

Outpatient Internal Medicine Clerkship Survival Guide: Des Moines

The Schedule

Most of your time will be spent with 2-4 general internal medicine preceptors. You should always check your assigned preceptor's schedule the night before you work with them, so you know when the first patient is scheduled (usually ~8 am). It is nice to show up ~15 minutes before the first patient so that you can talk with your preceptor and they can assign you patients to see. Prepare for your patients by reading through past visit notes, labs/imaging, and health maintenance screenings. Being prepared will help you be more efficient when talking with your patients and may help you prepare a more thorough assessment and plan. After you see your patient you will present in the room with your preceptor. It may feel awkward to present in front of the patient at first, but it does save time because the patient can add things as you talk. You will typically see 3-4 patients (and write their notes) per half-day.

There are several CBL sessions with Dr. Craig and other IM attendings. Definitely spend time preparing for these sessions by doing the readings and thinking about the cases. The great thing about being in Des Moines is the small group size (only 2-3 students on the rotation at once), but that means you need to come prepared!

You will also spend two half-days with a Heme-Onc specialist (Dr. Freeman), two half-days with a cardiologist, one half-day with a PharmD educator learning about anticoagulant management, one half-day with an Infectious Disease specialist, and one half-day with an endocrinologist. These specialist days are mostly shadowing, but sometimes they will let you see the new consults first.

Lastly, there are several "reading" half-days throughout the clerkship. This is a great time to prepare for the shelf exam or catch up on other life necessities/chores.

The Test

Shelf exam: Ambulatory Medicine. You will take this at the end of your 4-week rotation. While maybe not as tough as surgery or pediatrics, this is a difficult shelf exam because of its breadth—you'll have a handful of questions from every specialty of adult medicine. Expect to see questions regarding screening and diagnostic criteria in addition to chronic disease management and prevention. There is a lot of overlap with the family medicine shelf, so when you are studying for one of these exams it helps with the other. If you are using Amboss you can create Q-bank sessions for the Ambulatory Shelf (the 1-3 hammer questions are very helpful in preparing for the exam, while 4-5 hammer questions tend to be low-yield and more obscure topics).

The Most Useful Resources

You will be provided the text *Case Files Internal Medicine* which many students say is very good. If you are taking this clerkship at the beginning of the year you may need to study more chapters in this book. Be sure to focus on the outpatient aspects as the book will cover inpatient topics as well. I took this clerkship at the end of core year, so I only did Amboss questions (1-3 hammers), the assigned Aquifer cases, and studied for the CBL sessions. If there are specific topics you feel weak in, I would suggest OnlineMedEd videos, but you likely won't have time

to watch ALL of the videos listed under Medicine. You can also do extra Aquifer cases if that is more your learning style.

Resources to avoid

Nothing specific, just focus on getting through a lot of practice questions. This rotation (and APM block in general) is a good time to work on Step 1 review from resources like First Aid, Pathoma, or Sketchy. Cardiovascular and GI sections have overlap with the shelf exam.

Other Information

You will work with several different attending physicians. They each have their own style and expectations – the best thing to do is clarify those expectations the first day you work with them! One of the great things about working with different preceptors is being able compare how each of them interact with their patients, build rapport, and apply evidence-based medicine. Take note of what you like and think about how you can use those tactics with your future patients!