



Reflections of a New Clerkship Student

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Hospitals are scary places for most people; very few people want to set foot in one, and most who enter are wishing to get out. Medical students are the exception. For medical students, hospitals are an exciting place, a place full of hope and magic, where people go in sick and come out better. As a first- and second-year medical student, you go through the cycle of lectures – exams – lectures – exams over and over with very little hospital exposure. Even when you are exposed to the clinical environment, you mostly just watch senior students and doctors do their thing, eagerly waiting for the day you can set foot in the hospital as a clerk and actually help people. Now, as a new third-year student, let me share with you my experience after completing my first clinical rotation.

My first rotation was a two-week elective, meaning I was able to choose what discipline to rotate in. I had settled on hematology consults, and to be honest, I had no real reason for choosing that – I would've been happy rotating in any field. Like many new Med3's, I have no idea what field I would like to go into yet, and I was just excited to be a clerk at all, so any discipline would've sufficed.

In Preparation

Given that it was my first rotation, I wanted to prepare a little so I wouldn't be completely lost on my first day. My memory of hematology from my pre-clinical years was essentially zero, so I needed to prepare somehow. As such, I dusted off Toronto Notes and opened the chapter on hematology, but after reading about 3 of the 60 pages, I decided that was way too boring and wasn't going to work for me, so I tried a different way. I decided to check out OnlineMedEd's section on heme-onc and worked my way through their videos, which to me were a lot more engaging than reading a textbook. Luckily, the elective coordinator had sent me contact information for the team I'd be working with, so I also reached out to the residents and asked them if they had any tips on things to review. They suggested a few topics to read up on, so I UpToDate'd those as well. While this did help me somewhat, I still felt overwhelmed when I showed up on my first day. I was not ready for the pinging questions I'd be asked by the attendings, but reassuringly, even the junior residents on the team didn't know all the answers either. I wasn't familiar with medication dosages, or the intricacies of choosing one anticoagulant over another.

The Daily Routine

My days pretty much followed a set routine for the entire rotation. I would arrive approximately 15 minutes before my team's morning meeting time of 8:30 am, which gave me enough time to stop by my locker and to print out the day's patient list. Then the residents and I would meet, see what consults were pending for the day and divvy them up amongst ourselves, before going to see patients on our own. After seeing our patients and writing notes, we'd meet as a team around noon with our attending to review our cases and decide the management plan for all the patients.



Then, after a quick lunch break, we essentially did the same thing over again with new consults that had come in during the day. On a good day, we'd end around 5pm, but on a busy day, we'd end as late as 7:30pm. Between patients, if there was time, I'd do some reading, or the residents would teach me about a topic related to a consult. By the end of the two weeks, I was surprised by how much knowledge I had managed to pick up and actually remember.

What No One Tells You

You would think that after two years of medical education learning about diseases that kill people, you would be prepared to see people dying. At least I thought I would be, but in reality, I wasn't. I was not ready to meet patients who seemed relatively fine, who were hopeful to get treatment and leave the hospital, only to check on them a few days later and realize they had now been diagnosed with stage IV metastatic cancer or switched from definitive treatment to palliation only. And I definitely wasn't ready for the number of patients like that. That weighed heavily on me; I would find myself thinking about them at night before bed, and I still think of them, even now that the rotation's ended. It's one thing learning about fatal diseases, and it's another thing seeing people suffering from them.

Another thing that surprised me was the amount of standing you do in a day. You're on your feet almost the entire day; often you only get to sit when writing a note or on lunch. As a consult service, we didn't have a dedicated place in the hospital, so our team would meet in the ER or at a nurses' pod on the wards. There're often not enough chairs for your entire team and for the dedicated staff that work in these areas, and when that happens only the seniors of the team get the privilege of sitting. As a medical student, you're at the bottom of the hierarchy, so you're the last one to sit. By the end of the rotation, my feet were killing me, and that was only after two weeks! I'll have to invest in some good shoes.

Perhaps the biggest surprise for me was how exhausting the days were. After my first day, I passed out immediately once I got home and only awoke in the middle of the night. I mentioned this to my residents the next day, and one of them shared that the same thing happened to them. Adjusting to the new environment was definitely a big factor in this happening, but even towards the end of the rotation I would still come home exhausted. That being said, I would also come home extremely satisfied with my day. It's hard to describe, but it was a sort of a "today was a good day" type of exhausted. Hopefully the fatigue gets better as I become more accustomed to clerkship, but even if it doesn't, I'm already loving clerkship more than Med1&2 by a longshot.

