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Good morning Class of 2024,

Happy first week of clerkships! We hope that orientation was informative and that your first day on the wards (or in the clinic) is going well.

This year, the Student Education Group and Alpha Omega Alpha collaborated on a document that is intended to be an introductory guide to clerkships. We've included individual documents on how to be clinically successful on each clerkship, resources for shelf exams, campus specific guides with helpful tips and navigation, and an overview of clerkship grading. As noted in the document, this is not endorsed by LCOM or clerkship directors, but rather is a student-directed guide that we hope can continue to be passed down to subsequent classes. We hope that this information makes clerkship year a little less ambiguous, as we know that transitioning every 6 to 7 weeks is stressful enough!

As always, please feel free to reach out if you have any questions, especially those related to the curriculum. Some points of contact are Megan Boyer (SEG Chair), Anna Chamby (SEG Vice Chair), and Richard Brach (AOA President).

All the best,
Student Education Group and Alpha Omega Alpha

A Guide to the Clerkship Experience: Tips and Tricks for Tackling Third Year

Designed as a Peer – to – Peer Resource

Created in March 2018, adapted March 2022 by Student Education Group and Alpha Omega Alpha members at The University of Vermont Larner College of Medicine

Organization:

1. [Disclaimer and Overview](#)
2. [Clerkship Grading and AOA](#)
3. [Clerkship Resources Overview](#)
4. [End-of-Clerkship Exam Basics](#)
5. [Clerkship Specific Resources](#)
 - [Surgery](#)
 - [Internal Medicine](#)
 - [Neurology](#)
 - [Outpatient Medicine](#)
 - [Psychiatry](#)
 - [Family Medicine](#)
 - [Pediatrics](#)
 - [OBGYN](#)
6. [Campus Specific Clerkship Guides](#)
 - Vermont
 - Connecticut
 - LIC

Disclaimer and Overview

Hello M3s!

We hope you find this resource useful as you begin your clerkships. Our goal is to provide an introductory guide to clerkship year through a student lens, focusing on overarching advice for your third year medical education and existing resources that peers have found helpful to enhance their knowledge base. Many students gain insight about different rotations, practices, and resources from the class before them or other flight group. We see this as an extension of that practice in a way that levels the playing field, making this information broadly available to all classmates. Please note that each clerkship has an individual guide hyperlinked within the Clerkship Specific Resources section, and that each campus has its own section at the end. We urge you to take this advice in hand with your own experiences, acknowledging that clerkship year is different for everyone with unique challenges to overcome. This resource is a student-designed guide in collaboration between SEG and AOA, and is not produced or endorsed by the Larner College of Medicine or the clerkship directors in any way.

-SEG and AOA 2022

General Advice

The clinical environment is very different from the preclinical environment, but don't let that intimidate you. There are a lot of benefits to this. You don't have to smash spacebar doing Anki cards all day. You can learn by seeing acute cholecystitis or hyponatremia right in front of you. Clerkship year is pass/fail without honors, which takes the edge off a little bit and allows you to fully immerse yourself in the clinical experience. Most residents and attendings love to teach and will involve you however they can, so take advantage of this year and give it your all. Here are some general tips that can help during clerkship year.

- Be curious. It's a lot easier to teach someone that appears interested. Give your team your undivided attention – ask questions (especially during lulls of the day or walking the halls) and request to participate in different parts of patient care.
- Just do it. Dive in fearlessly. Try new things. Be pro-active! Pick up new and difficult patients. Residents/attendings will appreciate your willingness to engage and learn. This is one of the few times in your future career that you can say your thoughts or plan, be 100% wrong, and not harm patient care. This year is about being wrong and learning from it. Get comfortable with this idea because you will likely be wrong a lot and it is okay!
 - When it comes to procedures, it is ok to ask to do something you've never done before, but make sure you are honest with your level of comfort. If you have never seen a procedure before you may want to watch someone else perform it first (in-person or online). If someone asks if you have ever done a procedure, even if you really want to do it, don't lie about it. There is nothing wrong with saying "I haven't done this before but would love the opportunity to try." The worst that will happen in these scenarios is someone tells you you can't do it at this time.
- Ask for feedback frequently. It'll both help you improve and show that you're interested in learning. It will also make you feel more comfortable and in control receiving feedback. At the same time, don't be discouraged by unsolicited, direct feedback or if someone provides only positive feedback or no feedback at all. They may not have had the opportunity to see enough to provide useful modifying feedback.

- Try to do as much of the resident's job as possible, especially for patients you're following. This gives you practical experience and also takes work off the resident's plate.
 - On that note, try to be as helpful to residents as you can, while at the same time not sacrificing your own learning. What we mean by this is that residents are incredibly busy, so any little thing you can do helps (post-op checks, checking in with a patient about something, writing progress notes, updating discharge summaries). At the same time, don't spend all your time doing this. You should be reading about your patients, learning about their illnesses, and studying for the shelf too.
- Nurses are an invaluable member of the care team – always treat them with respect and include them in conversations about patient care. Introduce yourself to the nurses taking care of your patients. Let them know you're there and can help if they need it. Try to learn things that you see a nurse doing that you could do which will help everyone on the team. For example, if your patient needs to use the bathroom but has an IV and this needs to be disconnected, you can ask the nurse to show you how to do this so next time you can do it and the nurse doesn't have to. This goes a long way with everyone and ultimately results in better care for the patient. Nurses spend the most time with patients and know them better than anyone in the hospital. You can also check in with your patient's nurse by calling them through provider access services if you want to gather information or follow up on things. If the nurses are in the middle of their sign out, try not to interrupt them; you can usually find or call them after you see the patient.
- Be aware of other learners around you. Be eager to learn, but not so eager that you take opportunities from others. A resident once said that it was the resident's job to make sure the intern looked good and the resident/intern's job to make sure the student looked good. We can do what we can to make our classmates look good too.
- Clerkship year is long. Take time for yourself doing whatever you need to do to be well.

Important Contacts

- Clerkship tutoring: Dr. Tim Moynihan
 - A note on tutoring: clerkship tutors can help with more than reviewing a specific topic. They can work with you to create a study schedule, answer questions on how to excel on your rotation, go over shelf strategies, review specific questions, practice patient interviewing / patient presentations etc. Have a low threshold to ask for a tutor. Clerkship year is a huge transition and this resource is there for you for a reason. We want to help!
- Clerkship-specific support: Clerkship director and coordinator
- Mental Health & General Support: Dr. Lee Rosen
- Reporting Mistreatment: Dr. Nathalie Feldman or the reporting website (QR code on your badge) or LEAP representatives

Clerkship Grading and AOA

Clerkship Grading

There has been a lot of debate about clerkship grading due to medical school trends and evolution of curriculum, the COVID-19 pandemic, LCOM URM data, and inherent bias. The Medical Curriculum Committee was provided with information and opinions from multiple stakeholders (including students, clerkship directors, and national data) and voted in February 2022 to keep clerkship year grading P/F at this time.

Students are evaluated within the following curricular competencies on a likert scale of Outstanding, Very Good, Satisfactory, Marginal, Unsatisfactory, and Cannot Evaluate.

Patient Care

1. Demonstrate skills in core activities required for patient care including establishing rapport, collecting a patient history and performing a physical examination.
2. Interpret clinical findings, make appropriate use of tests and procedures, formulate assessments, and develop effective plans to diagnose, treat, and prevent health problems and to promote patient health.
3. Demonstrate compassion, courtesy, and respect for the social and cultural perspective of the patient.

Medical Knowledge

1. Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences related to the practice of medicine.
2. Apply scientific knowledge to explain determinants of health, mechanisms and consequences of diseases, and principles underlying methods of diagnosis, treatment, prevention, and health promotion, at individual and population levels in current and evolving health care settings.
3. Interpret and analyze information to develop appropriate diagnostic assessments and plans for treatment, disease prevention, and promotion of health.
4. Locate, evaluate, and synthesize information required for patient care from the medical literature using appropriate resources and technology.
5. Demonstrate behaviors of life-long learning guided by continuous self-assessment and improvement.

Practice-Based Learning and Improvement

1. Apply principles of evidence-based medicine to inform patient care in current and evolving health care settings, including for diagnosis, treatment, and prevention of health problems and for promotion of health.
2. Teach and perform research to contribute to the education of other health professionals.
3. Demonstrate practices of self-assessment and continuous improvement, based on reflection and feedback, of the knowledge, skills and attitudes required for patient care in current and evolving health care settings.

Interpersonal and Communication Skills

1. Communicate and collaborate effectively with patients, families and health professionals to provide compassionate, appropriate, and effective patient care. Communicate appropriately and effectively with patients, families, and the public across a broad range of socioeconomic and cultural backgrounds

Professionalism

1. Behave in accordance with professional and ethical principles, including but not limited to altruism, compassion and empathy, accountability and responsibility, excellence and scholarship, duty and service, social responsibility, honor and integrity, respect, humility, and cultural competence

Systems-Based Practice

1. Demonstrate awareness of and responsiveness to the larger context of systems of health care through effective use of system resources, coordination of care, and practices that enhance quality and safety.
2. Participate in the care of patients as an integrated member of an effective health care team.

Each clerkship may have additional assignments and presentations that are required. Please refer to your individual clerkship syllabus for grading details.

Alpha Omega Alpha

Students can be selected to apply for the national honor society Alpha Omega Alpha following their clerkship year based on the criteria outlined below. To help adjust for campus variability, there are correction measures taken to ensure AOA representation among different sites.

Currently, points for each clerkship are awarded by:

1. Top 50% of the Likert scale (ranking a student 1-5 based on clinical work in clerkship (categories listed below))*
2. Nomination from clerkship director for distinction in clerkship-nomination will identify medical students who demonstrate characteristics of excellent physicianship – trustworthiness, character, caring, knowledge, scholarship, proficiency in the doctor-patient relationship, leadership, compassion, empathy, altruism and service leadership.*

*Application eligibility determined based on grades available at the time of selection (usually in May)

They generate a score from the total number of points in category 1 clerkship points and category 2 clerkship points in the student's completed clerkships at the time of selection to generate a list of students in the top 25% and these students will be offered the opportunity to apply to AOA. Additional information can be found at:

<https://www.med.uvm.edu/student-services/academic-achievement/awards-and-honors/aoa>

Clerkship Resources Overview

As you study throughout clerkship year, recognize that there is a key similarity to STEP studying in that there are **TONS** of resources, but not a ton of time. It will be important for you to try different study tools and figure out what works best for you in order to learn and apply the information within the clinical environment and on shelves.

Below are commonly used resources that are available for each rotation. Many of these books can be obtained from the Dana Library, or from a peer in the year above you. Additional clerkship specific resources can be found in the [Clerkship Specific Resources](#) section.

UWorld

UWorld isn't going anywhere. In general, these questions are the most similar to those you'll see on the shelf. Students tended to look at how many questions there were early in the clerkship, and then used these questions in the last phase of studying. For those seeking additional questions, USMLE-Rx is widely regarded as the next best available Q bank out there, though the questions are significantly simpler than UWorld questions. UWorld is the most recommended study resource that upperclassmen utilized for ANY and ALL shelf exam prep.

Case Files

These are books that can fit in a white coat pocket. They are comprised of single page case vignettes followed by 5-10 pages outlining the critical features of the disease state and treatments. They conclude with 3-10 questions related to the material. They vary in their quality, but in general are widely used and very helpful. Consider getting them electronically on your tablet as it's very easy to move through a few cases during downtime during the day. For fields with rapidly changing guidelines, make sure yours is relatively up-to-date.

Blueprints

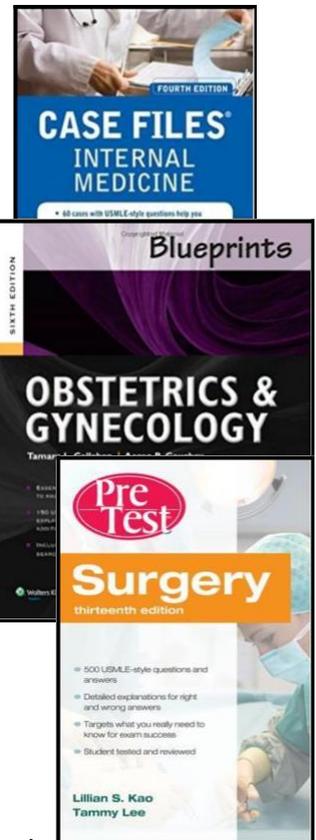
These books are larger (will not fit into a white coat) and are more thorough than Case Files. They also often have higher quality questions. For some rotations we found that these were the best "definitive resource" when we needed to clarify a concept.

Pretest

Pretest is paperback size (will fit in your white coat, but it is tight) and is entirely questions and answers. The answers are nowhere near as thorough as UWorld answers (often does not address any of the wrong answers). These books are super helpful if you prefer to learn from questions and for those clerkships where UWorld lacks a sufficient bank of questions.

Practice NBME Exams

There are **free** practice NBME subject test vouchers that can be requested through StudentCOMServices to prepare for each shelf exam – just email them (studentcomservices@med.uvm.edu) ~1 week before you'd like to take a practice test. These will provide you with practice board-style questions in a format similar to the actual shelf (if it is an NBME shelf). Some of the NBMEs have answer explanations while others don't, but they can



still be a good way to gauge your understanding of the material and practice your timing for the shelves.

End-of-Clerkship Exam Basics

End-of-clerkship written exams are referred to as “shelf exams.”

In OB/GYN, Surgery, Internal Medicine, Neurology, Outpatient Internal Medicine, and Psychiatry, you will take a standardized NBME shelf exam that students all over the nation take which is ~110 questions. These questions are retired / discarded STEP 2 questions. In general, these exams each have several questions that stray outside of their given domain. For example, don't be shocked to see neurology-related questions on psychiatry, or to see OBGYN-related questions on Surgery. People also found that the pace required to get through these exams was closer to STEP 1 speed than that required for Foundations exams, so please consider that as you prepare.

Pediatrics and Family Medicine each have had non-NBME exams in the past. The Pediatrics shelf is an exam written by Dr. Raszka that is ~100 questions. Family Medicine is an exam based on Aquifer cases and is ~100 questions as well.

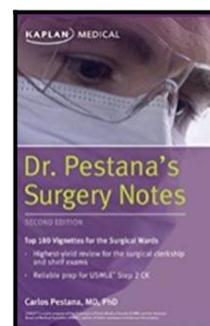
Clerkship Specific Resources

Surgery: [Guide to Surgery Clerkship](#)

UWorld: UWorld has a set of high-quality surgical questions.

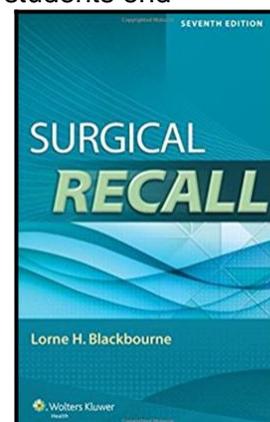
Some may recommend also doing the GI, Pulm/critical care, Cardiac, and Renal/fluids/electrolytes sections in UWorld as well. Those sections represent hundreds of additional questions with a broadly varied focus - approach with caution and an abundance of time. If you have time though, starting this is also helpful for the Internal Medicine rotation to follow.

Pestana Notes: This was the most used book resource by the students surveyed. It exists in three formats: a series of 15 hours of audio from a STEP 2 prep course by a surgeon in San Antonio (Dr. Pestana), or a short PDF, and that PDF later revised into a book published by Kaplan. The doctor has an incredibly languid voice and simplifies the material (particularly trauma, which is heavily covered on the shelf). The audio and PDF can be found online with cursory Google search.



The book also has 150 questions at the end, which are very straightforward and help to reinforce basic clinical correlations the best. Generally, Pestana Notes are regarded as short and high-yield, and the printed book easily fits inside a white coat. Most students end up using this resource in one of its three formats.

Surgical Recall: Surveyed students said this book is great to prepare for questions in the OR. It is not really a useful study tool for the shelf - the questions are too specific on procedures and too heavy on anatomy to study for written exams with. It is bulky, so getting it electronically can really lighten up the white coat. It is set up as questions on the left hand column of the page and corresponding answers on the right for optimal self-quizzing. The text emphasizes general surgery and devotes shorter sections to the subspecialties.



OnlineMedEd: Several students reported using the videos from this resource to help build a foundation. All videos are free (with ads).

Pretest: Although the answers aren't as satisfying or thorough as UWorld's, this is a large group of questions to work from. Some of the sections are very specific - you may notice that the back cover of the book suggests that residents use this book for review as well.

Blueprints: An easy read that explains the topics necessary for the shelf succinctly and clearly.

Great to have on your tablet and read between surgeries, which will also help for OR cases. Very few students reported using this resource, but past groups have found it extremely helpful.

NMS: NMS makes a textbook in outline form that is widely regarded as the best "definitive source." There is also a casebook which is more like case files in terms of how the information is presented. This casebook is widely used and liked. It does not fit in a white coat.

High Yield Surgery: Found at the address below, this is a great resource to review right before the exam, but is less helpful to learn the material at the beginning of the clerkship. Some of the information is also slightly out of date, but it truly covers the high yield facts. There are similar talks for other rotations (including IM) which many students also found useful.

http://som.uthscsa.edu/StudentAffairs/documents/High_Yield_Surgery_Compatible_Version.pdf

Additional resources for shelf, clinical, and OR success:

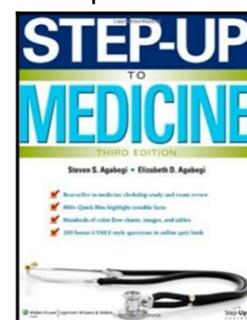
- [AnKing Step 2 deck](#) (Surgery Tag)
- [Touch Surgery App](#) (Free)
- [How to suture](#)
- [How to tie surgical knots](#)
- [Holding needle driver](#)
- [Instrument Handling](#)
- [Female Foley placement](#)
- [Male Foley placement](#)
- [Minimizing the pain of local anesthetic injection](#)
- [Procedures](#) (Thumbroll)

Internal Medicine: [Guide to IM Clerkship](#)

The Internal Medicine shelf draws from a broad range of topics. If you are working a lot and find yourself pretty tired out, it can be hard to make time to study. The name of the game in Medicine is to select a comprehensive study resource early and to not overreach by choosing 2+ resources to understand thoroughly. There are also some outpatient medicine topics on the exam, so don't be surprised by this.

UWorld: Students repeatedly said that if they had any advice for UWorld IM, it was to start it EARLY. There are ~1200 questions available and cover everything that will be on the NBME exam. There is a huge amount of material to try to cover, and we recommend considering limiting yourself to a few resources. UWorld has the advantage of covering and providing the best indication of question style for the exam. MANY people do not get through all of the IM questions before the exam due to time constraints- and this is okay!! UWorld questions tend to be more involved and broader than shelf questions.

Step up to medicine: This is a textbook. It is written in outline form, and, as such, may be difficult to "read", but is an exceptional definitive resource to look things up. It is also widely used for STEP 2 prep.



MKSAP/IM Essentials: Internists are familiar with the MKSAP resource because there is a similar MKSAP for the internal medicine board exam. The text is dense and specific. Similarly, the questions are quite targeted and test specific concepts.

For most students, the prospect of getting through this book and its questions in a rotation is dubious. Based on our experience, you should approach this resource with caution. We might recommend that you try it out early on in the clerkship (e.g. the first week) and decide right away if you would like to commit to this resource.

A Q and A flashcard **phone app** for this resource (IM Essentials) exists and is available to **everyone** for free, no logins required. It's a fun and convenient app but it directly reviews concepts from the MKSAP text itself, limiting its usefulness. It is more applicable to clinical knowledge you're likely to be asked about than the type on the shelf, but it will spark questions you can subsequently investigate (complicated vs. uncomplicated UTI, for instance), and can be a good way to spend down time on the floors.

Additional Resources:

- Clinical/Shelf
 - [CPSolvers Schema](#) (Helps create your differential)
 - [Access Medicine Infographics](#) (think uptodate but graphics)
 - [AnKing Step 2 deck](#) (IM Tag)
 - [Procedures](#) (Thumbroll)
 - UpToDate
 - [Run the List](#) (Podcast w good infographics)
 - [Internet Book of Critical Care](#) (Great blog of pathophysiology and treatment by UVM's own Josh Farkas)
- Basics Crash Course
 - [CPSolvers podcast and morning report](#)
 - [Virtual Medicine Bootcamp](#)
 - Calling [Consults](#)
 - [Describing rashes](#)
 - [Starting an IV](#)
 - [EKG Basics](#)
 - [EKG Library and Practice](#)
 - [EKG Wave-Maven Practice](#)
 - [Beta lactam allergies](#)
 - [Vent Management](#)
 - [Non-stigmatizing medical recording](#)
 - [Anti Emetics](#)
 - [Opioid conversions](#)
 - [Performing an LP](#)

Neurology: [Guide to Neurology Clerkship](#)

Students noted that the most time-intensive classical neurology topics, such as spinal tracts, dermatomes, innervations, etc. were covered, but not as widely emphasized on the shelf as expected. It may be wise to brush up on neuropsychiatry, psychiatry, and psych pharmacology if you have time. The clerkship might issue you a set of books which includes a smaller text called Introduction to Clinical Neurology, Blueprints, and Pretest.

UWorld: Good for practicing the style of questions that will be on the shelf. There are ~300 UWorld questions that are constantly being added to, but they are very helpful.

Blueprints: Short and sweet and covering the main topics presented on the shelf. You can go through it several times to solidify your knowledge because it is a fast read. Recent editions have a high-quality self-test at the end. This is a terrific resource for this clerkship. Students stated that Blueprints was most helpful as a resource for Neurology.

Intro to Clinical Neurology: Some students felt that this is a book more useful for wards than for the shelf; others felt that it offered a broad perspective that prevented one from being shocked by the material which appeared on the exam. It's well-written and great for clinical neurology.

Pretest: Relatively good resource for this clerkship as it can reinforce specific clinical correlates. Not every chapter is high-yield (don't get bogged down in the early ones) but if you are comfortable with doing questions to study, it is a high-quality resource. Great for filling in knowledge gaps, but don't rely solely on this book for all studying.

Additional Resources:

- [CPSolvers Neuro Schemas](#)
- [Head Imaging Review](#)
- [OnlineMedEd](#)
- [AnKing Step 2 deck](#) (Neuro Tag)

Outpatient Medicine: [Guide to Outpatient IM Clerkship](#)

Prevention, i.e. vaccine schedules and screening exams, along with bread and butter outpatient medicine, comprise most of this exam. If you have had inpatient internal medicine (and studied for that shelf) prior to outpatient, you will have a strong fund of knowledge to work from for this exam. Details of outpatient management of diabetes, hypertension, hyperlipidemia, and respiratory illnesses are high-yield subjects in our experience.

UWorld: Outpatient has ~400 questions that are shelf-style and helpful for brushing up on high-yield topics.

MKSAP IM Essentials Online Questions/workbook: The clerkship directors have previously assigned a large amount of the MKSAP text to read. For some students, doing the questions in the IM Essentials workbook was a faster way of covering the most important information on these subjects if you are pressed for time. The highest-yield sections in our opinion of the book include: **General Medicine(!)**, **Cardiovascular**, and, in a distant third and fourth, **Endocrine and Respiratory**.

Psychiatry: [Guide to Psychiatry Clerkship](#)

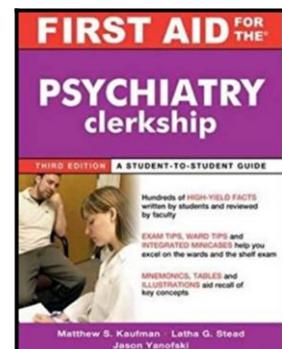
This exam is reading-intensive and some students feel a major time crunch on exam day. We found this exam to be heavy on (1) defining/diagnosis, (2) pharm, and (3) pediatric psych. Many questions ask you to choose the appropriate diagnosis for a patient presenting with 3-5 hallmark symptoms. Be sure to know the time course of illness (i.e. brief psychotic episode vs. schizophreniform), the ages required to make certain diagnoses, and subtleties of differentiating one state from another (i.e. Major depressive disorder w/psychosis vs. schizoaffective; adjustment disorder vs. major depression). The shelf will also test common non-psychiatric disorders that present like psychiatric pathology like thyroid issues, dementias, etc., so review relevant medicine and neurology.

Uworld: ~350 questions that are much easier than what will be on the shelf. If you do these right after taking STEP 1 you are likely to feel like a genius since with some prior knowledge and intuition you will get most answers correct. Good foundation but cannot comprise the bulk of your study resources.

First Aid for Psychiatry: A super-readable reference text in outline form, brief and comprehensive. It helps to have this on your tablet or smartphone for review on the wards, too. Importantly, First Aid will reference the medicine/neuro issues that might come up on the exam, but does not go into as much depth on these topics- it is best for foundational knowledge.

Pretest: Almost all sections of Pretest are good for the psychiatry shelf. An applicable and useful resource. The adolescent and child psychiatry sections are highly recommended, as is the pharmacology chapter.

Lange Q&A: Although no students from this past year reported using this (many have previously), it is a question book like Pretest and is an excellent resource to use if you want more questions!



Sketchy Pharm: Several students recommended a review of pharmacology from Sketchy and nailing down categories of drugs.

Additional Resources:

- [AnKing Step 2 deck](#) (Psych Tags)
- [MSE Instrument](#)
- [Psychopharmacology Algorithms](#)
- OnlineMedEd

Family Medicine: [Guide to Family Medicine Clerkship](#)

There is only one real resource for this in-house shelf:

Aquifer (formerly WiseMD) Cases: The previous in-house exam was taken *directly* from the 40 cases required for the clerkship. It helps to skip the background and conversations presented in the cases and focus on the guidelines, treatment, and diagnostic information. These cases are long, so be sure to open and save the summary PDFs at the end of each case. The summaries are relatively short and great for review. The end-of-case quizzes also contain some useful pearls.

There is some contradictory information between cases, as they were made by different institutions at different times. This exam is heavy on guidelines as a rule though.

Additional Resources:

- AnKing Step 2 (FM Tag)

Pediatrics: [Guide to Pediatrics Clerkship](#)

This exam is created by Dr. Raszka (has occasionally been an NBME in the past, but we're pretty sure it will be the Raszka exam again). Students that took Dr. Raszka's exam emphasized the importance of reviewing material from didactic sessions, as there are certain topics he emphasizes more than UWorld does. Students that previously took the NBME version emphasized the importance of UWorld, Blueprints, Case Files, and Pretest, as well as OnlineMedEd for foundational knowledge. Know your rashes, infectious diseases, and normal development!

UWorld: ~550 questions that hit all the important topics and are constantly being added to.

Case files: This is a great summary of all the important topics in pediatrics, but many students found that it was too light in some sections. Expect to supplement this learning resource with other materials.

Blueprints: This is a dense book, but it does cover a huge range of material in a very comprehensive way.

Pretest: Is very, very, valuable for this exam. Some sections e.g. general pediatrics, infectious diseases, adolescence, are regarded as somewhat higher-yield for Dr. Raszka's exam.

Raszka study guide: Dr. Raszka used to provide a study guide to students with the idea that if you are able to personally answer each question comprehensively, you will be well-prepared for

the shelf. However, the document includes broad prompts and many questions do not have an actual “right” answer, so it can be time-consuming to go through. Therefore, many students supplement with books and question banks as listed above. The questions are best answered individually and critically by you, the student. The prompts are also good for group discussion.

Additional Resources:

- [Access Medicine Pediatric Infographics](#) (Think UpToDate but graphics)
- [Stanford newborn images](#)
- OnlineMedEd
- [AnKing Step 2 deck](#)

OBGYN: [Guide to Ob/Gyn Clerkship](#)

If any of the resources you use below are out-of-date (i.e., older than 1-2 years) then be *very sure* that you are learning correct screening and treatment guidelines. Some of the guidelines that clinicians use on a day-to-day basis in OB/GYN change literally every year.

UWorld: Per usual, this was the most used resource by students for questions.

Uwise cases: This is a question bank of ~500 questions that are unique to OBGYN. They are prepared by an academic OB/GYN professional organization and cover a specific set of curricular topics, with an emphasis on obstetrics. They cover a lot of material and are somewhat time intensive. They aren’t necessarily representative of the shelf exam in their style or quality. Their benefit is covering ground, and their topics of focus were heavily tested on the shelf in our experience.

Case Files: This is probably the right place to start. It covers the most important information within the field (which is kind of a world unto itself) and does it at an appropriate level of detail. We feel doing this very early in the rotation will give you a good fund of knowledge to work with on the rotation. Make sure to use a recent edition as guidelines in OB/GYN change rapidly.

Blueprints: This is a good book to use as a “relatively” definitive resource for looking things up (again make sure it’s up to date). It has a higher level of detail than many other volumes of Blueprints, and for this clerkship at least, we believe it to be calibrated appropriately in its level of detail.

Additional Resources:

- [AnKing Step 2 deck](#) (ObGyn Tag)
- [OnlineMedEd](#)
- [Procedures](#) (Thumbroll)
- [Subcuticular Stitch](#)
- [Simple Buried Suture](#)
- [Assessing fetal positioning and GA](#)
- [Nexplanon insertion](#)
- [Surgery Post Op SOAP](#)
- [Atlas of pelvic surgery](#)

Elective rotations (applicable to 4th year):

Derm

- [American Academy of Dermatology Modules](#)
- [Comparison of representative topical corticosteroid preparations](#)

EM

- [Bridge to EM](#)
- [EM Clerkship](#)

Radiology

- [Radiopaedia](#)

Applicable to all shelf exams and Step 2 CK:

[Divine Intervention Podcast](#) is a great resource for shelf studying and Step studying. Use this google [sheet](#) to strategically find his podcasts on topics you want a deeper dive into. Some are episodes you can listen to while driving, cooking, etc but others he goes into a lot of detail and it is helpful to take notes while listening.

Campus Specific Clerkship Guides

Now that LCOM has multiple clinical clerkship campuses, we thought it would be helpful to have guides that are tailored to what might be expected at each. These were started by your SEG representatives and the LIC members during the 2021-2022 academic year, so they are by no means comprehensive. They are intended to be “living documents” and will be updated throughout the year by your SEG representatives, hence the google doc links. Keep in mind that clerkships change from year to year (and sometimes from flight group to flight group) so information included may become outdated quickly if several changes are made. If you have information you’d like to contribute, please reach out to your campus representatives!

Vermont:

https://docs.google.com/document/d/1KOV1pdXVbNOSWN_46-RBO0ZyAbcroghezRkBXz5uT4Y/edit?usp=sharing

Connecticut:

<https://docs.google.com/document/d/15gKNvPRWFkdkZ6WVwj9JfBK562RQz9-Vh4RA9N6Tby4/edit?usp=sharing>

LIC:

https://docs.google.com/document/d/1JX4XAJ-mXOYm7PX8184J_uTUYz9W8vZZBmQizJAmiCg/edit?usp=sharing