or see them once they get to the Peds floor.

- Morning reports, noon conferences, grand rounds, and miscellaneous lectures will interrupt your day, so be sure to keep a copy of the schedule in your pocket as the topics are generally high yield.

- Since the inpatient service waxes and wanes with periods of chaos and calm, always have something to study with you. And at Loyola, feel free to stop by the Child Life playroom and see if any of your patients are there playing or making crafts. They normally love the company! But only go in without your coat – the playroom is a white coat free zone!
Outpatient – a lot like Family Medicine
- Check with your resident/attending regarding start time. Some will have you arrive around 8:00am, while others prefer you continue to attend Loyola’s 8:00am morning report and come to clinic afterward.

- While the manner in which you choose/are assigned patients will differ at each site, you will spend the remainder of the day seeing patients for well child check-ups, acute complaints, or post-hospital follow-ups. Some sites will have you write notes while others do not, but all will have you present the patient to the attending/resident as you would in Family Medicine before going to see the patient together.

- ALWAYS review the patient’s growth chart and vaccine schedule
- The A&P will ALWAYS include Anticipatory Guidance – car seat recommendations, toilet training tips, what to expect developmentally with your child, sleep schedule, tummy time, “back to sleep,” etc.
- Some questions to remember for...
  - INFANTS: feeding (breast? bottle? solids? how much? how often?), elimination (how many wet diapers? BMs?), sleep (how many naps? how long?)
  - TODDLERS/PRESCHOOL: developmental milestones, feeding, sleep, elimination, toilet training
  - ELEMENTARY: school, learning deficits/disabilities, attention trouble, friends, activities, screen time, eating habits, safety issues
  - TEENS (seen alone for at least part of the visit): school/grades, friends, substance use/abuse in patient and/or friends, sexual activity, home/parents, healthy lifestyle, safety (helmets!), any questions/concerns

Nursery – it’s own, unique, wonderful week!
- Arrive around 6:00am; change into scrubs and a LONG white coat. (Long coats must go to or past the knees, button in front, and worn over scrubs in any part of the hospital other than the nursery or other designated areas such as the OR. Students are responsible for purchasing their own long coat, available in the hospital gift shop as well as multiple online retailers.)
- Pre-round as above.
  - Sometimes the babies will be in the nursery, but more often they are in the room with their mom.
  - Remember to ask about feeding, elimination, and any concerns mom has
- Check with your resident to see if there are any new babies born overnight that need to be seen.
- Team rounds are normally around 7:00am though depend on the attending.
- The remainder of the day is spent waiting for more babies to be delivered or offering anticipatory guidance to moms ready to leave with their new babies. Bring something to read/study as down time is COMMON!
Nursery Note/Presentation Outline:

“BB/BG _last name_, Born on _date_ @ ___am/pm @ ____weeks____days via c-section/NSVD with Spontaneous/Augmented Rupture Of Membranes-clear/yellow/green fluid @ ____ am/pm to a G # of pregnancies P term, preterm, aborted, living mom with blood type of ? who was Ab + or -, if negative state s/p rhogam or no rhogam GBS+ or - and PNL were “non-concerning” or “concerning for…”. PMH of mom includes______. Pregnancy complications include________. Social history includes______. Family history includes______. Delivery high risk? vacuum assisted? forceps? Postpartum the infant was warm/dry/suctioned/bagged/mask/ventilated? Baby behavior at birth included grunt? nasal flare? respiratory effort? Weight was ______grams which is Small for Gestational Age(<2500g)/Large for Gestational Age(>4500g)/Appropriate for Gestational Age. Vital Signs were within normal limits, Apgar _____@1 min, _____@5 min, _____@10 min. Mom’s feeding plan is breast/bottle/both.

Then list PHYSICAL EXAM FINDINGS, LABS (especially glucose, bilirubin).

Infant is now Day of Life____. A/P includes______.”

Tips for Success:

- Even though the parents are normally present for patient encounters, **spend at least some of the visit talking directly to your patient.** While preschoolers may not have much to say, they will be able to tell you what is bothering them and building rapport is essential to a trouble-free, successful exam.
- **Take care of yourself!** You can wash your hands, take bleach baths, autoclave your stethoscope, and burn your clothes, but kids have a magical ability to still pass their germs on to you. It is incredibly common for students to get sick on the Peds rotation, so prevent illness by getting enough sleep, eating well, and staying hydrated throughout the rotation.
- **Ignore the temptation to slack off** – Peds attendings and residents tend to be incredibly friendly and relaxed, but that is not an excuse for you to not work hard! If you want a stellar evaluation, you will still have to earn it in Peds just like every other rotation.
- **Do ALL of the CLIPP cases!!!** Only a small number of them will be “recommended”/required, but the exam questions cover topics from all of the cases. It is absolutely worth your time to go through them all, so start early and be diligent in getting through them.
Overview:
Psychiatry is a 6-week elective spent at the same site for all six weeks. Site options include inpatient units (Hines, Madden Mental Health), consult services (Hines, Loyola), an intake team (Hines), and a substance abuse/Methadone clinic (Hines). The inpatient setting gives you the opportunity to see patients whose psychiatric issues are fully realized – schizophrenia, bipolar disorder, substance overdose or withdrawal, etc. Consult services tend to see more acute psychiatric presentations, like altered mental status/delirium or acute suicidal ideation.

You will also be assigned several half-days of outpatient psych clinic where you will shadow an attending physician to gain exposure to that aspect of the specialty.

Grading is based on a subjective evaluation from your main attending physician, a normal OSCE, a video OSCE, a departmental exam, and your SPPAM presentation (students presenting psychiatric aspects of medicine) – a grand-rounds style 20 minute powerpoint presentation on a psychiatric topic of your choosing, presented to half of the students currently on the psych clerkship, and graded by two Loyola/Hines Psych attendings.

Additional items to carry in your pockets:
- Mental Status Exam steps on a notecard/paper for quick reference
- Folstein Mini-Mental Status Exam on a notecard/paper

Recommended Study Materials:
- Clerkship lectures are an imperative source of study material for the Psychiatry clerkship. Be sure to study both the lectures delivered to the class as well as those posted online to Lumen!
- First Aid for the Psych Clerkship: a student favorite, and often their sole source for studying. It covers all important topics in an outline format, highlighting the most important facts for each section. Includes DSM criteria for diagnosis.
- By whatever means you prefer (lecture notes, flash cards, etc.), learn the psych pharmacology for the exam!!! Mechanism of action, side effects, indications… all of the things you would have studied for an exam second year are fair game and will be tested!
A Typical Day on Psychiatry:

Because the different services are very different, there is really no “typical” day on Psychiatry. Most students start around 7 or 8:00am and are done for the day by 4 or 5:00pm. All students are assigned to take “call” three times – twice on a weekend shift from 4:30pm to 8:30pmpm, and one weekend day shift. Students on the Loyola consults team are only required to do one weekend call.

Most services have you chart review and “pre-round” on your patients as described in the other clerkship sections of this book, though some attendings will prefer you wait to see your patients with the whole team. As with some other clerkships, some services require students to write notes while others do not. All students will write complete Psych H&Ps while on call.

Tips for Success:

- Traditionally, most medical students do not plan to pursue psych as a career, and many students are not very interested in this clerkship at all. **DON’T BE THAT STUDENT** – Instead, be open to this clerkship experience as the interviewing skills you will learn on psychiatry are invaluable, and no matter what specialty you pursue, you will have patients that suffer from psychiatric illnesses so should be familiar with their diagnosis and treatment.

- **Study as you go, particularly the psychopharmacology.** There are a bunch of drugs to learn with random side effects, etc. and waiting until the last minute will only cause you stress and make it more difficult to do well on the exam.

- For your **SPPAM presentation**:  
  - Include an **outline** of your presentation on the slide immediately following the title slide. Be sure to use headings on the remainder of your slides that indicate where you are in the outline, or reshow the outline slide before each section to show where you are in the presentation. Graders for SPPAM love this kind of organization, and it can keep you from losing easy points.  
  - Do something **interactive** with the audience. It could be a quiz game, a case study, a pre and post-test – whatever it is, get the audience involved. This keeps people engaged and gets you a better score.  
  - Do it **early!** There is a lot of material to study for the exam, so it helps to get the presentation out of the way in the first weeks of the clerkship. If you do end up going last, don’t wait until the last minute to start. Get it done early, then review your slides the night before your actual presentation instead of completing the whole thing the weekend leading into exam week.  
  - **Practice** your presentation and ***time yourself!*** Points are deducted for being under 18 or over 22 minutes!
**PSYCHIATRY ADMISSION H&P TEMPLATE:**

**Psychiatry**  
**Student Admission H&P**  

**CC:** written in quotes, even if it’s not the main/actual problem

**HPI:** Why is the pt here? What happened? Triggers? Stressors?

**PSYCH REVIEW OF SXS:**

1. **Depression:** Remember SIG E CAPS (sleep changes, lack of interest/anhedonia, guilt/hopelessness, decreased energy, difficulty concentrating, changes in appetite, psychomotor agitation, suicidal ideation)

2. **Mania:** Remember DIG FAST (distractability, increased energy/indiscretion, grandiosity, flight of ideas, increased goal-oriented activity, decreased need for sleep, talkative/pressured speech) – also reckless behavior?

3. **Anxiety:** PTSD? GAD? Specific phobias? Panic attacks (with what sx?)?

4. **Psychosis:** Audio/visual hallucinations (AVHs)? Paranoia? Delusions?

5. **SI (suicidal ideation), HI (homicidal), or VI (violent):** passive or active? Past attempts? History of violence? Protective vs. risk factors?

**PAST PSYCH HX:** prior dx, inpatient treatments, outpatient treatments, what meds – Compliance? Response? Duration? Side effects?

**SUBSTANCE ABUSE:** etOH (When last drink? How much? How often? Ever withdrawal sx?)?, illicits, OTCs, prescription drugs – how do they take it (snort vs. smoke vs. IV, etc.)? For how long? How often?

**PMH:** specifically include head trauma, seizures, stroke, DM, HTN, HL, surgeries, and who is their primary doc?

**Family Hx:** anyone treated for psych disorder? Substance abuse?

**Meds:** list any and everything!!!

**Allergies:**

**Social:** lives with? Homeless? Married/relationship? Education? Job/disability? (How do they pay for their drugs???)

**Physical Exam:** With Mental Status Exam as described in clerkship orientation lecture!

**Labs:**

**Imaging:**
Psych Assessment & Plan:
The Psychiatry A&P is a little bit different than on other clerkships as problems are listed based on their diagnostic axis.

Begin as you would any other assessment (“Mr. Jones is a 45y/o M with PMH Schizophrenia and DM who presented to…”). If you are on a consult team, be sure to indicate why you were consulted to the case. (“Psych was consulted when the patient told the ED physician that he wanted to kill himself.”) Continue with your assessment, explaining how your history and exam have lead you to develop the conclusions and plan you’ve made, then list the plan by problem.

NOTE: There are some standard templates available in both GUI (the Hines EMR) and EPIC, so be sure to check with your resident before writing your notes to make sure you’re using the format they want you to use.
Overview:
Surgery is a fast-paced, 8-week clerkship in which you work hard and spend long hours in the OR and clinic. Despite the hours, however, it is immensely rewarding. You learn a great deal in a short amount of time. It is a privilege to be present when a patient has surgery and allows you and your team to open them up and see their organs and change their anatomy. It’s really an amazing trust placed in the hands of the medical team. Patients are scared, and surgeries often define the rest of their lives. So even though you may not think holding a retractor is a big deal, your patients will think otherwise; take your job seriously and learn all you can from your time spent shoulder to shoulder with your attending and residents.

The eight weeks of surgery are divided into two 4-week blocks. You will be asked to rank all options in each block which are all Loyola services except for the General Surgery services at Hines VA, Resurrection Hospital, and a rural general surgery experience in Indiana. Services include Oncology, Endocrine, Minimally Invasive/Bariatric, Colorectal, Acute Care Surgery (aka “ACS” or trauma consults), Hines General Surgery, Resurrection General Surgery, Rural General surgery, Burns, Vascular, Plastics, Transplant, and Thoracic. The service you are assigned to for each block is based on a lottery process. Prior to day one on the floors, you will have an orientation that will cover scrub technique, suturing, and basic do’s and don’ts of the OR so you won’t feel too lost. ;]

Note: You will need a long white coat to wear during your surgery clerkship. It is your responsibility to purchase the coat and you can do so at the hospital gift shop or various online retailers. Be sure that the coat extends at least to the knees. White coats must be worn over scrubs AT ALL TIMES when you are not inside the OR, pre-op, or post-op area. Also note that scrubs are not allowed at all inside the gym, even to the café area to grab coffee.
Additional items to carry in your pockets:
- Suture scissors
- 4x4’s (gauze squares – you can these in the supply room or from the nurse)
- Tape (silk and paper)
- Penlight
- Tongue depressors
- Alcohol swabs
- Granola bars/snacks and some money/credit card – on surgery services more than any other, you never know when your next opportunity to eat will be, so have supplies on hand and be ready at any time to grab food from the cafeteria when the opportunity presents itself!

Recommended Study Materials:
- **Surgery Recall** is the best for preparing for the next day’s cases as well as exam review
- **Lawrence’s Essentials of General Surgery** – course textbook; the questions at the end of the 4th edition chapters have been known to pop up on the exam from time to time.
- Many students like the NMS Surgery and NMS Surgery Case Files books
- This would be a good time to bust out your old [Netter](#) or [Rohen Anatomy Atlas](#) – be ready to identify anatomy during procedures and know the main blood and nerves supplies
- ORLIVE.com or MedlinePlus surgical videos are also helpful for case prep
- Loyola Library website has multiple other free surgery e-text books for reference
A Typical Day on Surgery:

- Most of your days will begin on the floor at 5 am. Technically, you are not supposed to be on the floors earlier than 5 am, but some services will require earlier mornings on certain days.
- Pre-round on your post-op and consult patients – this includes reviewing their chart for overnight events, talking with nursing staff for clarifications, visiting your patient, and doing a physical exam. Come up with a rounding sheet format that you can easily use every morning, whether that’s a note card for each patient or a scut sheet like the one in the appendix. Be sure to document vitals, ins & outs, significant labs, and results from imaging and procedures done overnight.
- In most cases, you will then round with your residents, presenting your patients and their plan for the day. The time this occurs varies depending on the OR schedule but is usually during the 6 o’clock hour. Note that you may do teaching rounds later in the day with your attending, but this is extremely team-dependent.
- When rounds are over, you’ll head to the OR for the day’s cases or to outpatient clinic depending on your team’s schedule. (See details below on OR protocol.)
- Most clerkship lectures during surgery occur at 3 or 4pm. You may step out of OR cases or leave clinic to go to lecture, and while some teams will require you to come back to the OR or clinic after lecture is finished, the majority will allow you to go home from there.
- Once you are excused for the day, be sure to spend some time reading about your cases for the following day or about the cases and procedures you participated in that day. If you were “pimped” on a particular topic in the OR during a case, read up about it that night as it is likely you will be asked about it by your attending again in the future.
Heading to the OR

- First off, it’s a good idea to coordinate with your fellow students at the beginning of each week to divide up cases and clinic duties so that everything is covered fairly and adequately. Recheck the OR schedule daily to ensure there were no changes made to that day or the next day’s cases that you need to adjust for in your allocating of OR time and patients.

- Before leaving the OR locker room, make sure to have scrubs and a hat on. Clip your pager to your scrubs and always have your Loyola ID on you (or you won’t be able to get back into the locker room later!). You should also carry a scrap sheet of paper and a pen in your scrubs.

- **Meet your patient in the pre-op area.** This is extremely important and one of your main roles on the team. Introduce yourself and tell the patient you are a medical student who will be observing the procedure for the day. It is always polite to ask for their permission and to answer any questions they might have that you feel confident addressing at that point.

- Introduce yourself to the anesthesia team and the OR nurse as they come in to see the patient.

- Remain by the patient’s cart until they are ready to “roll back” to the OR. Once they’re ready, assist in getting the patient there by pushing the bed, opening the doors, etc.

- If your resident was not with you when the patient rolled back, text page them immediately to let them know you are in the OR.

- **Put a mask on before you enter the OR with the patient!** As long as the patient is in the OR, you should have a mask on!

- Help transfer the patient to the bed and introduce yourself to the scrub and circulating nurses. Try to be as friendly as possible as they can make or break your OR experience! It’s also polite to ask if they’d like you to “pull your gloves” (get your own sterile gloves from the cabinet).

- Information to write on the white board in every OR:
  - Patient name and MR#
  - Name of procedure (including the side if applicable – e.g. right/left)
  - Attending, Resident, and Medical Student names

- Offer to insert the Foley catheter; if you haven’t done this before and are asked to do so, ask for help. You are not expected to know it all on the first day!

- Be careful not to touch anything that is sterile (blue) unless you are scrubbed. You will wait to scrub in until your attending and resident are ready to do so.

- When the case is finished, be sure to stay with the patient. Help the OR staff clean the patient and transfer them to a rolling bed. Help move them to post-op and write the Operative Brief Note as soon as possible. (See below.)

- **If you are feeling dizzy or sick in the OR at any time, be sure to tell someone.** Operations can sometimes last 8+ hours and it is impossible to avoid some of your body’s natural reactions. Better to excuse yourself than to risk compromising the sterile field by falling into the patient in the middle of surgery.
Surgery Clinic
Clinic time is variable depending on your service, as is the entire experience of clinic. Some attendings want you to see the patients and others just want you to shadow. Some will have templates for taking histories, some will log you into their EPIC account to type notes directly from there, and some don’t want you to write notes at all. Some will allow you to present and some want a succinct one-liner about what is happening with the patient. Ask your residents about the flow of clinic and try to be adaptable. Every attending handles clinic differently and there is no set format. Just go with the flow of things and you will catch on – stay positive, move quickly and efficiently, and do whatever that specific attending wants and you shouldn’t have any trouble.

In General…
Surgeons are to the point. This becomes relevant during rounds, when your attending cuts you off during your presentation or when your resident interrupts your brilliant, long-thought-out A&P and walks into the patient’s room without so much as a “nice job.” You will have to develop a thicker skin, as not every attending or resident will be cordial. But not every attending and resident will be a jerk either, despite plenty of rumors to the contrary. Surgery is filled with conscientious, hard-working people who have a lot to accomplish in a short period of time. Surgeries start at 7am, and you need to cruise through rounds to get to the OR ASAP. Remember that perceived rudeness is rarely personal; everyone is just trying to get work done as efficiently as possible. You will quickly learn who you can ask questions of, who you can turn to for help (hint: interns are a great start!), who has a sense of humor… and vice versa. Pay attention to this differences and you will do well; ignore them, and you’re going to irritate a lot of people.

What’s the deal with call?
During your clerkship, you will be required to take call 2-4 times. On weekdays (M-F), your call shift begins at 6 pm and ends at noon the following day. Note that you will still be required to round with your team and participate in clinic or surgeries up until noon on some services, while you may not be required to stay until noon depending on how busy your service is and how lenient your residents and attendings are. Weekend call (Saturday and Sunday) begins at 6 am and ends at 6 am the following day. You will page the intern on call (can be found in EPIC under “Web On Call” system) at around 6 pm to find out where to meet them.
Tips for Success:

- **Know as much as possible about your patient before heading to the OR** – their full history and physical, how they presented to clinic initially, the basics of the procedure for the day, and how you will manage them afterwards. Try to review some anatomy the night before so that you can answer questions that you will inevitably be asked during the operation. Blood supply, innervation, and basic anatomy are high-yield in the OR.

- Even if you do prepare, you will often be asked questions you don’t know the answer to. **Always make an educated guess** – try to avoid saying “I don’t know” as much as possible. Surgery Recall is a fantastic resource for the most common “pimping questions” you will encounter on this rotation. **Read it thoroughly the night before every procedure.**

- **Eat a good breakfast** before going to the OR every day. Lunch is often much later than you want it to be, or sometimes gets forgotten all together, so you want to make sure you have enough to sustain you throughout the entire morning.

- **Learn how and when to cut sutures during an operation.** Every resident and attending will tell you a different technique, so don’t take it personal when you cut “incorrectly.” You will get used to their different preferences in time.

- **Learn how to suture and be ready to do so when asked.** You never know when you will get the chance to help close after an operation, and it looks incredibly impressive if you know how to suture and tie on your first try.

- No matter what you do, **be confident and keep your head up.** There will inevitably be tougher days on surgery, but keep in mind that it’s only 8 weeks and you are learning so much in that time. Allow yourself to make mistakes and learn from them. It is a grueling but extremely rewarding clerkship, and no matter what anyone tells you, it is never as bad as it seems. :]

SAS: Crash Course for 3rd Year
SURGERY SOAP NOTE TEMPLATE:

General Surgery (or Peds, or Plastics… etc.)
Student Daily Progress Note

S: 24-hour events, nurse’s observations. Post-op notes must include +/- shortness of breath, chest pain, nausea/vomiting/fever/chills, pain, dressing changes, bowel activity (+/- gas/BM) and urinary activity (Foley? Are they urinating on their own? Pain?)

O:
Vitals: Tempmax, Currenttemp, BP, HR, RR, O2sat
Vent settings: type | VT | RR | PEEP | SWAN
I/O: 8 hour & 24 hour UOP

PE:
General:
HEENT:
CV:
Pulm:
GI:
Ext:
Neuro:
GU (often omitted):
Wound: (CDI = clean, dry and in tact)

Labs/Radiology/Path reports

A/P: #/y/o (female/male) post-op day #, status post (surgery) with PMHx of x,y,z now with (CC, reason for surgery).

1. CV assessment and plan
2. Pulm A&P
3. GI A&P
4. Renal A&P
5. Pain A&P
6. Wound A&P
7. Fluids, Electrolytes and Nutrition (FEN) A&P
8. Prophylaxis (DVT prophylaxis, GI prophylaxis, etc.)
9. Disposition

*In general, be concise and definitive. Do not say “consider” doing this or that.

I will discuss this note and plan with my resident/attending.
Name, MS3 and pager number
SURGERY POST-OP BRIEF NOTE TEMPLATE:
(Done after each procedure. Usually, you’ll use a template already in EPIC/GUI – ask your resident how to access this on day 1! The key is paying attention to know what to put in each field. Most of the early info in this note is available on the OR schedule.)

General Surgery (service #) Brief Operative Note, MS3

Pre-op diagnosis:
Post-op diagnosis:
Procedure:
Surgeon: normally the attending
Assistants: residents and medical students, listed with their year (e.g. Jones PGY3, Michael M3)
Anesthesia: GETA (general), Spinal, Epidural, or Local
Fluids: 1500mL crystalloid, 2U PRBC (packed red blood cells) – ask the anesthesiologist for these final numbers
EBL (estimated blood loss): listen for the anesthesiologist and attending to discuss this near the end of the procedure!
Findings: discuss with resident; some services allow you to write “see full operative report”
Specimens: whatever went to lab, be specific
Drains: drains placed and where (ex: JP drain in RUQ)
Complications: discuss with resident, normally “none”
Condition: (usually) stable, extubated and transferred to recovery/PACU

Name, MS3
Pager #
Choosing your elective

As of the 2011-12 academic year, a 4-week elective was added to the third year calendar to give students an opportunity to explore a specialty they may be interested in as a career but otherwise would not be exposed to before the fourth year.

If you are completing the Honors in Research program, you will be required to use this month for research.

Otherwise, it is in your best interest to read about different, non-core clerkship medical specialties to see if there are any you would like to try before making your decision of which specialty to apply to for residency. Besides Family, Internal Medicine, Neurology, OB/GYN, Pediatrics, Psychiatry, and General Surgery, other residencies you can apply to (not including combo programs like Med/Peds) include:

- Anesthesiology
- Dermatology
- Emergency Medicine
- Neurological Surgery
- Child Neurology
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology (ENT)
- Pathology
- Physical Medicine & Rehabilitation (PM&R)
- Plastic Surgery
- Radiation Oncology
- Radiology – Diagnostic
- Thoracic Surgery
- Urology

Gaining exposure to one of these fields during your 4-week third year elective will help you make that decision and is the best use of your elective time. You will have plenty of elective time fourth year for taking courses you believe will strengthen your skills as a doctor, so it is best instead to use the third year time to investigate a career possibility.
And finally…

You’re a third year.

Life is good.
APPENDIX: Scut Sheets

For a sample complete H&P and SOAP note, see the Internal Medicine section, then adapt the note as needed for your specific clerkship.
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| PE Notes: | | | | | | |
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|           |   |   |   |   |   |

| PMHx/PSurgHx: | Home Meds: | | | | |
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| SHx: | ROS: | | | | |
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| FamHx: | PMD/Consults: | | | | |
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