

Inpatient Internal Medicine Survival Guide: Des Moines

Schedule

- 3 weeks at the VA, 3 weeks at Methodist on Younker 7
- **6:30am - 5:30pm** (sign-out at 5 pm)
- One weeknight evening at each hospital: Stay with on-call resident until 9:00 pm
 - Qualifier: Depending on your resident, you may leave earlier.
- One weekend day at each hospital: work 6:30am - 6:30pm (off all other weekend days)
 - Qualifier: Depending on your resident, you will likely not stay the whole day - anywhere from 4 hours to 6 hours, I haven't heard of anyone staying the whole time (but there's a first time for everything).
- Daily
 - **6:30AM:** sign-in rounds by the night resident - this is where you will pick up new patients unless you admit them during the day. Your resident will either pick them for you, or you can choose.
 - **6:30-9ishAM:** Round on your patients. Looks up what happened overnight, go talk to them, perform your physical exam, and prepare your presentation. Ask your resident before rounds if you can talk over the plan for the day. Tuesday-Friday you have morning report or Grand Rounds, so you have to be faster on these mornings because 30-60 minutes will be set aside for these conferences.
 - **8-8:30AM:** Morning report most Tue, Thur, Fridays at IMMC (check with your resident for this schedule). These are required. At the VA, Dr. Flood will give some morning reports for all of the students and residents—these are great sessions, don't be intimidated!
 - **7:30-8:30AM** on Wednesdays: Grand rounds in Thompson Auditorium, you need to go to 3 of these (or more).
 - Keep this in mind when you are rounding - you have less time to prepare for rounds on these mornings
 - **9AM:** Rounds - this will either be at the bedside (or outside the door) or in the workroom, depending on your resident/attending. At the VA, it's almost always outside the patient room. Rounds at the VA differ depending on the attending physician and may begin earlier.
 - **12PM:** Usually lunch conference at IMMC ERC (food provided). Come back for these even if you are at the VA to get food. Make sure you check the schedule as they aren't every day.
 - **Afternoon:** admit any new patients with your resident, study, follow up with your patients.
 - **5PM:** Sign-out rounds - you can sign-out your patients to the night resident (give a synopsis of what the plan is and what they should watch for overnight)

Exams

- Knowledge-based Exam
 - Superlist Exam (plus 5-10 matching)
 - Don't let this scare you - just study the things below!
 - What to Study:
 - ✓ **Dr. Craig's review:** This is gold! Come prepared and ready to soak up all the information he teaches you!
 - ✓ **Study Guide** (Main Teaching Points): This should be the backbone of your studying - it's made up of the CBL cases plus some, so if you do your background studying for the cases, you will have it more than ½ done.
 - For this clerkship, the renal chapter was helpful to read out of First Aid for USMLE Step 1 for optimal dual studying for both Step 1 and the exam.
 - For practice questions, review all of the UWorld Step 2 CK renal, urinary systems, and electrolytes (~100 questions). Definitely not necessary, but was awesome for hammering down renal stuff. Next in priority are cardiovascular and pulmonary/critical care, in that order, if you haven't done these for outpatient IM.
 - ✓ **CBL Cases:** Matches up pretty well with the study guide, so spend some time on these during the clerkship and you won't feel so overwhelmed by the end.
 - ✓ **IM Essentials:** If you want more background information, this is a solid textbook to invest in with all the important topics and points. The IM essentials questions are super helpful for outpatient IM, less helpful for inpatient since the test is like the study guide. \$40-50 on Amazon.
- Clinical Reasoning Exam
 - Make sure you go through the practice case if you aren't familiar with the system.
 - Dr. Craig will go over the potential topics with you - be familiar with these. Recently, the topics were evaluation of dyspnea, abdominal pain, GI bleeding, chest pain and cough.
 - **Symptoms to Diagnosis** is the resource they recommend your review to prepare for the possible cases - there is a link on ICON to 4 of them, or you can access the book through Hardin online. This may or may not be worth your time, it's up to you and your study habits.
 - Enter absolutely anything you can think of, and think of different ways to ask a question/treat a patient and put both, even if you feel like you are being redundant. Remember the simple things like "admit the patient", etc.
 - Ask about things other than the chief complaint - i.e. check blood pressure, and if it's high, follow it up and make sure it's in your plan (treat it). You may end up with several problems when you only started with the chief complaint, but you need to treat them all.

- **Personal tidbits:** Take the whole time, and write out the encounter similar to a note/interview format. This helps organize thoughts and made sure I didn't forget anything.

Other Requirements

- CBL
 - Prepare for these and complete the assignments (if necessary). Be prepared to answer questions and ask for clarification.
 - These are great opportunities to study - make sure you prepare adequately for them. Don't feel like you have to read ALL of the documents on ICON for these topics, just pick 1-2 representative papers on each topic that you feel will give you the most comprehensive preparation. The more you read though, the more studying you're doing.
- Feedback on Notes
 - 1 note/week should have feedback from an attending physician - doing this sooner rather than later in the week will make it less stressful.
 - At least 1 note to Dr. Craig by the end of the 2nd week.
- Evaluations
 - 1 resident + 1 attending physician from **BOTH** the VA and Methodist. You initiate the resident evaluations, but Wendi chooses the attending physicians for you. Consider these earlier rather than later, and who you would like to ask, as it is a major chunk of your grade.
 - Also need to have a resident or attending physician evaluate you on 3 things:
 - ✓ 1. Obtaining a history from a patient.
 - ✓ 2. Oral presentation of a new patient.
 - ✓ 3. Cardiac and respiratory exam of a patient. These can be done at either Methodist or the VA. It's recommended you do this while at Methodist because you can have the senior resident evaluate you. At the VA, you have to have the attending physician evaluate you and it is just harder to find time for this because you are around residents more than attending physicians.
- ICON quizzes
 - 2 Fluids (pre and post-test)
 - 2 Radiology
 - ✓ Use the sections Dr. Craig recommends to study. The first radiology quiz gives you the answers right after you answer the question, but the second doesn't.
 - Make sure you know when they are due.
 - These are completion points that figure into your final grade.
- PxDx
 - Don't wait until the end. Just plug in the required clinical encounters (RCEs) at the end of every week so you don't forget. Know what requirements you've done/haven't done so

you aren't scrambling for certain patients at the end. You do not pass the clerkship if you don't complete ALL of the RCEs.

- SIMPLE Cases
 - Must do 10 (8 regular SIMPLE cases + 2 High Value Care cases). More if they help you, but it's not necessary. The Take Home Points printout is helpful to review at the end of each case.
- Miscellaneous Requirements (make sure you do them)
 - Wendi's checklist is gold! Keep it handy so you don't forget anything!
 - **Mid-Clerkship and End-of-Clerkship Assessments** on the Log Card
 - ✓ Mid-Clerkship: There is a self-evaluation portion before you meet with faculty; make sure it's filled out and get faculty to sign the card.
 - ✓ End-of-Clerkship: There is only a self-evaluation portion for you to complete.
 - EKG Assignments (2 of them)
 - Acid-Base Assignment (1 of them)
 - SOAR (Ethics and Professionalism) Exercise
 - ✓ Due middle of week 4
 - ✓ Submit a copy on ICON AND to Wendi
 - **Final Clerkship Evaluations**
 - ✓ Electronic version will be emailed to you and a Paper version provided by Wendi that you must turn in to her on the last day.

Grading

- 45% Clinical Performance (aka evaluations from residents & faculty)
- 30% Knowledge-Based Exam
- 15% Clinical Reasoning Exam
- 10% Assignments
- It only took 2 weeks or so to get the test grades back, but we didn't get our letter grades for a full 6 weeks.

Pearls

- Initially observe how interns present new patients and how they sign out patients.
- When you have a new attending physician (or resident) **ASK** how they like their presentations. Everyone is different, and then you won't fumble your first/second day.
- For both parts of the end-of-clerkship exam, you only have the back of one sheet of paper to write notes, and you can't have more. Use that space wisely, and save room for the simulated patient case!
- Show initiative and ask questions. Even if you don't know if your plan is right, take a stab at it - participation is important.

- Offer to do extra things - check up on patients that are not assigned to you, do MOCA/MMSE bedside exams, round on your patients in the afternoon, look up clinical questions through primary literature search and print out articles about questions that came up on rounds.
- Show what you know ***in your oral presentations***. Not every attending physician will ask you direct questions to gauge what you know. In your presentation, use your “buzzword” terms and knowledge of basic presentations of diseases to rule in and out diseases throughout the presentation. Writing down a differential for the chief complaint is most effective. Even if they already have a diagnosis, attending physicians will always appreciate you thinking about less likely causes in your presentation.
- Look at the evaluation forms before you get too far into your rotation - then you will have an idea of what the resident/attending will be evaluating you on.
- If you have questions on a certain topic, ask the residents/attending physicians. Lots of them will do little teaching sessions in the afternoon if there is free time, and these are extremely helpful!
- Key topics to be good at:
 - acid-base
 - hyponatremia/hyponatremia
 - hyperkalemia/hypokalemia
 - renal insufficiency

The primary physician who writes the exam is a nephrologist. The more you review these topics, the easier they get. Doing even half of the renal Step 2 CK questions the week of the exam helps you get in the mindset of how to think of these topics.

- If you are struggling with presentations/organizing your patient information, use the outline sheet provided by Dr. Craig (there are copies under the mailboxes in the student classroom).
- Dr. Craig is a great resource. If you have questions on topics or in general, ask!