Introduction to core clerkship Experience (CCE)

Core clerkship educational goals:
- Clinical knowledge base
- Clinical problem-solving
- Relationship skills with patients, families, medical care team
- Advocacy skills
- Professional identity as physician
- Career development / career decision making

Requirements: CCE
- Mandatory Transition to Core Clinical Experiences
- Three 16-week Thematic sections
  - Care of Adults: Internal medicine (10), Neurology (3)
  - Perioperative and maternal: surgery (8), OB (5)
  - Care of Families: psychiatry (5), pediatrics (5), family medicine (5)
- Four Flexible Clinical Experiences (1 week each)
- Nine days of interstitial curriculum
- Complete online HIPAA, Standard Precautions, IS training
- Each thematic section has a joint orientation and a joint OSCE at the end.
- In addition each clerkship has an exam and OSCE
- CCCA (Comprehensive Core Clinical Assessment)
- You’ll need a PDA (smartphone is fine)

Goals for this afternoon
- Core clerkship curriculum and calendar
- Careers in medicine: fields of medicine and surgery
- EVOS for CCE (E*Value Optimization Scheduling)
- Introduction to the various sites

Optional enrichment: Maternal Child health
- You will have the opportunity to indicate interest in this course
- Perioperative-maternal must be scheduled before Care of Families (they don’t have to abut)
- Once you have met your patient cannot withdraw
- More info at 2:50
How to be a great “third year” clerk

Free! Download at

http://tinyurl.com/4cgdpew

Fields of medicine - primary care

Considered Primary Care for learning Contract

§ Internal Medicine
§ Combined medicine/ pediatrics
§ Pediatrics
§ Family Medicine
§ Obstetrics and Gynecology
§ Plus Geriatrics (fellowship from Internal Medicine)

Non-surgical fields - specialties

§ Anesthesiology
§ Dermatology
§ Emergency Medicine
§ Neurology
§ Pathology
§ Physical Medicine & Rehab
§ Preventive medicine (includes MPH), Occupational Med
§ Psychiatry
§ Diagnostic Radiology
§ Radiation Oncology
**Surgery & Surgical specialties**

- General Surgery
- Neurosurgery
- Ophthalmology
- Orthopedics
- Otolaryngology [ENT]
- Plastic Surgery
- Urology

**Fellowship training (postresidency)**

- **Medical Examples**
  - Allergy/Immunology
  - Cardiology
  - Endocrinology
  - Gastroenterology
  - Pulmonary Care
  - Critical Care Medicine
  - Nephrology
  - Oncology
- **Surgical Examples**
  - Colorectal Surgery
  - Surgical Oncology
  - Vascular Surgery

**Careers in Medicine website**

https://services.aamc.org/careersinmedicine/

**Some fields are more difficult to match into**

- Why? Supply and demand = spots per applicant
- Varies somewhat year to year
- Current trend: fields where hours are controllable
- Examples: few spots per applicant
  - Surgical subspecialties (ENT, ophthalmology, urology, orthopedics, plastic)
  - Dermatology
- Examples: moderate # spots per applicant
  - ER, Radiology
- How to tell which is which
  - Websites AAMC and FRIEDA

**Choosing a specialty**

- What has meaning to me - what do I value? What's important to me?
- What do I enjoy doing?
- What am I good at?
21 questions to ask as you rotate through clerkships

§ What are the characteristics of the patients
§ Do I enjoy seeing the problems they present
§ How much variety is there? What is the "bread and butter"?
§ Where do people in this field tend to see patients?
§ Broad-based (generalist) or focused in-depth (specialist)?
§ How much continuity of care is there?
§ Do the intellectual aspects of this field fascinate me?
§ How much does the field involve procedures? What sorts?
§ How are patient outcomes defined?
§ How much is time pressure an aspect of the field?
§ Who sets the schedules? Who sets the treatment guidelines?

21 questions, cont.

§ What is the relative emphasis on "teamwork" vs individual decision-making?
§ How long are the days? How predictable are the hours?
§ What is the income potential?
§ What sorts of geographical restrictions or freedoms?
§ How much is malpractice an issue?
§ How competitive is it to get a residency in this field? How competitive is it to get a job?
§ How does this field tend to be viewed among my colleagues? Family? Friends?
§ Could I see myself as a colleague of the people I am working with?
§ Would I like getting up in the morning and coming in to work?

Finding your “bliss”
The most beautiful fate, the most wonderful good fortune that can happen to any human being, is to be paid for doing that which he passionately loves to do.

--Abraham Maslow

I say, follow your bliss and don't be afraid, and doors will open where you didn't know they were going to be.

--Joseph Campbell
(from an interview with Bill Moyers)

Mentors and Advisors

§ You already have a mentor
§ Also will need at least one informal specialty advisor by Jan/Feb of third year
   • Advice re fourth year times & sites
   • Where are you competitive?
   • Which program is going under/ is coming up?
   • Review your personal statement, advise re LOR's etc in fourth year
§ Mentor and Specialty advisor CAN be the same person but don't have to be
§ Specialty advisors are assigned by house in case you don't know who to call. If you know a specialty advisor, use him or her!

Career Development Help

• Student mentor
• Specialty advisor(s)
• Office of Student Affairs
• AAMC Careers in Medicine Website
  • The web site is www.aamc.org/careersinmed
  • Log in using your AAMC number (the one you used for AMCAS)
  • At our school student's advisor is the "Careers in Medicine Counselor"
• Books
• Presentations like this one
  • Student Affairs: Big Picture, Intro to clerkships, Third Year Orientation, Career Day, Soup to Nuts, etc
• Interest group lunches & dinners

CVOS for CCE: what are my choices?

Sequence of thematic sections (NOT of rotations within the thematic sections)
Sites for rotations [general area for family]

Remember, you are indicating PREFERENCES only

More specifics on “how to do it” in next session
Some sites require a repeat “CBC”

CBC = “criminal background check” – usually a CORI in Massachusetts
You will need to sign permissions to do this or you won’t be able to rotate to that site
If you think this may be an issue for you (if you have been arrested since school started – for any reason, including the charges were dropped) see me

What if I’m considering a field which isn’t one of the core 7?

Plan one or more FCE experiences in that field
Do rotations in your potential field in May, June, July or Aug of Advanced Studies (there will be a meeting in Jan 2014 explaining how to do this)

CCE lottery: Does time/sequence matter?

Not a lot of strategy in core clinicals (unlike electives)
If possible, don’t do your intended field LAST, simply because of issues of setting up advanced studies
But you can always use FCE’s to explore your intended field if it IS last
And many students who did their intended field first or last blocks have gone on to match well
If you think you might be requesting a postponement of 1A for more USMLE study time, don’t schedule Care of Adults into the first thematic section!

CCE lottery: Does site matter?

Community oriented vs tertiary care facility
Other patient characteristics (language, age, SES)
Inpt vs consult vs mixed
Work with residents vs work directly with attendings
# of attendings to work with
Geography
Lifestyle issues (eg call schedule, housing food provided or not)
These are issues of PREFERENCE and INTEREST
These are NOT issues of STRATEGY

What about Berkshire Medical Center?

REMEMBER
• If you want MCH, perioperative/maternal must come before COF (they don’t have to abut each other but perioperative/ maternal must come first)
• If you think you might need to request a clerkship postponement for more study time for Step 1, don’t schedule Care of Adults in thematic section #1
• Any request for clerkship postponement to study for Step 1 must be approved by CSAEB.
  • Requests for academic reasons must have supporting email from CAA
• Have FUN, dream a little – you are hitting the CLINICAL YEARS!