1996

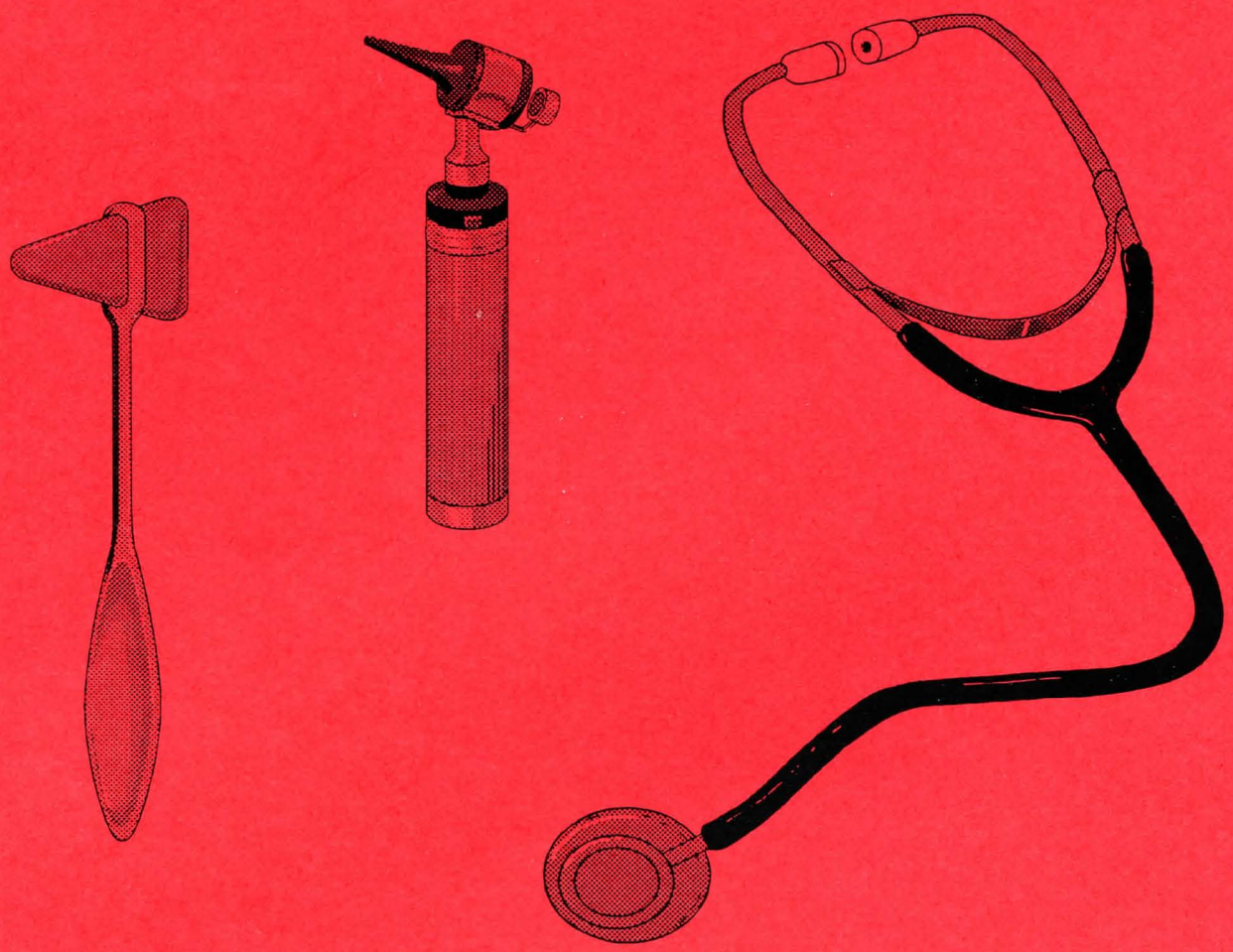
Clinical redbook: 1996-1997

BOSTON UNIVERSITY SCHOOL OF MEDICINE

CLINICAL REDBOOK

1996-1997

A Guide for Third and Fourth Year Students



Office of Student Affairs
Boston University School of Medicine

Introduction

This is the first edition of the 3rd and 4th Year Redbook. We believe that the best source of information about the rotations at BUSM and how to get a residency is available from other students; now BU students have an easy way to get that information.

This book is intended as a work in progress, something started by the Classes of '96 and '97 to be continued by and for those who follow. We know there are many missing courses, specialties, and sections that could be very useful to future generations of BUSM's. Also, rotations change considerably from year-to-year and will need to be updated. Hopefully those of you who have ideas for great new sections or who want to update and inform other students about rotations will write them up and submit them in Microsoft Word 6.0 to your SCOMSA rep for inclusion in the next year's edition.

We would like to give a special thanks to Tina Rosenthal and Allison Tonkin, without whose enthusiasm for this project and ability to get others involved, this book would never have been completed. We would also like to thank everyone who contributed to this book; that so many very busy third and fourth years were willing to donate their time to future classes speaks very highly of the character and dedication of BU Medical students.

We hope you find this 3rd and 4th Year Redbook useful!!

Debbie Blazey-Martin MD and Greg Marchand MD, BUSM '96

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Third Year Rotations

MEDICINE

Boston City Hospital

Allison Tonkin
BUSM '97

The medicine rotation at BCH provides the student with exposure to a wide variety of disease entities. The patient population is quite diverse representing many different cultures. Students are expected to pre-round on their patients at 7:00 am and be ready for walk rounds at 7:30 am. Each Monday, Wednesday, and Friday at 9:30 am the residents have morning report, and students are welcome. Many students felt they learned a lot from these sessions if they had the time to attend. Attending rounds usually take place two mornings a week. The attendings at BCH are generally very good about teaching. There are also weekly clinical problem solving sessions, physical diagnosis rounds, and professor rounds that have now been integrated for students at both BCH and UH. Students do not take overnight call and usually determine on-call hours with their particular Intern. The medicine rotation requires that students come in on Saturdays for rounds. Dr. Levin, the Clerkship Director at BCH, says that students should be able to leave weeknights by 6:00 or 6:30 pm and Saturdays by noon, but this is highly variable depending on the residents and attending for a particular team. Dr. Levin requires students at BCH to keep a log of their patients and to plot the natural history of a particular disease.

Boston University Medical Center Hospital

Tina Rosenthal
BUSM '97

The medicine clerkship at UH is divided into three sections of four weeks, three weeks, and four weeks respectively and individual experiences depend on the three sites/teams to which you are assigned. Most students will have an ambulatory block at some point during their clerkship. CCHERS students will be at their assigned health center for the outpatient experience. Other possible assigned sites include a medicine team at UH or BCH, a heme/onc team at UH or BCH, or the cardiology team at UH. You do not get to choose your schedule, it will be given to you on the first day of the clerkship. It would be important to make sure that at least one of your blocks is on a general medical service and worth trying to change if not. Although you may do different parts of your clerkship at different hospitals, being based at UH means that you will return to UH for hospital-based student conferences. Dr. Hershman who is the clerkship director at UH is superb and is a strength of the UH clerkship. Call varies by team, usually 1 in 2 or 1 in 3, and how late you will have to stay varies by Intern/resident. There is no overnight call.

Boston Veterans' Administration Medical Center

John Dutton
BUSM '97

The VA has aspects that can be viewed as positives or negatives depending on your perspective. There is not an extensive network of ancillary services. This means that you start IVs, draw bloods, transport labs, perform Gram stains, and other assorted jobs that are often covered at other hospitals by support staff. You also will get a chance to do more extensive procedures, especially if you are there later in the year. The people you will work with are generally helpful and Dr. Caslowitz does a good job coordinating teaching sessions. Seven of the eleven weeks are spent on the wards, the other four weeks are spent in Ambulatory Day Treatment Center at the VA (ADTC) and the Causeway clinic in the North End. In the ADTC, you will see one patient per day and present them at teaching rounds the next morning. Causeway Clinic can be a good experience seeing patients in your own office with a different attending each day, and the food in the North End is incredible. There is also free food when you are on call on the wards. It is VA food, but it is free. Overall, the strength of the VA is the fact that the patients are generally pretty sick, and need lots of care and you are integral to their receiving it. They also stay in the hospital much longer than at conventional hospitals, so you can see the course of their disease and treatment. Medicine is very much resident dependent, if you have a resident who is interested in teaching and well organized you will learn a lot.

OBSTETRICS & GYNECOLOGY

Boston City Hospital

Tina Rosenthal, BUSM '97 and Deborah Blazey-Martin, MD, BUSM '96

This rotation was excellent at BCH. Each group divided into four groups, and each group rotates through labor and delivery, gynecological surgery, Dr. Brown's Clinic, and other specialty clinics (High Risk, Colposcopy--about 10 days each). Call is q4 for labor and delivery (overnight) and for GYN Surgery (until 10 pm), and there is no call when you are in the clinics. The day begins at 6:30 am on the wards and 7:00 am in clinic.

Dr. Brown's clinic is a highlight of the rotation. You will become very comfortable with the pelvic exam, pap smear and cultures, sizing the uterus (make sure he brings out the different sized balls--they really help!), and many other issues "obstetrical and gynecological." You will have an interactive/didactic session in the morning with Dr. Brown, after which you will have breakfast as a group, then start seeing patients at 9:00 am. You may be asked to present a topic that came up in regards to one of your patients during the morning sessions . The one drawback to clinic is that you will not have time for lunch, so if you get cranky without food, make sure to bring something to munch on while you are working on charts.

On Labor and Delivery, most students got the opportunity to deliver many babies taking call only q4. This, however, is census dependent, so if people wanted to get more exposure, there is room for two people to sleep in the call room. Throughout the rotation,

there are didactic sessions every day from 4:00-5:00 pm on the major topics, and a cancer lecture once a week in the evening. Everyone in the OB/GYN rotation (regardless of location) is required to do a case presentation for Dr. Stubblefield, which is 25% of your grade. The rest of the grade is 25% USMLE-type exam, 25% oral exam, and 25% evaluations.

Framingham Union Hospital - MetroWest Medical Center

Sonia Ramamoorthy, MD
BUSM '96

Framingham offers an excellent experience in OB/GYN with few drawbacks. The average number of deliveries per day was 20-30, of which 2-3 are by C-section. Students participate in patient care from the time of admission, through labor, delivery, and discharge. Almost all of the patients are the private patients of the attending staff and are more than willing to let you participate in their delivery. The attendings are adjunct faculty from Beth Israel Hospital/Harvard Medical School and are outstanding teachers. Once you have worked with them a few times, they will let you do more during the delivery and almost every student has an opportunity to deliver a baby on this rotation. The GYN experience is fair, with students and residents running a free clinic twice a week. Clinic visits are mainly for prenatal check ups and routine pelvic exams. The surgical experience was comprised of routine hysterectomies, laproscopic surgeries and D&C's. There were very few GYN-Oncology cases. The drawbacks are the commute (30-40 minutes from Boston, tolls, gas, etc.) the late-night clinic (Tuesday Clinic runs from 6:00-9:00 pm), and the faculty are not BU faculty, which can be a problem for students who want to go into OB/GYN. The residents are comprised of both a second year from BU (Obstetrics) and a third year from Beth Israel (GYN). Call schedule is q4 to q3 depending on the number of students (there is usually a UMass student on the rotation as well). Overall, this is a well-rounded experience where a student will learn the basics of OB/GYN.

Malden Hospital

Matthew Weber
BUSM '97

Malden Hospital is a community hospital that has approximately 1100 deliveries per year. Students are expected to write notes on inpatients between 6:30 and 7:00 am. After this, while having breakfast, one student presents a topic to the other students, residents and the attending physician. Between 8:00 am and noon, students attend cases in the OR, do necessary work on the floor, or take the time to study. Four afternoons each week, students attend OB/GYN clinic. Students are expected to see patients by themselves and then present the information and finish the Internal exam with a resident or attending physician. Students stay in the hospital overnight when on call and are on call only Monday through Thursday.
The student presentations in the morning are helpful in providing exposure to much of the information that will be on the exam. Because the majority of the visits to the afternoon clinic are for prenatal care, students learn a great deal about obstetrics. In addition, students are able

to assist at anywhere from 5 to 15 deliveries during the seven week rotation. The weakest part of the rotation at Malden Hospital is gynecology. There is very little gynecology in the afternoon clinic and almost no gynecological surgery. The rotation differs from that at BCH because students are exposed to all aspects of the practice of OB/GYN for the entire 7 weeks as opposed to doing two week blocks of inpatient gynecology, delivery, etc. In general, the rotation is more relaxed than at BCH and students learn a great deal about obstetrics. Unfortunately, gynecology is mostly learned from textbooks during this rotation; the upside of this is that there is a good amount of time available to read.

PEDIATRICS

Boston City Hospital

Christy Odell
BUSM '97

Pediatrics at BCH is run by Dr. Ben Siegel and consists of three weeks on the inpatient wards, one week in the newborn nursery and three weeks in the outpatient clinics. All students who are in CCHERS are required to do their pediatrics rotation at BCH so that the three weeks of outpatient work can be done in their respective clinics. Those students who are not in CCHERS rotate throughout the BCH specialty clinics, including the lead clinic, hematology clinic, GI clinic and neurology clinic. Exposure to these specialties provides a unique opportunity to see specific pediatric pathology, but some students complain of a lack of autonomy and teaching in some of these clinics. One week is spent in the newborn nursery at BCH. This week provides the opportunity to learn the newborn physical exam and the Dubowitz exam to determine newborn maturity. Expectations from the students vary according to attending physician. At the least students are expected to follow one newborn from birth to discharge including an interview of the mother. Students then give a presentation to the attending physician at the end of the week. The inpatient service consists of work on the wards, starting with 8:00 am rounds (except on Friday when rounds begin at 7:00 am due to 8:00 am Grand Rounds). These are then followed by radiology rounds and various conferences throughout the day for medical students. Students work most closely with their Interns, but have lectures by the attending physician and Chief resident throughout the week. The inpatient ward day usually ends at 4:00 pm with a clinical lecture by various attending physicians. Wednesday is unique with a developmental lecture series and a physician development series run by Dr. Siegel which involves an hour discussion by students about their experiences on the wards. There is a significant amount of writing that must be handed in by the end of this rotation. Three to four patient write-ups including the pathophysiology of disease must be turned in, five reaction papers (a few paragraphs) to the developmental series readings, and a "critical incident" paper. One more requirement for the BCH peds rotation is either attendance at three ethics seminars (most people do this), a paper, or a presentation. Finally, grading is based on your evaluations, a one hour oral exam, and the written exam (10%).

Carney Hospital

Tina Rosenthal
BUSM '97

Carney Hospital is a 382 bed private hospital located in Dorchester, operated by the Daughters of Charity of Saint Vincent de Paul. There is a 12 bed pediatric ward, but it is rarely full. Carney is a good choice for students who want a strong outpatient experience. The inpatient experience is more limited but you will still see the bread and butter of pediatrics like asthma, pneumonia, dehydration, etc. There are no residents at Carney so you work one-on-one with the attendings. This also means that there is very little scut work and what you are asked to do is for your learning purposes only. Mornings begin at 8:00 am and are generally spent on ward rounds from 8:00-9:00 am, and then writing progress notes on your patients, reviewing x-rays, and formal didactic sessions (the reading packet for these session is excellent and yours to keep). In the afternoon, you will be assigned to the outpatient clinic, the ward (where you will pick up any new patient who is admitted), an outside clinic, ENT clinic or reading time. Call is 1 in 3 until 9:00 pm, and you will spend your time seeing patients in the outpatient clinic and work-up any new admissions. When you are on weekend call, you will be in the outpatient clinic all day. There is also a newborn nursery experience, (possibly at Quincy Hospital) for one week during the clerkship which was excellent! The major disadvantage of this clerkship site is that you will have to return to BCH for ethics seminars, child development conferences (for which you have to turn in 5 reaction papers and do tons of reading), and a few other times. You will find that these trips occur in the later part of the afternoon and interfere with the most productive part of your day. If you are on call you will then have to return to Carney after the session and miss part of your clinic time in the evening as well. Parking is in the garage in the rear of the hospital and is $1.50/day.

Emerson Hospital

Amanda French
BUSM '97

Emerson Hospital is located about 40 minutes from Boston, down Route 2 West. You will need a car for this third year rotation. Every morning at 8:00 am all students round at EH, then split up and each spends the day with an attending physician at an outpatient office. You are required to spend 5 weeks seeing outpatient pediatrics and 2 weeks seeing inpatients. During your inpatient experience your hours will be longer and more erratic, and you are expected to take one weekend call (both days). This will be the only weekend that you work. On outpatient, you may have 1-2 afternoons off per week, depending on your doctor's schedule. There are no residents; students work exclusively with attendings. You will not see rare pathology, sickle cell disease, HIV, or lead poisoning at EH. You will, however, learn very well what otitis media looks like and what croup sounds like. If you enjoy getting your hands dirty (i.e. drawing blood, seeing and following patients alone)--forget it. This experience is passive. On the other hand, the attendings are super, and you get a lecture from every department in the hospital. The staff is excited to teach students and they will teach you well.

Framingham Union Hospital - MetroWest Medical Center

John Dutton
BUSM '97

Framingham Union Hospital-MetroWest Medical Center is located approximately 30 minutes west of Boston. This may be the only negative aspect. This is an extremely strong rotation. There are three students assigned to FUH. There are three faculty members that supervise the students. The teaching is outstanding, there are two residents, one from Children's and one from MGH. One is in charge of clinical care and the other is the teaching resident. There are daily didactic sessions with the faculty and separate sessions with the residents. These sessions are well-organized and attended, and teaching is done in a positive manner. It is a busy rotation, but very organized. Students spend half the rotation on the pediatric floor and half in the special care nursery. From these base assignments students are assigned clinic times and time in the Emergency Department with Pedi. E.R. doctors. This is the only pediatric rotation with overnight call, but the room is nice, and it is usually not so busy that you cannot sleep, or spend time studying. You will be on-call every 4th night including weekends, but students arrange call amongst themselves and there is considerable flexibility. This rotation will prepare you very well for the oral and written exams, and the faculty will know you very well when it is time to write your evaluation and assign grades.

Franciscan Children's Hospital

Debika Bhattacharya
BUSM '97

The pediatrics rotation at FCH is an interesting one, although probably better suited for the student not interested in pediatrics, as it does not represent the typical cross-section of pediatrics. Students round on the wards each morning from 8:00 am until 10:00 or 11:00 am. The patients are typically seriously ill children; most of them are on ventilators, so this provides an opportunity to become familiar with their use. Each afternoon from noon until 4:00 pm there are outpatient clinics in general pediatrics and specialty clinics for cerebral palsy, cardiology, pulmonary, orthopedic, and rehabilitation patients. There are no officially scheduled lectures. Students must schedule lectures with various attendings. This often presents a problem as schedules conflict. Lectures are the worst part of this rotation. The attendings are excellent about making themselves available to students. Most are very willing to answer questions. The patients themselves are amazing but heart-breaking. The work is sometimes exhausting.

Norwood Hospital

Robert Latkany
BUSM '97

I can almost guarantee you that you will not be disappointed with your 7 weeks at Norwood Hospital. My only complaints were transportation and the lack of a diverse patient population. Norwood Hospital is located on Washington Street about a 40 minute drive from

the medical center depending upon traffic. I was able to take public transportation from the medical center (#10 Bus from UH to Back Bay station to orange line to Forest Hills to #34E bus to the door of the hospital.). However, it takes about an hour and 15 minutes. As far as the patient population, you'll see asthmatics, RSV, pneumonia, otitis media, and rotavirus like you've never seen before. It sounds boring, but in the end you'll know a bit chunk of Pediatrics better than most. What makes the Norwood experience so valuable is the one-on-one teaching from the attendings. There are three attendings that switch off working various days of the week. They are all very nice, extremely knowledgeable, and more than willing to give you their time. Another big positive is the fact that by the end of the rotation you will feel like a pediatrician because of the autonomy you will have with your patients. The attendings let you decide what you want to do with the patients, and if they disagree with your treatment they will let you figure out what a better treatment plan would be and discuss why you were wrong with you original plan. The rotation is more like an Emergency Medicine rotation in Pediatrics. You will not see the chronic disease in patients that you would see at the city hospitals. But you will see enough to make you satisfied. In addition to the ER experience, you will spend time in an ambulance going to an emergency, Cardiology, Genetics, Ophthalmology, GI, Dentistry, Pulmonary/Allergy Clinic, and one day a week in a private pediatrics office in the community. By the end of the rotation you will feel that you learned an enormous amount. There us some down time to read in the morning hours or you can go and see pediatric surgery, spend time with the staff or whatever you feel would make your experience more beneficial to you. This was one of my favorite rotations.

PSYCHIATRY

Bedford VA Hospital

Tina Rosenthal
BUSM '97

The hours at the Bedford VA for psychiatry are longer than at most other hospitals but the experience is great. Hours are generally 8:00 am-4:30 pm, but this will vary depending on your team. There are no weekends and call only twice in the BCH ER (and you get the day or morning off the day after you are on call). You will either be assigned to the acute ward or the longer-stay unit and you will be assigned to a preceptor there with whom you will work one-on-one for your entire rotation. The preceptors are very interested in teaching and everyone is nice and helpful (including the nurses). If you are assigned to the longer stay unit, you will have the opportunity to visit family care homes in the community. One advantage at Bedford is that you do a videotaped interview with a patient you don't know, and critique it as a group with one of the psychiatrists. It does not count toward your grade and is a good opportunity to see what your interview style is and how you can improve. One disadvantage of the Bedford VA is that you will have to do four case write ups on patients on your team. These write-ups are generally 4-7 pages long. There are several formal didactic sessions every week, and

some were helpful. Parking is free right in front of the hospital. Overall it is a very good rotation and you will learn a lot.

Boston City Hospital

Allison Tonkin
BUSM '97

The psychiatry rotation at BCH is a consult service where students assess psychiatric components of illness in patients on the medicine, surgery, and OB/GYN services, as well as in the units. The hours are 8:30 or 9:00 am-5:00 pm. Two evenings, one until midnight and one overnight, are spent in the BCH ER where students experience aspects of psychiatry in the emergency setting. Two mornings a week are spent seeing patients in the psychosomatic clinic; most students really enjoyed this part of the rotation. Students spend one hour a week presenting and discussing papers on such topics as personality characteristics of different patients and dealing with the difficult patient. The attendings enjoy teaching, and they schedule lectures with students at times when the service's patient volume is relatively light. Each Friday afternoon (N.B.- although the schedule says 4:00-5:00 pm, it's actually 4:00-6:30 or 7:00 pm!) students have a child psychiatry session which entails watching through a two-way mirror while a child interacts with his mother, the psychiatrist, etc. and then discussing the findings. In addition to writing consults on patients and daily notes on those who require follow-up while in hospital, students are asked to write an 8-12 page research paper on the biopsychosocial aspect of any disease entity. The psychiatry rotation at BCH provides students with valuable experience in evaluating the psychiatric aspects of medical and surgical patients and is therefore good for those students not interested in pursuing careers in psychiatry per se.

Boston Veterans' Administration Medical Center

Joel Oster
BUSM '97

The Veterans' Administration Medical Center is an excellent place to do psychiatry. Very simply put, you WILL enjoy psychiatry here, even if you want to go into orthopedic surgery.

The call schedule is a total of 4 times on call until 10:00 pm. Food is free when you are on call. The hours are 8:00 am-4:00 or 5:00 pm everyday, and there are lectures, time working on consult and liaison, inpatient psychiatry, and in the emergency room. As a student, you get to manage a wide variety of patients with many psychiatric problems, substance abuse problems, as well as other social problems. The attendings are there all the time and spend time talking to students. You will work directly with attendings who have their offices on the floor above the ward.

There is free parking at the VA, although you have to get there early to get a spot in the lot and the street is only marginally safe. You have to come back to BUMC on

Wednesdays for all-day conferences, so be prepared to travel, but there is a shuttle that runs from the med school to the VA.

Carney Hospital

Kathleen Manning, MD
BUSM '96

Carney has both locked and unlocked wards, and the students can work on either. Most of the patients on the unlocked ward were suffering from depression. Supervision is by attending only, since there are no residents. The amount of teaching varies from attending to attending, but the quality is pretty good overall. You are required to hand in 2-3 write-ups for the rotation, and there is a patient interview test at the end. You are also responsible for writing notes on your patients everyday. Hours are generally 8:30 am to 5:00 pm with some early days if you want.

Human Resources Institute (HRI)

Anonymous

HRI, a smaller mental health facility located in Brookline, provides the opportunity to encounter a wide variety of psychiatric disorders and character pathology. There is no call, nor are you expected to be there on the weekends; the hours are extremely variable, ranging from half days to 8:00 am-5:00 pm. The psychiatrists are student-friendly and are willing to teach and answer questions. The day is spent assessing new patients, usually with the treatment team; speaking with patients on the ward, and writing notes. It's a location where you can do and learn as little or as much as you like, depending on your individual interests (and motivation).

Students spend time on a locked admissions unit seeing patients with schizophrenia, unipolar and bipolar depression, etc., and an unlocked women's unit learning about issues such as alcoholism, depression, eating disorders, and PTSD.

My experience at HRI was a good one. The environment was low-stress and mostly relaxed, and I was able to learn quite a bit from a general psychiatry level and from interacting with the patients themselves.

University Hospital

Lisa Gallagher
BUSM '97

The psychiatry rotation at UH is most appropriate for the student who wants a broad overview of several different treatment settings. Most of the student's time is spent on the consultation/liaison (C&L) service at UH where s/he will make the initial evaluation and subsequent follow-up visits on patients for the Medicine, Surgery, rehabilitation, spinal cord, and oncology services. This work includes charting progress notes as well as formal write-ups on patients. Each student will present one case per week to the C&L service. The student

will also spend one afternoon per week in an outpatient clinic. There the student will perform the initial evaluation of new clinic patients and, when possible, follow their own patients on a weekly basis. Additionally, the student will spend two afternoons each week following an adolescent patient in the Solomon Carter Fuller "IRTP", which is a locked, long-term, inpatient treatment facility for patients in the 13-19 year age group. This part of the rotation requires a detailed, extensive case write-up to be submitted at the end of the rotation. On completing this rotation the student will be proficient with interviewing techniques, the Mental Status Exam, and organizing information into formal case write-ups.

Waltham - Weston Hospital

Dipti Agrawal, MD
BUSM '96

During the rotation, two students work in a locked ward facility for six weeks and work on a detox/eating disorders floor for one week. Each morning at 9:00 am rounds are conducted with the entire staff, including attendings, nurses, social workers, and medical students. All of the patients on the ward are discussed and students may volunteer to present information to the team. Each student is assigned an attending to work with throughout the rotation. Students and the attending meet after rounds and do the initial workup of patients together. Students may be asked to return to further assess patients and write a complete H&P. Students are expected to follow about two to three patients on the ward at a time and write progress notes on each. A minimum of five H&Ps are required, but students usually do many more. There are no residents involved in the care of the patients. There are two lectures given per week by one of the staff psychiatrists and the opportunity to do outpatient and consult evaluations is provided. Daily group meetings with the patients and social workers are attended at the student's leisure, however private meetings with individual patients always include the student involved. A set of important articles are given to the students but a good handbook to have is the mini Kaplan & Sadock as well as a small book on the dosing and side effects of psychotropic drugs, which is emphasized in this rotation. The rotation is graded based on written H&Ps, discussions about the assessment and management of patient with the attending the student is assigned to, an H&P that the student performs in front of the attending, as well as the written exam. Students leave anytime between 2:00 pm and 4:00 pm when not on call.

The call schedule involves spending seven evening (4:00 pm to 9:00 pm) shifts in the emergency room. However, there are no weekends. No meals are provided, but parking is free. Waltham-Weston is 15 minutes away from Boston without traffic, 25-30 minutes with traffic via the Mass Pike to Rt. 128N-- a $2 round-trip. Alternative routes are Rt. 9D to 128N (no tolls but 5 minutes longer), or Rt.20 through Watertown to Waltham, approximately 25-30 minutes. MBTA buses may be available running along Rt. 20. The patient population is extremely diverse with respect to both patients and disease entities. You may see older teens, but no pediatrics. There is limited outpatient exposure. At Waltham-Weston the quality of teaching is excellent. Students always work one-on-one with an attending, and the social workers and nurses also enjoy teaching the students.

Westwood Lodge

Roshann Hooshmand
BUSM '97

The Westwood Lodge is a private psychiatric hospital located 45 minutes southwest of Boston. You will need a car; there is adequate parking. There is no weekday call and no weekends for students. You may purchase food in the cafeteria with meal tickets (sold in the front office). The hospital has open and locked adult wards, as well as a children's and an adolescent ward. Most days begin about 9:00 am and end no later than 3:00-4:00 pm. There is a tremendous amount of autonomy in this rotation where students may choose their patients, scheduling meetings with them on their own. Students do not write in patients charts, but do have daily group meetings with the hospital medical director, Dr. Arkema. The WWL offers exposure to a wide variety of clinical psychiatric pathology as well as addressing academic and social issues of patient diagnosis and management.

SURGERY

Boston City Hospital

Kathleen Manning, MD
BUSM '96

At BCH there are two teams, A and B, each with one Intern, one fourth year resident and one Chief. The teams trade off admitting every other day. Call schedule is dependent on the number of students (e.g. one student/night) on both teams and what the Chief decides--usually works out to be q3 to q6.

When on call the student should be with the fourth year resident. To maximize the learning experience, the student should be involved in admitting/operating at night rather than "floorwork" with the Intern (a guideline, not a strict rule). Call provides an opportunity for the most one-on-one teaching from the residents/attendings if the student is assertive and asks lots of questions.

In the OR you will see many simple surgeries (lipomas, hernias) and emergency trauma. There is plenty of trauma at BCH, and because there is no dedicated trauma service, both teams sees their share. There are some complex cases, but not as many as UH. There is limited exposure to many of the attendings, with very little exposure to Drs. Menzoian and Becker. However, the new residency director, Dr. Millham, is in Critical Care at BCH and operates primarily there, so you may get more chances to work with him.

Boston University Medical Center Hospital

John Dutton
BUSM '97

The surgery clerkship at University Hospital is an excellent site to learn the basics of General Surgery. The majority of time in the OR will be spent on "bread and butter" cases. You will see little to no trauma cases at UH. There are three services at UH, Smithwick (Vascular), Mozden (Oncology), and Chief (General). You will be assigned to one of the teams and will work under a Chief Resident, Senior Resident, and Intern. There is ample opportunity to participate in OR cases of services other than the service you are assigned. The student has a position of responsibility. You will carry your own patients, present them to the team during morning rounds, and follow them pre- and post-operatively. The call schedule varies depending on the number of students on service. It is overnight call, and you share a call room with the Sub-Intern. The students are expected to be at morning and afternoon rounds, morbidity and mortality conferences, Grand Rounds, and the didactic sessions specifically for students. Students also have faculty preceptors assigned by the department. There are scheduled meetings with the preceptor, in which students present and discuss patients. The faculty at UH is excellent, and overall is very interested in teaching, both in and out of the operating room.

Boston Veterans' Administration Medical Center

Roshann Hooshmand
BUSM '97

The BVAMC is located on South Huntington Avenue in Jamaica Plain, quite near the medical school. It is accessible by public transportation, and during your surgery rotation, the parking is adequate (because you get there so early). Hours for students average 6 am to 6 pm. Students will become proficient in minor procedures, including peripheral venous blood draws, arterial sticks, minor wound debridement, and will gain experience with central lines. There is a variety of general surgery performed at the VA; however, bowel resections and revascularizations predominate. Students see approximately 2-3 cases per week in the OR, and spend the rest of their time on the floor doing patient care. There is a surgery clinic once a week and several sessions of pig lab. In pig lab, students perform surgery and practice suturing and tying. Your call schedule will vary depending on the number of students on service. Students will rarely stay up all night. There is no air conditioning in the call room (which is not great in the summer), yet it is a large room with a telephone and a computer. Meals are free for students on call, but the main cafeteria is closed on the weekends. There is a paucity of didactic teaching sessions for students.

Electives

Brockton Hospital

Reshma Kewalramani
BUSM '97

The Brockton elective is a three week general surgery elective that can be chosen by students doing their third year general surgery rotation. Brockton is a community hospital that is a 35-45 minute drive from Boston. I would recommend this rotation to any student interested in receiving a very strong general surgery background regardless of their field of choice. The hospital performs many of the "bread and butter" surgeries that we as third year students should be exposed to. There are a minimum of 6-8 general surgery cases scheduled per day which allows for ample time in the OR. The surgeons there are very interested in teaching, especially Drs. Corey, Paulson, and Ambrosino. During my rotation there, I stayed at the hospital on weekdays to avoid the daily commute and would return to Boston on the weekends. Overall, I had a very positive experience during that rotation and learned nearly all of the basic procedures there thanks to the large and diverse case load. If you choose to go to Brockton Hospital, you can expect outstanding teaching, a terrific case load and most importantly ample OR time. I enjoyed my rotation there and think is a good choice for those interested in a sound general surgery background.

Cape Cod Hospital

Christy Odell
BUSM '97

The Cape Cod Hospital is located in Hyannis and has the nickname of "Camp Surgery". When you arrive on your first day, expect to scrub in first thing. Upon your arrival, you will get a brief tour of the hospital, be shown how to scrub (if you don't know how), then be thrown right into the OR. The housing for the rotation consists of a renovated house across the street from the hospital which may house 4-6 students. It was redone in the summer of 1995 so it is very livable, although somewhat bare. Linens are available at the hospital. There is no need to bring an extensive wardrobe, since you are advised to wear scrubs throughout the day. You will need to bring one set of decent clothes to wear one morning a week for conference. A bonus of Cape Cod Hospital is that food for medical students is free. A typical day starts at 5:30 am with rounding on patients and writing daily progress notes. You will see patients by yourself, write progress notes, and report to your Intern or resident any important patient issues. Breakfast is usually from 7:15-7:30 am and surgeries begin at 7:30 am. You can scrub into as many surgeries as you would like on a given day, typically 2-5 surgeries per day. You may be asked to write H&Ps and/or work-up patients in the ER. Call varies according to the number of students, usually it is every third or fourth night. Since the house is across the street and only a 2 minute walk away from the hospital, you can go home between surgeries or when you are on call. Your weekends are free unless you are on call, but all students are required to attend the Saturday teaching conference at 8:00 am and Grand Rounds at UH regardless of call status. There is some

teaching by various attendings at the Cape, although sessions are often canceled due to the high volume of surgeries, especially in the summer. Overall, the Cape is a good rotation for great exposure to community surgery, with the opportunity to scrub into 20-50 surgeries over the three week rotation.

Cardiothoracic Surgery

Elizabeth Mahanor, MD
BUSM '96

Cardiothoracic Surgery (CT Surg) is one of the possible Surgery electives that you may take during your third year Surgery clerkship. It is only offered at UH. As with other electives, there are no weekends and no call. Rounding is early, starting at about 6:00 am each morning. You will round in the SICU and on the wards. How much you get out of this rotation will depend upon two things. First, how aggressive you are in following and reading about patients and secondly (as is mentioned for almost every rotation) who your residents and fellows are. Sometimes, the fellow will allow you to actively participate in the OR, while others will not let you scrub in. Don't be offended if this happens to you, it is just the way things are. If you have not figured it out already from reading the rest of this book, you should ***be aggressive*** when it comes to doing H&P's and following patients on the floor. You should also ask plenty of questions, since student teaching time is not specifically set aside during this elective. This way you will learn more about CAD, cardiovascular pharmacology etc., not to mention the fact that it always makes a better impression to take an active interest than not.

Otolaryngology

Ivan El-Sayed, MD
BUSM '96

As a third year clerk in Otolaryngology (ORL), your main responsibility according to Dr. Fuleihan is to learn how to perform the head and neck exam. You will participate in clinic two days a week. Depending on your skill level, you will be allowed to examine patients and write notes. Concise oral presentations are highly valued.

You will spend several hours a week in the OR. The type of cases you will see depend on whether you are at BCH or the VA. In general there are three areas of surgical interest: head and neck, otology and pediatric. You can prepare for cases the night before the surgery.

Which book you use depends on what you are studying for. A good head and neck surgical atlas will save time but are hard to come by in our library. For head and neck cases, Netter will suffice. For information about the diseases, Cummings edited a 4 volume treatise on the topic of ORL. Remember that otology and pediatric ORL are specialties unto themselves and require specialized books.

A pocket book on the wards was valuable for me in every rotation. In this specialty it is very difficult to find one book with all the meat in it. If you plan on entering the field on

ORL, I would recommend that you look at the "Essentials of Otolaryngology" by Lucente, or the book by DeWeese.

Your goal in the third year is to understand what the field is about, find out if this is what you want to do, and prepare yourself for the general surgery exam. Continue to read NMS for your general surgery exam in the evenings, as the days can be very long. There was no call during my rotation.

Orthopedics

Allison Tonkin
BUSM '97

The elective in orthopedic surgery provides the student with a broad overview of different aspects of the field. Starting usually around 7:00 am students will round with residents and attendings. Generally students do not carry specific patients but help out with writing brief daily notes on patients while rounding. The rest of mornings and afternoons are usually spent in the OR or in clinic. In terms of teaching, the assertive student will benefit most by asking questions about physical exam techniques on rounds and in clinic. In the OR the student is expected to know all the anatomy (muscles, bones, innervation, and blood supply, etc.). Usually the residents and attendings will allow students opportunities to operate some of the "heavy machinery" that is unique to orthopedics. Students at the VA will work with Ortho residents from Tufts, but the experience is much the same as at BUMC. Overall, this elective presents a different aspect of surgery, and the student who pursues clinical teaching will fare the best.

Pediatric Surgery

Matthew Weber
BUSM '97

This is a three week elective that students can take during their third year surgery rotation. The team consists of a third year student, a surgical Intern, a senior surgical resident, and the attending (Dr. Moulton). Rounds are at 7:00 am and surgery is scheduled for Monday, Wednesday, and Friday mornings. Pediatric surgery clinic is Tuesday and Thursday afternoons. In addition to these scheduled patients, the team covers all surgical patients under 21 years of age that present to the E.R, as well as consult on pediatric patients on the wards. Each week, Dr. Moulton assigns a few chapters to be read from a pediatric surgery text and gives a lecture to the team after they have read the assignment.

This was an interesting elective for students, whether or not they are interested in pediatrics. Dr. Moulton expects that students will scrub into every case and assist as much as possible. By the end of the rotation, Dr. Moulton wants each student to be able to first assist at a simple procedure. The weekly lecture by Dr. Moulton is excellent and students learn a great deal about the topics assigned.

Students did not have a lot of responsibility on the floor as the Intern and resident wrote most of the notes but students could take on this responsibility if they are motivated to

do so. Dr. Moulton does "pimp" students while on rounds, so it is helpful to keep up on the reading about the patients. In general, this rotation was an excellent learning experience and students were given as much responsibility as they wanted.

Urology

Meir Daller
BUSM '97

One student is assigned to each of the primary hospitals (BUMCH, BCH, BVAMC) for the three week urology rotation. As a third year student you are able to participate in all departmental activities and function as integral member of the urology team. A wide variety of clinical problems are encountered, including urologic oncology, male infertility, erectile dysfunction, urinary calculus disease, neurourology, urodynamic evaluation, female urology, and reconstructive urology. As a member of the team you are expected to round with the residents in the morning and with the attending physician in the evening, assist in the OR, consult other services on urological problems, admit patients, write progress and post-op notes, perform H&Ps, and participate in all departmental conferences. This three week rotation is recommended not only to students who are interested in a urology residency (they should definitely do a fourth year Sub-Internship in urology), but also for students who are interested in other areas of medicine. Urology is a rapidly changing and exciting area of medicine and rotating on the urology service is highly recommended for every future physician, especially those interested in primary care. Should you have any further questions regarding the urology rotation, page me at # 4111 UH (Meir Daller).

Fourth Year Rotations

REQUIRED ROTATIONS

Home Medical Service/BU Geriatrics Service

Deborah Blazey Martin, MD
BUSM '96

The Home Medical Service rotation is required, and intended to give students exposure to both geriatrics and home care. The experience is a valuable one, contrary to the rumors. The newly combined department has three teams, Red, Yellow, and Blue, each with its own coordinating nurse and secretary. Be nice to these people!! As will be true in practice, it is the people who keep things running smoothly who have the power to make your experience wonderful or miserable. Jennifer Main is the person who coordinates the entire rotation, and is extremely friendly and accommodating if you have any questions or problems during your 4 weeks.

During the rotation, you will usually go to patients homes throughout Boston with another student on your team, with or without an attending. You will also have occasional didactic sessions about geriatric topics, and a weekly case presentation conference (be prepared) with Dr. Barry, the Chief of Service. There is a considerable amount of time spent alone with geriatricians--they are generally very knowledgeable and enjoy teaching. In addition, you may choose to go out on GYN visits with Dr. Varakalis, Social Work visits with Ellen Harrington, visits with your team nurse practitioner, or (on the Yellow team) nursing home visits with Kate DiDonato. These people are very good at what they do, and love to teach. Take advantage of every opportunity you have to see how other members of the health care team fit into the big picture of medical care. Especially if you are going into medicine or surgery, it is very helpful to have an understanding of what VNA, social workers or PT really can do in the home. The patients are also fascinating, and can tell you incredible stories.

The down sides of Home Medical are the volume of paperwork, and the occasional feeling that your purpose there is to keep the service running, rather than to learn. Some attendings are worse than others on this point. If you feel you are being taken advantage of, let Jennifer know. You will do a lot of work during this rotation, but you should be learning from most of your patient visits. Also, if you feel your safety is jeopardized by any visit, leave, and let your coordinator know about it.

Primary Care

Indian Health Service

Kathleen Manning, MD and Gregory Marchand, MD
BUSM '96

A rotation with the Indian Health Service (IHS) is a fantastic experience that will also fulfill the primary care requirement. The rotation may be done at any of the hospitals or clinics within the IHS, and the opportunities are many. In our class, one student went to South Dakota and worked in the Sioux Nation, another to California, and a couple more to the Southwest to work in the Navajo Nation. In each case, the experience was incredible. There are a few myths about this rotation that should be addressed. The first is that as a student on the reservation, one acts at the level of a resident, and with a free hand. This is not true, and the students responsibilities are the same as any hospital or clinic in our system. Each case must be presented to an attending, and all notes and orders must be counter-signed. The second is that all you will see is alcoholic people with gall bladder disease. While it is true that there is a high incidence of both within the Native American populations, they are not that much more common than in the patients seen at BUMCH or BCH. All of the sites provide a excellent experience in general medicine, and more importantly, the opportunity to learn more about a different culture. The physicians at these sites tend to be younger, and very dedicated to the work they do. Additionally, they are excited to share their enthusiasm with students. While there, take some time to learn about the people living around you, and to explore the region!

Rotations within the IHS system are very popular, and thus must be sought early. It is recommended that an interested student start researching the opportunities early in the third year, so that you may be assured of a spot in your fourth year. Call the Indian Health Service Office in Washington DC (the number is available from the OSA) and request a listing of sites.

Neurology

Boston Veterans' Administration Medical Center

Michael Wolfe, MD
BUSM '96

The student rotating through the VA for neurology will spend the month as a member of one of three services: general neurology, stroke service, and consults. The consult service varies considerably from week to week with respect to patient volume. The type of neurologic pathology is varied as well, often with less severe presentations. The stroke service provides a strong basis for managing cerebrovascular pathology. Attending case discussions are generally very good, but this service is narrow in focus and provides little exposure to other aspects of neurology. The general neurology service is usually busy, and

the student obtains a good overview of the field. The hours for all services are generally 7:00 -8:00 am to 4:00-5:00 pm, although this varies. Overall, the VA provides good clinical experience and teaching for the student.

Boston University Medical Center Hospital

Dipti Agrawal, MD and Deborah Blazey-Martin, MD
BUSM '96

At BUMCH, half of the students are assigned to the consult service and half are assigned to the wards. On the consult service, two students work primarily with a fourth year Neurology resident evaluating patients on the medical and surgical services including the SICU, MICU and the PCU. Students usually work from 8:30 am to 4:30 pm, but this can vary, particularly since the service tends to be rather disorganized. New patients are presented to the attending, which is Dr. Carlos Kase, but follow-ups may not be presented at all. Dr. Kase is an excellent teacher but there is not a great deal of time allotted for teaching during rounds. There is little time to get reading done as there is no real set schedule. Often the same case will be discussed many times, each time with a different attending. Although the cases are interesting, this gets to be quite repetitive and adds to the disorganization of the service. Learning a good physical exam is not necessarily formally covered during the rotation, so an effort must be made on the students' part to have it covered.

On the wards, the students assume care for several inpatients, and work similar hours to the students on consult. Rounds begin around 8:30 am and can vary considerably in length (up to four hours), since they are interrupted by multiple attendings, each wanting to return to his patient. Generally, you will see patients with Parkinson's, strokes, Multiple Sclerosis, and the occasional zebra. Unlike the consult service, you will have ample opportunity to practice your neuro exam on your patients, especially if you have one of Dr. Feldman's Parkinson's patients, since you will be expected to write multiple notes each day comparing changes in the exam. Depending on your resident and PGY-2's, you may need to be assertive about getting teaching.

There is usually one didactic conference per day which all the students attend, often in combination with the BCH services as well. Conferences include Radiology, Grand Rounds, Stroke, Sleep, and attending rounds twice a week. In addition, Dr. Romanul occasionally does a brain cutting down in the basement morgue. These are very interesting--attend them if you can!! Students may also have a weekly conference with an assigned attending. Grading is based on evaluations by the resident, an analysis of a case vignette, and performing a physical exam with the resident present.

Boston City Hospital

Elizabeth Mahanor, MD
BUSM '96

As with the Neurology rotations at BUMCH and the VA, here the students are assigned to either the ward team or the consult service. In either case, your learning

experience is relatively dependent on the census of the team. You will work with a junior or senior level neurology resident, and will see an average of two to three new patients a week. In addition to your team assignments, you will see patients in several different clinics. There is a good variant in the pathologies encountered, and you will have ample time to hone your neurologic examination skills. Without an exception, the attending physicians are excellent. They will challenge you, but in a good way, and they are excited to teach students. There is a required case vignette for each student to complete and turn in at the end of the rotation. Also, there is a weekly "brain cutting" session, at which one student on the rotation will be asked to discuss the pathology and differential diagnosis for the case. All in all, the neurology rotation provides a good opportunity for the student to become more comfortable with the neurologic exam, something that we all will need to know regardless of our career choice.

Radiology

Elizabeth Mahanor, MD
BUSM '96

Radiology is a required clerkship during your fourth year currently run by Dr. Paredes. The schedule is such that during the morning hours, you are supposed to be reading films or observing radiological procedures at either BCH or BUMCH with the radiology residents. At lunchtime, there is a conference that is truly for residents but medical student attendance is required (Consider this a safari with many chances to spot zebras!). You are also supposed to view the famous Lucy Squire series, which consists of tapes and slides to help you learn Radiology. By and large this is a very useful tool. Also, later in the afternoon there are lectures with attendings, most of which are informative. At the end of the clerkship there is an exam which consists of true/false and multiple choice questions, along with four X-rays that you must read and discuss. The basis for this exam is the Lucy Squire series and the attending lectures. It is not extremely difficult and you need not knock yourself out preparing for it. Simply pay attention and you will do fine. Students who want to honor the rotation may opt to give a presentation at the end of the rotation on any topic in radiology. It should be no more than fifteen minutes in length and accompanied by an outline, NOT A THESIS. The most frustrating issue concerning this clerkship is the morning sessions with the residents. You must be ***aggressive*** if you want them to actually teach you. Many times, students have expressed disappointment at the lack of teaching by radiology residents.

Sub-Internships

Medicine

Boston City Hospital

Deborah Blazey-Martin, MD
BUSM '96

The Sub-Internship at BCH is very similar to the third year Medicine rotation there, except that you will be an acting Intern. The four week block is spent on one of the five general medicine teams on the inpatient service at BCH. You will be responsible for picking up patients for your team, and will probably work out a call schedule with the other Sub-Interns. In some blocks the system was set up so that the Sub-Interns sign out to each other and when you are on call you cross-cover all the other Sub-Interns patients. When on call you would sign the Sub-I patients out to night float. However, I did my rotation in block one and we set up our call schedules with the team only, signing out to the Intern on call on non-call days and doing no cross-coverage. You will work a six day week, attend as many of the conferences available as possible, have attending rounds three mornings a week, and meet once with Dr. Levin to present a case with a "Historical Perspective" of the disease.

If you are interested in Medicine and did your third year clerkship elsewhere, I would highly recommend doing your Sub-Internship at BCH. You will be exposed to the sequelae of HIV, complications of drug and alcohol use, asthma, and possibly some International medicine. The patients are fascinating and the attendings at City are generally outstanding and very dedicated to inner city medicine. You will also get exposure to outstanding social workers and translators and have the opportunity to do plenty of procedures.

If you have a choice, try to avoid doing your Sub-I in Block One. Not only was Dr. Levin on vacation for much of it, making a letter from him less useful (no exposure = weak letter), but Grand Rounds are canceled for much of the block and the Interns and residents are about to graduate to the next level and are pretty burned out and less likely to teach. You also have no third years on your team so you miss out on the opportunity to get experience working with students behind you (a skill you will need in your Internship). There are three positives to doing a Sub-I in block one: 1) because the Interns have been around for a full year, they are happy to have you do all the procedures, 2) the grade will definitely appear on your transcript, and 3) you prove to yourself early that you can handle a Sub-I and can bring that confidence to your away rotations.

Boston Veterans' Administration Medical Center

Laura Murphy-Foster, MD
BUSM '96

A Sub-Internship at the VA is a very worthwhile experience. The patient population is different from the those seen at BCH or BUMCH. In general, the patients are older and

predominantly, though not exclusively, male. There is a great variety in the pathologies seen, often in one patient. As with other medical Sub-Internships, you will be a part of a ward team, with an Intern, junior or senior resident, and an attending. You will act as an Intern, and be responsible for upwards of five patients at any time. This, of course, depends on the complexity of the patients and your comfort level. There is no overnight call, and you pick up patients from the admitting Intern. The daily conferences tend to be very good, and the attendings enjoy teaching and are very supportive of you.

Pediatrics

NICU, Boston City Hospital

Susan Letterle, MD
BUSM '96

The NICU is a great rotation if you are interested in pediatrics, emergency medicine, or intensive care training. The average daily census is 12 infants with a gestational age ranging from 28-36+ weeks. The neonates are in the NICU for a variety of reasons such as prematurity, hyaline membrane disease, etc. As a Sub-Intern, you will be responsible for 2-4 patients depending on your comfort level and the census. You will be working with a neonatology fellow from NEMC, two pediatric residents, two pediatric Interns, and one emergency medicine resident. The call schedule is every 3rd or 4th night and call ends at 10:00 pm when the night float comes on. Attending rounds and radiology rounds take place every morning. The attending rounds usually focus on core topics or relevant topics in neonatology. Both of these are excellent education opportunities. Morning rounds begin at 8:00 am and you will be expected to pre-round on your patients. The day usually ends at 5:00 pm unless you are on call. You are allowed and encouraged to wear scrubs during the rotation; things can get messy at deliveries.

The neonatologists, Dr. Alan Fuji and Dr. Elizabeth Brown, are excellent. I cannot comment on Drs. Mirochnick or Corwin since I did not work with either of them. While in the NICU, you will attend all of the high risk deliveries and be allowed to take an active role in the resuscitation except for intubating the infants. You will be encouraged if not expected to take part in the Neonatal Resuscitation Program which is the equivalent of ACLS but for neonates. Mock codes are also a part of the weekly teaching. The rotation overall is a great experience. The resilience of the neonates is truly amazing. Enjoy!

Pediatrics, Boston City Hospital

Matthew Weber
BUSM '97

During this rotation, students had total responsibility for their patients. Students admitted their own patients and were responsible for aspects of patient care. Morning rounds are from 8:00-9:30 am. During morning rounds, students presented any patients that were

admitted the day before and were responsible for discussing with the team the plans for their patients. At 10:30 am every day, the entire team went to X-ray rounds which provided a daily opportunity to correlate physical diagnosis and disease patterns with radiological findings. Attending rounds are scheduled three times each week at 11:15 am. There was often an hour-long lunchtime conference at noon. The afternoon was spent completing the work for the day and admitting patients. Students were on call every 4th day (student's are paired with a 2nd year resident) and call lasted until 10:00 pm. Students are guaranteed at least one day off each weekend. The rotation lasts a total of four weeks.

This was an excellent opportunity to learn about the care of the pediatric patient. Students were involved in all planning regarding their patients and, in contrast to the third year rotation, were usually expected to devise their own plans. Sub-Interns usually carried three or four patients. The conference schedule is much less time demanding than that of the 3rd year pediatrics rotation at BCH so students that were frustrated by the seemingly endless amount of conferences during the 3rd year rotation need not worry as much about this problem. In general, this Sub-Internship provided students the ability to have more responsibility for their patients and to learn a great deal about the care of inpatient pediatric patients.

Surgery

General Surgery Sub-Internship

Elizabeth Mahanor, MD
BUSM '96

The surgery Sub-I is a requirement if you are planning on a career in surgery. The biggest issues surrounding this rotation are when and where to do it. You should be strategic when planning this. If you can manage it, the Surgery Sub-I should be done within the first four or five blocks, so that the grade will get on your transcript. More importantly, you will need a letter from your preceptor, and it is important to be able to ask for one in a timely fashion. Blocks six, seven and eight might be used for a Sub-I at an away site -- particularly one you are interested in for a residency. Deciding where you should do the Sub-I is up to you. The majority schedule it at UH because they feel it is the best place politically speaking to get a letter of reference. However, the other sites of BCH and the VA are also advocated by some because they each have their unique characteristics and good teachers that will prepare and advise you well. No matter where or when you do this rotation, working hard and *reading, reading, reading* are the best ways to make a good impression.

Surgical Intensive Care Unit (SICU)

Greg Marchand, MD
BUSM '96

This rotation a popular one for those interested in either surgery or emergency medicine. Why? Well, because it is a month of treating very sick or injured people, and as such one can learn a great deal about the acute phase of illness and injury. Call is rigorous, being every other day. That is the worst part of this experience though, and for one month, it

is well worth the time. Regardless of which hospital you are assigned to, you will be busy. Granted, there is more trauma at Boston City, but there is a greater diversity of surgical patients in the BUMCH SICU. During this time, you will serve as an integral member of the Critical Care Medicine team, a service which is consulted regarding the peri-operative management of surgical patients. You will learn much about the pathophysiology of surgical disease, and the risk factors associated with operative care. Additionally, you will be well trained in the monitoring and treatment of critically ill patients. One of the most attractive parts of this rotation is the chance to learn and perform various procedures such as arterial and central line placements. The majority of the learning is achieved at the bedside, and the attendings and fellows are excellent. There is a weekly conference on topics or cases of interest in critical care. This is a fantastic rotation for anyone interested in a surgical or emergency medicine career. This was one of the best rotations I had in my time at BUSM, and I hope that you find it rewarding too.

ELECTIVES

Cardiology

Laura Murphy-Foster, MD and Elizabeth Mahanor, MD
BUSM '96

Cardiology is (or was) one of the "bid electives" during your fourth year. It is a rotation that is well worth your while, because you will encounter cardiac problems no matter what specialty you plan on entering. For this reason, and the fact that there is otherwise little exposure to cardiology in any other rotations this is a very popular elective. (If you don't get it through BU, use this as an opportunity to do an away rotation; it will be well worth it). During the rotation, you will be assigned to the VA, BCH, or UH. If you have a preference, then get to the Cards office *early* on the first morning. You will hear many opinions as to which hospital is the best place to be, but as is the theme throughout this entire book, it is the residents and fellows who will make or break your rotation. You will be asked to do consults and read EKG's no matter where you are located. To aid in your learning EKG interpretation, the department has compiled an EKG packet, which you will go over while on the service. You may need to be assertive in letting your fellow know that you want to take the time to do this. Many times they do not know that this packet exists, so you should tell them that it does and that there should be time set aside *each day* to discuss these EKG's. It is a useful tool and you will have a much greater understanding of this fundamental skill. Since this rotation is so popular, there may be many students and not enough consults to go around. If this is the case, you should make your own schedule (provided that you tell your fellow). You may wish to spend time on the arrhythmia service, in the CICU, or watching procedures such as angioplasty or stress tests. All are worthwhile and you can decide if you wish to do this. Cardiology can be a great rotation provided you are proactive concerning your learning the fundamentals of this discipline.

Dermatology

Deborah Blazey-Martin, MD
BUSM '96

Dermatology is a great rotation for anyone interested in primary care or emergency medicine; it exposes you to a lot of the pathology that will walk into your office, gives you a better understanding of the basic derm meds (topical steroids and antibiotics), and teaches you how to describe lesions in a way that will be useful if you ever need a derm consult. The schedule is not at all demanding--clinic at BCH runs from 9:00 am-12:00 pm every day except for Wednesday, when the morning is spent in Grand Rounds and other conferences and clinic runs from 1:00 pm-4:00 pm. Because this is a combined Tufts/BU residency, the Wednesday mornings alternate between BU and NEMC (you may want to skip the derm-path portion unless you have done a path rotation; there are limited heads on the microscope and much of the discussion is way above a fourth year student's head). There is an additional conference on Mondays at 4:00 pm, and there is a teaching resident who will schedule two sessions a week (usually at 8:00 am) with you to discuss slides and various skin pathology. **Do not skip the resident teaching!!** The residents are excellent teachers--very friendly and very knowledgeable. You will also be expected to give a presentation on the last day; ask the residents about where to get slides once you have chosen a topic.

The clinic has several down sides. First of all, since you are only at BCH for clinic and the bulk of the patients are dark-skinned, you don't see much skin cancer and do not get exposed to the ABCD's of when to remove a "suspicious" lesion. Second, you will never see a patient by yourself. The derm residents see the patients, present them to the attending (and everyone else), then the group sees the patient together. Unfortunately, because there are so many people (usually 3-4 students and 2-3 medicine residents as well as several of the derm residents not in with patients), as many as ten people can enter the exam room to look at the lesion, making the patient uncomfortable and the students feel like they are at the zoo.

The advantages to this rotation are the quality of the resident/attending teaching and conferences, and the hours (an optimal rotation during interview season). Overall, this is an excellent rotation for picking up the basics of dermatology, with plenty of opportunity to get additional exposure (ask to spend time doing consults with the on-call resident) if you are motivated.

Emergency Medicine

Laura Murphy-Foster, MD & Gregory Marchand, MD
BUSM '96

We may be biased, but we honestly believe the rotation in Emergency Medicine is not only consistently one of the best run rotations in the fourth year at BUSM, but also integral to further training regardless of the field you have chosen. The faculty in emergency medicine is vibrant and very diverse. The pathology encountered is fascinating and includes both adult and pediatric trauma exposure. The fourth year clerkship director, Dr. Judy Linden, to her credit, has created a structured and very relevant didactic teaching schedule which complements the clinical experience.

The nuts and bolts of the rotation include approximately 5 to 6 shifts per week, an ambulance "run", a daily didactic schedule, and both an exam and a case presentation at the end of the rotation. This rotation is rigorous and you can expect to work. Having said that, do not be put off by the exam or the presentation. The exam is not too difficult, nor is it weighted heavily in the determination of your grade. Also, the case presentation is an excellent opportunity to learn about the initial presentation and evaluation of various pathologies, from the common to those dreaded zebras! Remember, we will be doing these presentations throughout most of our residencies (if not careers), so why not start polishing off the old public speaking skills? The shifts tend to be 8 hours long, either 7:00 am - 3:00 pm or 3:00 pm - 11:00 pm. Anyone interested in doing an overnight shift is certainly welcome to do so. You will rotate through BCH, primarily, as well as BUMCH (or whatever they are going to call this new entity after the merger!). Despite what you may have heard, the time at BUMCH is worthwhile, as you will see more, on average, cardiac patients there than at BCH. Also, since it is a smaller ED, and there are fewer residents on each shift, you have a greater chance to work closely with an attending. While at BCH, you will be assigned to either the "acute" side or the "non-acute" side. The acute side, as one may expect from the name, has patients with more serious problems triaged to this area. This does not mean that you will not see really sick patients unless you are on the acute side, as many patients on the "non-acute" area are really "acute" patients. At either site, if it is quiet, take the chance to do some reading. One text that you may find helpful is *Secrets of Emergency Medicine*. Equally good, and markedly cheaper, is the handout from the department given at the beginning of the rotation. This handout covers all of the material you will be tested on at the completion of the rotation, and is one that anyone will find helpful. You will also find the ACLS course which you complete at the end of your third year to help tremendously and it may also benefit you to review this material both before and during the rotation. Emergency Medicine is a "high yield" fourth year rotation and we would encourage anyone to consider taking this elective.

Otolaryngology

Ivan El-Sayed, MD
BUSM '96

Highly recommended for people going into Otolaryngology (ORL), Pediatrics and Internal Medicine. This is a region of the body that medical school somehow missed. For pediatricians I recommend trying to do 4 weeks at Children's hospital. They have an excellent staff, friendly fellows, and will teach you much about middle ear infections. Considering much of your career will deal with this topic, spending 4 weeks learning about the surgical management of the disease is reasonable. Further, the atmosphere and array of diseases at Children's is amazing.

If you are entering ORL, your electives should be arranged with the help of your advisor in the field. Your goal is to gain exposure to the field and verify your choice. In addition, you need to earn letters of recommendation. The rotations are BCH-UH or Children's-VA. UH allows you more exposure to Dr. Fuleihan, the chairman, while VA allows you more exposure to Dr. Vaughn, an excellent instructor and respected figure in ORL. The subject matter varies with hospitals and you should adjust your reading

accordingly. On your rotation, try to give a presentation- usually they are assigned at BCH-UH. Be concise and insightful.

Pathology

Deborah Blazey-Martin, MD
BUSM '96

The Pathology rotation over at the Mallory gives an excellent opportunity to dredge out all that second year path material you wish you remembered, and the chance to see how it applies to your future practice. The most valuable part of the rotation is the daily sign-out rounds which run from about 8:00 am to 11:00 am or 12:00 pm. You will be at BCH for at least a week and UH for at least a week, and depending on how many students are rotating through at the time, you will also rotate through lab medicine and cytology. During sign-out at BCH and UH, you will also see the preparation of frozen sections and the immediate assessment of the pathology and margins of the specimen. You will also have the opportunity to witness autopsies, preparation of fixed (permanent) sections, and multiple conferences, many of which take place at the multi-headed microscopes.

This is an especially useful rotation for those specializing in OB/GYN; the bulk of the slides at BCH are conizations and loop excisions for cervical dysplasia. You can also get good exposure to pap smear reading in cytopathology. Future surgeons will also benefit from seeing how specimens from the OR are dealt with. For those entering all fields, the pathologists at the Mallory are extremely knowledgeable (make an effort to work with Dr. O'Hara if you can) and generally very willing to teach.

Overall, I found this a very informative rotation, although one autopsy was about all I could stomach. (If you find them fascinating, you can spend time next door in the Medical Examiner's office). The downside is that there is no teaching specifically for students, and the residents conferences are often very technical. However, there is little demand on your time (another good interview season rotation), and you will feel much better about your histopathology skills once the rotation is over. Not only will you be able to identify the organ, but you may actually be able to give the diagnosis by the end!

Renal Medicine

Greg Marchand, MD
BUSM '96

This is an excellent rotation. Actually, this and Cardiology should be included in the required rotations, as opposed to some of those already there. Regardless of the field you enter, from medicine to psychiatry to neurosurgery, you need to understand the function of the kidneys and the heart. I will now get off of my soap box and write of the renal elective. First off, it does not matter where you are assigned for this rotation. The faculty at each institution is outstanding, and the diversity of pathologies are remarkably similar. At each hospital, you will be a part of the consult service, and you will, alone, see and work-up an average of one patient a day. You present your findings and plan to the fellow and or attending, and then make the appropriate recommendations to the requesting service. So, you may ask, what will

I learn. Well, for starters, you will learn a tremendous amount of electrolyte physiology, and also of the complications of hypertension, diabetes, cardiovascular disease, auto-immune disease (start to see why this may be a better choice for a required rotation than say, HMS?), etc. Not to mention the renal effects of various medicines. In short, you will learn a great deal of medicine. By the end of the rotation, you will have a much better understanding of renal disease, dialysis, and all of the associated complications. If you have the time, schedule this one in!

Applying for Residency

EMERGENCY MEDICINE

Laura Murphy-Foster, MD & E. Gregory Marchand, MD
BUSM '96

So, you have decided that you want to go into Emergency Medicine. Congratulations on choosing an exciting and dynamic field...then again, we are biased! Seriously though, EM is a great field that is growing in popularity each year. This is both good news and bad news. The good news is that the recognition of EM as a true specialty is increasing, the bad news is that so is the applicant pool! With good planning and a bit of hard work, you too can match at a program of your choice. As others before us have stated, the book by Iserson is essential reading. This may be more true in that he is a residency director for a program in emergency medicine! To those of you interested in emergency medicine, the rotation at BUSM is a must. It is essential to connect with faculty from your institution in the field in which you plan to apply, and this is a great opportunity to work with the faculty, choose an advisor if you have not already done so, and to do well in order to get strong letters of recommendation. You want to do this rotation **EARLY**, most importantly to confirm that emergency medicine is right for you, and that you are right for emergency medicine. BU has a very respected and established residency program in emergency medicine. Thus, you will not only be taught by very capable faculty and residents but you can also get an insiders view into the BU program and the collective residents' experience. Additionally, if you like the BU program, and shine in the rotation, your matching potential at BU will definitely increase. Finally, by completing this rotation early you may do an away rotation later and stun the faculty there with your great knowledge and skill. Both of these should also be done in a time allowing for your evaluations to be included in your Dean's Letter, i.e. before October.

If you are thinking of emergency medicine before you finish third year, you may want to try and "hang out" in the ER when time allows. Consider asking the faculty or one of the residents if you can "shadow" them for a shift or two. Not only will you get to experience the life of an EM physician, you will be able to meet some of the faculty and perhaps find an advisor. If you are not sure of how to arrange this, try and contact Dr. Judy Linden. She is the student coordinator for the department, and she is an enthusiastic supporter of students. She can help you find an advisor, and will happily arrange for you to do some shifts in the department. She is a great resource, and is very supportive of students efforts to match in emergency medicine.

As with any application process, apply early and apply often. The average number of programs applied to is around 15. One of the first rules of this process is: If you don't want to live there, don't apply there! There are plenty of good programs across the US, so you do not need to take the chance of matching at a program in a city where you will be miserable! Get a list of the programs from either the *Green Book* or FRIEDA (the computer listing available in

the library) and make a list of those programs that interest you. Next take the list to your advisor and go through it with her or him. He or she will be able to help you eliminate programs that may not be the best for you. Once you are down to a manageable number, send off for the applications. You will soon be inundated with information about the programs, and now you can make the next cut. Read the brochures carefully, and with a critical eye, remembering that these are the program's marketing tools. If there is something that makes you question the program, ask around, or just do not complete the application. After making the second cuts, fill out the applications, and gather the appropriate supporting data.

This is also the time to ask for letters of recommendation. As a rule, it is best to have one to two letters from EM faculty, and another from the attending from your Sub-Internship. The most important aspect of the letter writer is that he or she knows you as a person as well as a potential house officer. If you did not get along with your Sub-I attending, but really hit it off with someone from an elective, by all means, ask the person from the elective rotation to write your letter. We realize that this seems to be common sense, but it is worth stating. As for the Sub-Internship, this should be done early in the year. Whether it is a medicine, surgery or pediatric Sub-I is less important than how you perform. Work hard, show interest and present yourself in a professional manner. If you do this, you should get a strong letter. If not, think long and hard before asking for that letter.

As for a structured time table for the application process, and what to expect and look for on the interview trail, we again refer you to Iserson's book. It is all laid out there in a easy to follow format, and with much more information than we could ever supply. Best of luck, and we look forward to seeing you in the Emergency Department!!

FAMILY PRACTICE

Marissa Modini Bochman, MD
BUSM '96

Family Practice is slow to become popular in Boston, however, it is thriving on the West Coast. My advice is to decide on your principle location and start researching programs as early as possible. Use the summer between first and second year to spend some time with family docs associated with a prospective residency--Dr. Shaw is a good source of information. Set up your fourth year schedule to include one or two months at potential programs. Aside from electives, most residencies will encourage spending a week or even a day with a resident for real exposure to their curriculum. This is time well spent. You will come to know first hand what life would be like in a certain program and whether or not it meets your expectations and needs. It also affords you the opportunity to become a familiar name and face for the people involved in the selection process. Relax and be yourself in any and all encounters- family practitioners are some of the most down-to-earth people in medicine. Good luck!

GENERAL SURGERY

Kathleen M. Manning, MD and Elizabeth Mahanor, MD
BUSM '96

Choosing surgery as a career is an excellent decision. Even though both the application and the residency can be challenging, the excitement and job satisfaction is well worth it. As with all residencies, the more impressive your grades, boards scores, and extracurricular activities, the better off you are. However, these by no means guarantee or exclude you from a categorical surgery residency. For those with a softer application, you only need to be more organized, focused, and realistic.

Be Organized

1. Advisors. One of the most important things you can do is to choose a good advisor. Advisors are important for three reasons. The first is to look over the programs to which you are applying, add or subtract certain programs and comment on the pros and cons of each. Second is to write a personalized letter of recommendation. The third is to "go to bat" for you with the program you decide to rank number one. Finding the right advisor for you is sometimes easier said than done, but if you ask around (i.e. the Surgery residents), you will find a good one. Actually, it would be to your advantage to have more than one, so you can have more than one opinion concerning any questions you have. At BU traditionally Drs. Menzoian, Beazely, and Becker are the most common choices, due to their experience and titles. Although you cannot go wrong with these three, Dr. Millham is now the residency director, Dr. Kavanaugh is a well known academic surgical oncologist, and Dr. Josephs is rapidly becoming a nationally recognized academic vascular surgeon. There are also choices at both BCH and the VA, such as Drs. Hirsch, Wilkins, and Rodkey, who also have the experience and connections to do a good job. This list is not complete. The most important thing is to choose someone you connect with so that they feel inspired to help you get the residency of your choice.

2. Where to Apply. AMA FRIEDA and *So You Want to be a Surgeon* (sold at the bookstore) are very important references that can answer specific questions about individual programs. These should help guide you early in determining which programs to consider. Information includes which hospitals are covered by each program, call schedule, types of rotations, strengths of the programs, profiles of the people they take (women, % AOA etc.).

3. Personal statement. It is important to be succinct and sincere in relating why you want to be a surgeon and why you will be a good one. It will not make or break your application, but it is read.

4. Apply early. It helps, don't talk yourself out of it.

5. Interviews. Most interviews take place at the very end of November through early January, on Saturdays. Many programs only have four dates, often the same four dates and they are less flexible than you would think. Schedule with care! When it comes to the actual

interview, look your best and dress conservatively. These things count in your overall evaluation. You should also come prepared with a list of intelligent questions to ask concerning the program, because they *always* ask if you have any questions. Be wary of the programs that do not have more than one or two residents available to you for questions. This is usually an indication that the program is not a happy place to be.

Be Focused

The softer the application the more focused you need to be. Applying to many places can increases your chances, but you need to bring yourself out of the masses somehow. If you are interested in a particular program then by all means, **DO A ROTATION THERE!!!** This way, the staff will get to know you and you will have an advantage over someone who may be more impressive than you on paper. You may also receive the added benefit of getting a good letter of recommendation from an attending at an away rotation. Hard work and a good attitude play a big role in surgery, and an away rotation can go a long way to impress the faculty at a given institution. You can set up more than one away rotation. (Always do your rotation at the main hospital, and try to be on service with the Chair, Residency Director, or Chief of some division, and make sure that person will be in town when you are there). It makes for a hard first half of the year, but you gotta do what you gotta do!

Another very helpful suggestion that I (KMM) got from Dr. Culbert was, when interviewing at an institution you are very interested in, spend a day or two rounding with one of the teams . I did this, and both times received comments that it was obvious that I was very interested in their programs.

Be Realistic

Getting into a categorical Surgical residency position can be very challenging. For better or for worse there is an emphasis on academic performance and board scores. Be assured that you can still get a categorical spot even if you are not AOA!! The softer the application the more important it is to apply to a variety of programs in a variety of areas. We are taught as medical students that community programs are not "as good as" programs at academic institutions. This is not true, especially for those not planning to go into academics. If you are geographically limited or limited by wanting to be in academics, cover yourself with numbers of applications and make yourself stand out in the ways suggested above. In the past, BU students have applied to approximately thirty or so places. This may seem like a high number, but it is better to be refusing interviews than wishing for more.

The bottom line is that you can do it. If you decide that you want the lifestyle of a surgeon, then you can definitely take up the challenge of getting a surgical residency in order to be one!

INTERNAL MEDICINE

Deborah Blazey-Martin, MD
BUSM '96

Primary Care vs Categorical

Although most of what you need to know about the process of applying for residency can be found in Iserson's book *Getting Into a Residency*, there are a few things that are more specific to Internal Medicine that can help you get the residency of your choice. First of all, after you've made the decision to apply for Internal Medicine, you need to decide whether you anticipate applying for a "Primary Care" position or for "Categorical" spot. Most residencies now have both, and a few have separate match numbers for the different programs. Categorical positions are the "traditional" track for Internal Medicine, usually involving predominantly inpatient rotations (although this is changing in some places). The majority of people in these programs specialize, although you can still practice general medicine if you choose. Many people apply for both tracks, and this is actually a wise strategy if you think you are still undecided, or unclear which type of program will better suit your needs. Primary Care tracks differ considerably from program to program, and can be very difficult to assess from the promotional literature you receive. Make sure to ask exactly how the program diverges from the categorical. They vary from simply doing all your electives as ambulatory blocks to as much as spending your entire residency in an HMO with 10 months of your second year in an outpatient setting.

Whichever one you choose, be sure that your personal statement reflects that choice. If your personal statement discusses your love of bench research, the Primary Care folks may question your dedication to generalist practice. Having separate personal statements may be a possibility for some programs, but be careful! In some places the same committee meets for both programs; it is also easy to get yourself confused.

Find an Advisor

The ideal advisor is someone you know and knows you, who has a good working knowledge of Internal medicine programs, is known in the field, and has time to spend with you. Needless to say, this is not an easy person to find. At the very least, they will sign your 4th year schedule, at best, they can provide you with advice on everything from your personal statement, scheduling, programs you can get into, and even go to bat for you with your first-choice program. Unfortunately, Internal Medicine at BU is not like Radiology or Urology, where the department heads are known for taking care of medical students. You are pretty much on your own to find someone you trust to give you advice that doesn't push you in a direction you may not want to go. Sometimes the best people to go to for advice are the residents, who have recently been through the process.

CV and Personal Statement

Internal Medicine differs from many of the other specialties in that each year there are more positions than there are applicants. Some programs (even very competitive ones) have as many as 50 spots available in their Internship class, as opposed to 5 or 8 in most of the Surgery and OB/GYN programs. You WILL match in Internal Medicine, as long as you have a few programs on your list that are "safeties". This also means that, although you need to have relatively good grades and good letters to get into a "competitive" program, people who are not AOA have a chance at getting into the "best" programs in the country. Of course, everything you can do to differentiate yourself from the rest of the crowd will help you get interviews (extracurriculars, research, away rotations), but don't be intimidated. Apply to the reach programs; you may be pleasantly surprised! And regardless of what the application requests, send everyone your CV and personal statement.

Away Rotations

The most important thing you can do to get into the program of your choice is to do an away rotation there. If you think you know which hospital you want train in, make every effort to go there and do a good job. If there is more than one, make sure you go to as many as possible. All programs prefer to take an known quantity; if they have seen you work and like you (and BU students tend to be very well-received at other hospitals), you increase your chances considerably. Usually the best thing to do is an ICU, CCU or Sub-I, since that gives you the most exposure to both residents (who may also have a say) and attendings. If you want to do an away rotation across the city at Harvard, make sure to get your application in 90 days before the block starts, and submit an extra piece of paper requesting as many different rotations for that block as you would be willing to do (there is no limit, although there are only 2 spots on the form).

Letters of Recommendation

Although many programs request a letter from the Chief of Service, BU instead sends a letter from their designate. You should get a letter from either your Sub-I or Third Year clerkship director (Hershman, Levin or Caslowitz); make sure to request that they include a line stating that they are the Designate of the Chief of Service.

The best letters are from people who have seen you work and have given you good evaluations. Do not limit yourself to BU. You may be able to get a letter from one of your away rotations; this proves that your skills translate well, and will be very beneficial if that hospital turns out to be a top choice.

Choosing a Program

When you are interviewing, be sure to talk to the residents in the program. People who went to BUSM are especially helpful, because you have a common frame of reference. There will be many things you look for in a program, but try to prioritize. If you are not sure how you felt about a place, go back and spend a day on the wards, seeing how things work

there and what the environment is like. Try and pick a place you feel comfortable. If you know you won't be happy at a program, don't rank it. You'll be living at the program where you match for the next three years, so you want to be somewhere that you like the people.

MILITARY MEDICINE

Felix Oduwa, MD and Bill Lefkowitz, MD
BUSM '96

Disclaimer: The following is biased towards the Army. Navy and Air Force requirements may be somewhat different. We will try, however, to relate general information. All definitive information can be found in your HPSP handbook and through your HPSP counselor.

The Third Year

By the middle of third year you should have an idea of what specialty interests you. You should also be thinking about the locations you are most interested in spending your next several years.

We recommend back to back rotations between third and fourth year with your most desired location done second. Use the first as practice so you'll shine by the time you get to your second hospital. This will give you two Sub-Internships in military hospitals early enough for match consideration. *Remember the ADT application deadlines!*

NOTE: These Sub-Internships do **NOT** count towards your Sub-I requirement for fourth year, you will still need to do a Sub-I within the BU system.

Before you get to your ADT site

1) Get an evaluation form for each ADT rotation from the BU registrar so you can hand-carry it to your ADT hospital.
2) Plan to interview! Get your CV ready, as some hospitals require a CV for interviews.
3) Get pictures (they do not need to be military) to give to the residency directors after you interview.
4) You will need Class Aís for interviews and Class Bís for daily wear. Make sure your uniforms fit properly, are clean and all the insignias, tags and ribbons are in order. Part of the interview is your appearance.
5) Some hospitals require a presentation on a relevant topic of your choice. Some hospitals like you to take the initiative and ask to present. Prepare before you go and take slide materials with you. The hospitals can make slides but it may take up to two weeks to get them back to you

On arrival at your ADT site

1) Have with you many copies of your orders and your CV, a picture and an evaluation form for each ADT site.
2) Within the first few days, arrange for interviews. You may have as many as seven at each location.

3) Consider asking your primary evaluator/Attending for a letter of recommendation.
4) Turn in slide materials for presentation.

What to expect during the rotation

1) Paperwork is similar to that in the VA. In some hospitals "paperwork" is all on the computer. Wherever you go you may need to take a training class in order to use the computer.
2) The hospitals are generally efficient, with good ancillary services. The residents are helpful and relatively laid back.
3) You will have a lot of independence but no more than you can handle. Residents know you are still a student. You are expected to work as an acting Intern but you will not be over-burdened.
4) Call schedules range from every third to every fifth night depending on the rotation. Daily schedules include rounds, morning report, teaching conferences and teaching rounds.
5) You are expected to wear Class B's to the hospital. You may be permitted or required to wear scrubs (provided). You may be permitted to wear civilian clothes on the weekends.
6) You will have a good time, so relax and enjoy the rotation. You are there to learn. Don't be shy. Speak up and ask questions. The Attendings and residents love to teach and everyone works together very well as a team.

The Fourth Year

Turn in your application ON TIME or your stipend may be suspended. Our deadline was 1 SEP 95 but our application could be amended up until 6 OCT 95. *NOTE: The original application MUST be submitted by the first deadline.* For those applying to OB/GYN Internship, a regular application must be submitted in addition to the ERAS application.

Arrange to have your military photographs and physical done early in August. Allow extra time to order appropriate insignia. Sometimes the uniform shops are out, so call ahead.

The physical is taken at the Military Entrance Processing Station (MEPS) in South Boston. You are Chapter 3. Chapter 2 lists the standards for new recruits and the Chapter 3 standards are slightly different, and they will probably ask YOU what chapter you are. You will need to give supporting documents for any medical conditions you tell them about.

NOTE: Every year the MEPS doctors find a medical reason (such as a history of childhood asthma) to send a disqualification letter directly to an unlucky candidate. *NO ONE except the Surgeon General can disqualify you from the HPSP for medical reasons.* So if you receive one of these letters (probably one week before USMLE Step II) DON'T PANIC. You WILL get a waiver. Call the HPSP office and let them know.

IT IS IMPORTANT that you enter the civilian residency matching program (NRMP) because not everyone matches in the military. ***DO NOT disregard the NRMP.*** The deadlines for the Dean's letter and NRMP come before you find out about your military match status. If

you do not match in the military and you have not applied to the NRMP, you will find yourself in an unfortunate position.

The Match

If you match in the military, CONGRATULATIONS. Notifications will come some time in December. BU students have a good reputation throughout the military and have a history of matching in their desired specialty and location. Once you match in the military you MUST withdraw from the NRMP immediately.

Final Notes

Your stipend will end on graduation day and you will not be paid again until your first day of active duty. Your orders will be set to start on the day you are to report for active duty which will be two or three weeks before the start of your Internship (1 JUL). This time will be used for orientation, in-processing and other requirements.

You can not do anything without your orders, which will show up between March and May. You will need your orders to arrange for moving and housing. Your match hospital will send a welcome letter, a welcome packet, questionnaires (with deadlines) and arrange for a sponsor to answer your questions. You can call the Housing office at your match hospital to find out about housing options.

It is never too early to start getting back in shape. You will need to take your PT test during or soon after orientation

OBSTETRICS AND GYNECOLOGY

Ginger J. Gardner, MD
BUSM '96

Make Your Application Stand Apart From the Others! In recent years, there has been a significant increase in popularity in the field of OB/GYN among residency applicants. Each program will receive about 100 applications for each position it has available. Approximately 10% of these applicants will be selected to interview. It is therefore important that your application attract attention to distinguish your credentials from the deluge of paperwork facing a program director. I believe this is a rather formidable challenge. After all, you are just completing a time-intensive curriculum with a grading schedule developed to create an "even playing field" among medical school classmates. Now, at the end of your third year, your credentials need to be eye-catching and make a memorable impression. Consider your options in the following four categories:

1. AOA/Grades

AOA is certainly a plus, but it is not a necessity. The AOA status may be used by programs as a quick screening tool for the top candidates. If you are not AOA, a good suggestion is to list your Honors/High Pass coursework in one or two lines in

the Honors and Awards section of your application. After all, you earned these grades and you should receive the recognition for it. You want these credits to your name to be easily seen, even by the application reviewer who does not take the time to read the entirety of your 10-page Dean's letter.

2. Board Scores

Generally, programs prefer scores above 200. If you have a lower score, remember that your strengths in the other categories can outweigh the importance of this numerical value. In my experience, OB/GYN practitioners are quite personable and energetic with an interest in the well-rounded individual.

3. Letters of Recommendation

Below is a list of some ideas of contacts from whom you may want to request letters:

-an OB/GYN professor
-an OB/GYN chairman
-a physician at BU or at another institution
-a physician in another field of medicine
-a physician who is familiar with and very impressed by your clinical skills
-a physician who knows you personally
-a physician who is familiar with your talents outside the medical school curriculum, i.e. a research mentor, advisor in community outreach program or other extracurriculars

This list is simply to encourage you to brainstorm for possible letter writers. It is certainly not important to achieve documentation from each of the possibilities listed; however, you may find that one letter writer can represent several of the categories.

I was told this year by one of my advisors, "each letter of recommendation we receive could start a new religion". Certainly, you want a letter writer who will write positively on your behalf, but how do you acquire a letter that will draw additional attention to your application? The letters that stand apart are those that are either extra-supportive, or are written by a chairperson or another distinguished person in the field of OB/GYN. Many programs will request a chairman letter and at least one letter from another OB/GYN physician. I understand that some of my classmates did not feel comfortable asking for the chairman to write a letter, and so sent their applications with other letters instead. This is certainly an option, but keep in mind, it is often the most senior of faculty who are well-established themselves and are willing to take the time and interest to support students. Chairpeople may or may not have worked directly with you clinically, but they will rely on their personal impressions as well as the reports from their colleagues in the assessment of your abilities. When you submit a written request for a letter of recommendation, you should supply each letter writer

with a copy of your CV so they may be impressed by your other credentials and thereby have a fuller understanding of your interests and abilities as a residency applicant.

4. Research/Extracurriculars

Think of all your outside interests. You will need to enumerate these on your application, but think creatively. Show your CV to your advisor(s) and seek for ways to tailor your attributes to OB/GYN residency program directors. For instance, I have done work in neuroscience research related to stroke, but when my advisor read my CV he singled out the fact that the project involved the immature rodent brain. He suggested that I re-word my description to highlight the relevance of my work to perinatal asphyxia. You have already completed projects that fulfill your outside interests, now you just need to present it in the language that the program directors will understand in order to speak to their interests and attract their attention.

Other suggestions:

The Electronic Residency Application System (ERAS) will only transmit 4 letters of recommendation (not including the Dean's Letter) to any one program. You may find that you would like to ask more than 4 people to write on your behalf, or that you complete rotations with Honors evaluations after your application is transmitted on November 1. After you are invited to interview at a program, consider supplementing your application. You can either have information sent, or bring it with you on your interview day so that you personally present the materials to your interviewer, or enclose the information with your thank you/follow-up letters.

In conclusion, it is the combination of many factors that make a competitive candidate. I hope these suggestions are useful as you review your credentials and organize your thoughts for the application process. Best of Luck!!!

OTOLARYNGOLOGY

Ivan El-Sayed, MD
BUSM '96

Otolaryngology (ORL) is early match. Deadlines for applications are around September 15 (verify for your year). You need to have all your rotations done and letters written by that day. In 1996, 727 registered, 430 submitted a rank list and 240 matched. Your best chance of matching is in your senior year; 62% of US seniors matched. Factors that will make a difference in your application. Good grades, high board scores, and being AOA count. However people without these qualifications have matched while others with them have not. A letter (that says something good) from someone well known in the field helps tremendously. The best letter writers are from people in the field because residency directors may know them. You should have a letter from a core course, preferably either medicine or surgery. You must have at least one letter from ORL. Further you should have done some

research and preferably been published. If you have all three items (grades, letters, research), your personality will determine if you match. If you have one or two of the items, you still have a chance, but prepare a back up plan.

A good advisor in the field will help you improve your weak points. Dr. Fuleihan enjoys meeting with students and is very friendly. The staff here at BU is small enough for you to meet on the wards and in the OR. You should pick your advisor based on who you feel comfortable with.

You should do two ORL electives: a BU rotation and an away rotation. In addition you might consider working on a research project with one of the attendings. If you plan early in your third year to apply to ORL, a research rotation can possibly be arranged through your advisor or Dr.Fuleihan.

You should do an away rotation. It serves two purposes. You can get a letter from a well known figure and they might consider you as an applicant. A danger to this plan is that other programs may believe you intend to go there. If you pick a very respected program where the learning is maximal, you can avoid this criticism and learn a lot. Top programs include Johns Hopkins, Pittsburgh, Michigan, Iowa, UCLA, U. Washington to name a few. These are research oriented programs with many attendings. Some have more open spaces than others, but you should arrange a rotation as early as possible in your third year since they fill up quickly. If for any reason you cannot do an away rotation prior to sending out your application, the experience is still extremely rewarding and allows the staff of that program to see you in action.

Send for information about the programs you are applying too as early as possible. Get the correct address from the program. They are often different from the information listed in the green book. You also need to register with The Match, in early July, so that you may receive an official application. This information is available in the office of student affairs. You need only complete one application and instruct CAS where to send it. Have your resume and personal statement ready so that letters may be written for you more efficiently. You may be tempted to apply to several programs, but this can be very expensive. Many programs have an research-academic orientation, while others are very clinical. Reading the brochure ahead of time will help you decipher who is who. Your personal statement should mention which path you intend to pursue while paying homage to the other. Your letter writers may have suggestions of appropriate programs to apply to(i.e. places they know people).

The interview process:

Plan on interviewing from late October through early December. Most interviews occur during that time. Most programs designate one or two days to interview all their applicants. They may interview 30-50 applicants for 1-4 spots. You may have two interviews on the same day which forces you to choose one program. Each program has a different interview process. Some programs have panel interviews, but most have multiple individual interviews. For many programs, once you are at the interview all applicants are on equal

footing. They will ask you about your research, your goals, why you picked this program, what do you do for fun, and how did you get to this point in life (among other things). The most important tip I received was "be yourself." Be straightforward, pleasant and honest. They are judging each applicant as a marriage partner for a five year "marriage" from which there is no divorce. The highest priority on their mind is obtaining someone they would enjoy working with, who will get the job done. While there are rumors abound, I know of only one program that asks you to carve soap (with a scalpel). Do not worry about it.

After the interview it is appropriate to send a letter with your feelings about the program and staff as a way of showing interest. You may indicate that you intend rank a program highly but keep in mind that it is against the CAS rule to "negotiate" spots (i.e. promise them you are ranking them #1). However, many people do it.

PEDIATRICS

Lynne Fasenello, MD
BUSM '96

If you are considering a career in pediatrics but are not certain, you should try to schedule an early pediatric Sub-I or pediatric specialty rotation. An early Sub-I is also useful in terms of getting to know what aspects of a residency are important enough to impact on where you'll spend your residency, as well as for obtaining a letter of recommendation from an attending. Residencies seem to expect applicants to do two to three rotations in a pediatric field (this includes the Sub-I).

Once you decide to do pediatrics, the next step is to decide in what kind of environment you want to train. Consider such things as:

1. Size of the program--how many residents, how many attendings?
2. Location--where in the country do you want to /have to live?
3. General hospital with children's ward vs. children's hospital
4. Fellowship training programs or no fellows present
5. What specialties are available at the hospital, which are emphasized?
6. Patient population
7. Outpatient vs. inpatient training time
8. Primary care teaching vs. specialty teaching

A great resource to tap into is BU's pediatric attendings. They can be really useful in helping you sort out different pediatric programs. Often they are aware of the reputations of the programs, their strong points and weak points, and the "atmosphere" of the program. They may know attendings with whom you can speak or BU alums who are current residents at the programs. Talking to an attending about this early on helps you get an idea of where to look.

The next step is to request materials from the programs. You get more details in the brochures about what's available to you and what's expected of you. Timewise, starting your

personal statement at the beginning of the fourth year will give you a good head start--with time to have two or three different people (docs and peers) critique it for you. The same is true for your resume. The checklist in the fourth year manual is good for keeping track of where you are in the process of applying. Concerning numbers of programs to which students apply, the number varies widely, but many students burn out by the tenth interview. Even though the interview process can be stressful, take time to enjoy the different cities you will visit.

UROLOGY

Michael Phelan, MD & Louis Liou, MD
BUSM '96

So you've decided to become a urologist. What next? Well, you should have bought, read, and memorized the book by Iserson, *Getting Into a Residency*. Ideally you also should have gone to one of the Glaxo workshops or done something similar to evaluate your own priority list of career characteristics. If after this process, you feel the field of urology is most consistent with your life goals, then read on.

Urology is a competitive field; last year approximately 298 individuals submitted rank lists for 236 positions. AOA membership and research publications are helpful, but not required. There are several factors that programs use to select their candidates. Grades, board scores, and research publications are only part of the formula. Urology Departments are small, usually there are more faculty members than residents. Urology programs are also long, generally lasting six years. Therefore, in addition to seeking individuals who "look good on paper " it is important for programs to recruit honest, trustworthy, hard working team players. In other words, no program wants to recruit a headache for six years even if they are the brightest individual in the applicant pool.

The Urology department at BU is extraordinary and extremely supportive of students interested in the field. Dr. Krane is every student's advisor and the whole department makes an effort to help you get that ideal residency. You should set an appointment with Dr. Krane and inform him of your intention to enter the field. Later, you can meet with him to discuss individual programs and the final rank list. The residents in the program are very approachable and an excellent source of information. For 1996-1997, Luke O'Connell (BUSM '96) is staying on as one of the PGY-1's in the urology program.

Urology has its own separate match in mid-late January. This means that applications, letters of recommendation, interviews, and electives in urology all must be done early! The time line below is a rough outline and checklist for the 1997 match.

Late Spring-Summer 1996

Contact the AUA residency matching program and register for the match (applications in Office of Student Affairs). Completed application + fee = personal identification number for match and references containing the individual programs participating in the match. All

applications require an applicant photo. Find a good photographer and have a portrait taken as soon as possible. You will need approximately a 2 inch x 2 inch for each application. Get this done early; you do not want the lack of a photograph to hold up your application.

Summer-Early Fall 1996

Using the information obtained from the AUA Residency Match Program, write or call the programs you are interested in and request an application. There is no magic number, but most students apply to at least 25 programs. Most applications are due in late September to early November but some can be as early as September 1 (University of Connecticut). It is to your advantage to apply as early as possible, interview slots/dates are limited and fill quickly. Applicants who are invited for interviews early will have a greater selection of dates. This will help you plan an interview tour that is most economical.

Fall-Winter (October-Mid January = Blocks 5,6,7,8)

Most interviews are conducted during this period so be prepared to take time out. November or December is an ideal time to take a vacation block for interviews. The interviews are not very stressful, and most are very relaxed. Make an effort to be friendly to the host residents and other applicants. I believe how you interact with others is observed. If you have participated in a research project, prepare yourself to answer questions concerning background, results, significance of results and how this is important to urology. Following interviews, send individualized thank you letters to the interviewers. Thank you letters are not required, but it is generally a classy thing to do.

November-December

Preference list forms are mailed from the AUA to the applicants and the programs.

Mid January

Deadline for submission of rank list. Two weeks before submitting a preference it does not hurt to write to the programs you are most interested in and let them know where they stand on your preference list, but be honest. Do not tell a program they are number one if they are not. Remember, urology is a small community and you never know when a lie will come back to hurt you (fellowships, paper reviews etc.)

One week match period

Last week of January

Match results are faxed to the Office of Student Affairs and mailed to the applicant.

Participation in NRMP for preliminary surgery positions

Most programs require that you do the preliminary surgery training at the same institution.

Some specifics on urology electives and reference letters. You should take your electives as soon as possible (2,3,4) but no later than block 5. There is a limit of 2 electives in the same field for credit. Use one block to take urology at Boston University. The second

block, the "outside" elective in urology needs to be selected carefully. Some programs (due to the reputation of the chairman) get a flood of medical students doing elective within a few months. This leads to 5-7 medical students on the service which will tend to dilute the experience you have and also the exposure to the person you want writing your letter. The programs that allow only two students per month are the most rewarding, but these fill quickly so plan ahead. You need a reference letter from this rotation, make sure the chairman has a good history of writing strong reference letters if you turn in a strong performance. The reference letter is probably one of your most important supporting documents for your application. As Iserson has stated in his book, the gold standard is an excellent letter written by someone well known to the urology community. You must balance that with the experience of the rotation. How do you know which programs are good to do electives at? You need to ask both the faculty and the residents.

Finally, any unanswered questions about CV's interviews, fourth year course planning should be addressed in Iserson's book. But with any specific questions, please don't hesitate to contact us. Good luck.

Louis Liou, MD, PGY-1
Cleveland Clinic
Department of Surgery
9500 Euclid Ave
Cleveland, OH 44195

Michael W. Phelan, MD, PGY-1
University Health Center of Pittsburgh Program
Department of Surgery
497 Scaife Hall
Pittsburgh, PA 15261

Residency Appointments

Boston University School of Medicine
Class of 1996

Internal Medicine

Dipti Agrawal
Baylor College of Medicine
Houston, TX

Tarsha Brown
St. Elizabeth's Medical Center
Boston, MA

Diane Day
Yale-New Haven Hospital
New Haven, CT

Andrew Factor
Rhode Island Hospital
Providence, RI

Bryan Gesuk
University of California, San Francisco
San Francisco, CA

Maria Joyce
Duke University Medical Center
Durham, NC

Sandeep Kapoor
Cedars-Sinai Medical Center
Los Angeles, CA

Diane Krause
Beth Isreal Hospital
Boston, MA

Lisa Law
University of California, Davis Medical Center
Sacramento, CA

Tracy Battaglia
Beth Isreal Hosptial
Boston, MA

Eugene Constantinou
Yale-New Haven Hospital
New Haven, CT

Abdulfatah Elshaar
Rhode Island Hospital
Providence, RI

Lee Gambardella
Rhode Island Hospital
Providence, RI

Jenny Hsu
Kaiser Permenente Medical Group
Los Angeles, CA

Gautham Kalahsty
University Hospitals of Cleveland
Cleveland, OH

David Katz
Walter Reed Army Medical Center
Washington, DC

Thomas Lavoie
Newton-Wellesley Hospital
Newton, MA

Elissa Liebman
Deaconess Hospital
Boston, MA

Deborah Blazey-Martin
Beth Isreal Hospital
Boston, MA

Maryann Murphy
Beth Isreal Hospital
Boston, MA

Aaron Perlmutter
University of Hawaii Integrated Medicine Residency
Honolulu, HI

Soumya Reddy
New York University Medical Center
New York, NY

David Reitman
Boston University Medicine Residency
Boston, MA

Kim John Scola
St. Elizabeth's Medical Center
Boston, MA

Thomas Spheeris
Naval Medical Center, San Diego
San Diego, CA

Melanie Byrne Thomas
Deaconess Hospital
Boston, MA

Hugo Yang
University of California, San Francisco - Mt. Zion
San Francisco, CA

Patricia Zub
Lahey Clinic Medical Center
Burlington, MA

James Mitchell
Brooke Army Medical Center
Fort Sam Houston, TX

John Pagel
University of California, San Francisco
San Francisco, CA

Geetha Rao
University Health Center of Pittsburgh
Pittsburgh, PA

Stephen Regan
Medical Center Hospital of Vermont
Burlington, VT

Stephanie Robertson
Long Island Jewish Medical Center
New Hyde Park, NY

Susan Simon
Deaconess Hospital
Boston, MA

Lynda Streett
Presbyterian Hospital
New York, NY

Minnie Elaine Tse Husni
Deaconess Hospital
Boston, MA

Alice Zacarian
Boston University Medicine Residency
Boston, MA

General Surgery

Jill Arthur
University of California, Los Angeles Medical Center
Los Angeles, CA

George Canellakis
University Hospitals of Cleveland
Cleveland, OH

Leslie Cunningham
Dartmouth-Hitchcock Medical Center
Lebanon, NH

James Doty
Medical College of Virginia
Richmond, VA

John Froio
National Naval Medical Center
Bethesda, MD

Glenn Fusonie
Boston University Medical Center
Boston, MA

Paul Houle
Dartmouth-Hitchcock Medical Center
Lebanon, NH

Aditya Krishna Kaza
Alton Oschner Medical Foundation
New Orleans, LA

Shamsuddin Khwaja
Baylor College of Medicine
Houston, TX

Elizabeth Mahanor
Boston University Medical Center
Boston, MA

Kathleen Manning
Stanford Health Services
Stanford, CA

Jeffrey Peterson
Stanford Health Services
Stanford, CA

Sonia Ramamoorthy
University of California, San Diego Medical Center
San Diego, CA

Michael Reinhorn
Boston University Medical Center
Boston, MA

Kurt Rhynhart
Walter Reed Army Medical Center
Washington, DC

Madhumalli Sarkar
University of Massachusetts Medical Center
Worcester, MA

Sharfi Sarkar
University of Illinois Metropolitan Group Hospitals
Chicago, IL

David Shaz
University of Maryland Medical Center
Baltimore, MD

Brandon Snook
Keesler Medical Center
Keesler Air Force Base, MI

Roxanne Wallace
St. Joseph Hospital
Denver, CO

Edward Weldon
University of Hawaii Integrated Surgery Program
Honolulu, HI

Obstetrics & Gynecology

Mohammed Shafeeq Ahmed
Baystate Medical Center
Springfield, MA

Laura Campbell
Boston City Hospital
Boston, MA

Ginger Gardner
Johns Hopkins Hospital
Baltimore, MD

Douglas Idelson
Johns Hopkins Hospital
Baltimore, MD

Mary Kerr
Cedars-Sinai Medical Center
Los Angeles, CA

Nicholas Lambrou
Johns Hopkins Hospital
Baltimore, MD

Felix Oduwa
Tripler Army Medical Center
Honolulu, HI

Cynthia Brown
Boston City Hospital
Boston, MA

Hsi-Pin Chen
Boston City Hospital
Boston, MA

Brian Hines
The Mount Sinai Hospital
New York, NY

Basim Moh'd Kahleifeh
Tripler Army Medical Center
Honolulu, HI

Susan Kupferman
Boston City Hospital
Boston, MA

Eunice Lee
University of California, San Francisco
Fresno, CA

Jacob Prishkulnik
Brookdale Hospital Medical Center
Brooklyn, NY

Emergency Medicine

Jon Buras
Brigham & Women's Hospital
Boston, MA

Madonna Fernandez-Frackelton
Harbor-UCLA Medical Center
Torrance, CA

Christopher Haddad
University of Massachusetts Medical Center
Worcester, MA

Greg Marchand
University of Chicago Hospitals
Chicago, IL

Michael Wolfe
Stanford Health Services
Stanford, CA

Christopher Cox
New York University Medical Center
New York, NY

Laura Murphy Foster
Denver General Hospital
Denver, CO

Susan Letterle
Boston City Hospital
Boston, MA

Bradley Setser
Earl K. Long Medical Center
Baton Rouge, LA

Radiology

John Athas
Presbyterian Hospital
New York, NY

Cathy Kim
St. Vincent Hospital
Worcester, MA

Michael Niles
Emory University School of Medicine
Atlanta, GA

Anil Wadhwani
New England Medical Center
Boston, MA

Matthew Benjamin
Massachusetts General Hospital
Boston, MA

Omar Lalani
Rhode Island Hospital
Providence, RI

Patrick Oder
Boston City Hospital
Boston, MA

Kristen Wolanske
Stanford Health Services
Stanford, CA

Orthopedic Surgery

Michael Ayers
University of Massachusetts Medical Center
Worcester, MA

Glenn Huber
Los Angeles County - USC Medical Center
Los Angeles, CA

Fletcher Reynolds
Boston University School of Medicine
Boston, MA

Craig Title
Lenox Hill Hospital
New York, NY

David Casey
Boston University School of Medicine
Boston, MA

Joseph Izzi
Rhode Island Hospital
Providence, RI

Sharhram Solhpour
Harvard Combined Orthopedic Program
Boston, MA

Family Practice

Marisa Modini Bochman
Beverly Hospital
Danvers, MA

Cheryl Duchow
Cabarrus Family Medicine Residency
Concord, NC

Lisa McMahon
Medical Center of South Carolina
Charleston, SC

Leonard Perkinson
University of California, San Francisco
Fresno, CA

Geoffrey Burns
David Grant USAF Medical Center
Travis Air Force Base, CA

Brian Fitzpatrick
Eastern Maine Medical Center
Bangor, ME

Mark Peluso
Natividad Medical Center
Salinas, CA

Andrew Ting
University of Massachusetts Medical Center
Worcester, MA

Pediatrics

Lynne Fasanello
Rhode Island Hospital
Providence, RI

Eileen Fisk
University of Connecticut
Farmington, CT

Nancy Hanlon
University of California, Los Angeles Medical Center
Los Angeles, CA

William Lefkowitz
Walter Reed Army Medical Center
Washington, DC

Edwin Liu
St. Christopher's Hospital for Children
Philadelphia, PA

Maria Rachmat
New York University Medical Center
New York, NY

Cherrie Tan
Children's Hospital of Los Angeles
Los Angeles, CA

John Udarbe
The Mount Sinai Hospital (Pediatrics/Psychiatry)
New York, NY

Urology

Sharham Gholami
University of California, San Francisco
San Francisco, CA

Louis Liou
Cleveland Clinic Foundation
Cleveland, OH

Luke O'Connell
Boston University Medical Center
Boston, MA

Michael Phelan
University Health Center of Pittsburgh
Pittsburgh, PA

Ophthalmology

Christopher Brown
Wills Eye Hospital - Thomas Jefferson University
Philadelphia, PA

Scott Goldstein
Scheie Eye Institute, University of Pennsylvania
Philadelphia, PA

Robert Levy
Case Western Reserve University
Cleveland, OH

Neurology

Deborah Burke
University of South Florida College of Medicine
Tampa, FL

Kristine O'Phelan
University of Miami, Jackson Memorial Medical Center
Miami, FL

Edward Pan
Boston University School of Medicine
Boston, MA

Psychiatry

Catherine Lager
The New York Hospital
New York, NY

Teodoro Leonido
Harbor-UCLA Medical Center
Torrance, CA

Alexandra Pinkerson
Dartmouth-Hitchcock Medical Center
Lebanon, NH

Physical Medicine & Rehabilitation

Simona Retter-Burch
Newton-Wellsley Hospital
Newton, MA

Frances Williams
Sinai Hospital of Baltimore
Baltimore, MD

Susan Zecher
National Rehabilitation Hospital
Washington, DC

Otolaryngology

Peter Agnello
University of Florida
Gainesville, FL

Ivan El-Sayed
Boston University Medical Center
Boston, MA

Neurological Surgery

Ali Sadrolhefazi
West Virginia University Program
Morgantown, West Virginia

Radiation Oncology

Elisa Wu
Memorial Sloan-Kettering Cancer Center
New York, NY

Directions to Affiliated Hospitals

MALDEN HOSPITAL

YOU WILL TAKE ROUTE 93 NORTH UNTIL YOU REACH EXIT WHICH READS ROUTE 60 - MEDFORD AND MALDEN. WHEN YOU COME OFF OF THE EXIT YOU TAKE RIGHT. YOU CONTINUE GOING STRAIGHT THRU A SMALL SQUARE - THIS WILL BE THE FIRST SET OF LIGHTS - YOU WILL NOW BE ON THE FELLSWAY. YOU CONTINUE ON THIS ROAD UNTIL YOU REACH A SECOND SET OF LIGHTS. THERE WILL BE AN IMMACULATE CONCEPTION CHURCH ON THE RIGHT AND YOU TAKE THE LEFT HERE - OPPOSITE THE CHURCH - (THERE IS A HOSPITAL SIGN HERE AT THESE LIGHTS AS WELL) - AND GO UP A STEEP HILL, WHICH WILL BE HOSPITAL ROAD. WHEN AT THE TOP OF THE HILL YOU TAKE A RIGHT AND YOU'LL SEE THE HOSPITAL ENTRANCE.

MALDEN HOSPITAL

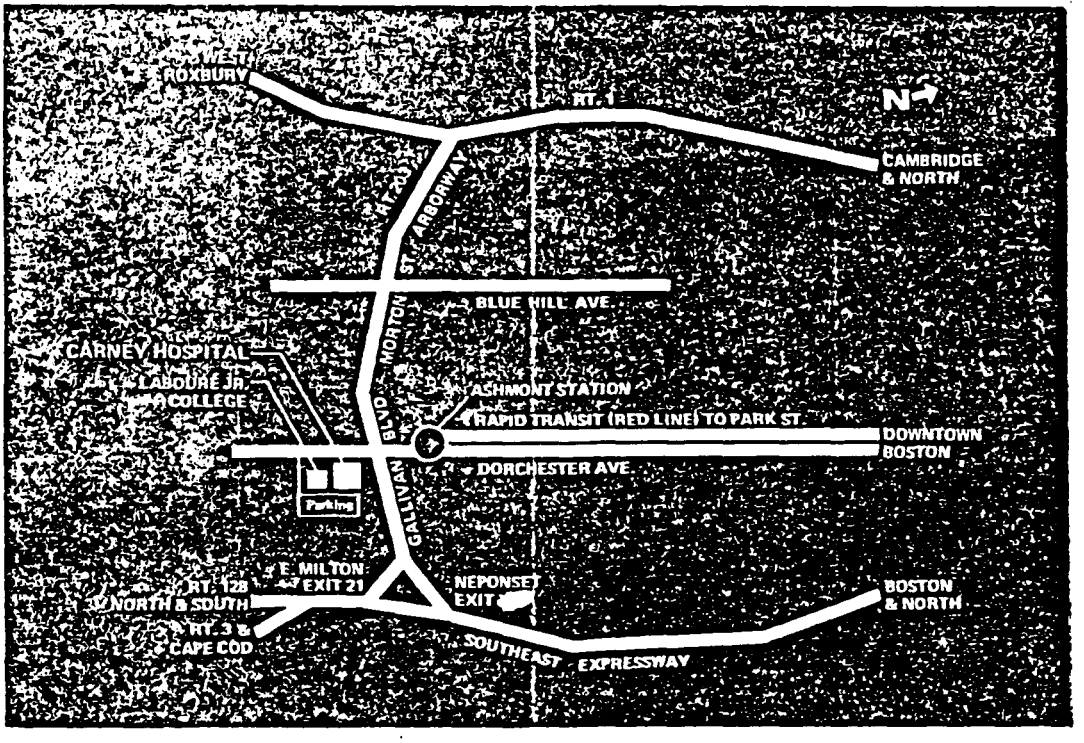
DIRECTIONS BY PUBLIC TRANSPORTATION:
TAKE THE ORANGE LINE TO WELLINGTON STATION AND GET OFF. TAKE A BUS GOING TO UPPER HIGHLAND. ASK THE BUS DRIVER TO LET YOU KNOW WHEN YOU GET TO THE HOSPITAL - THE BUS GOES RIGHT BY THE HOSPITAL.

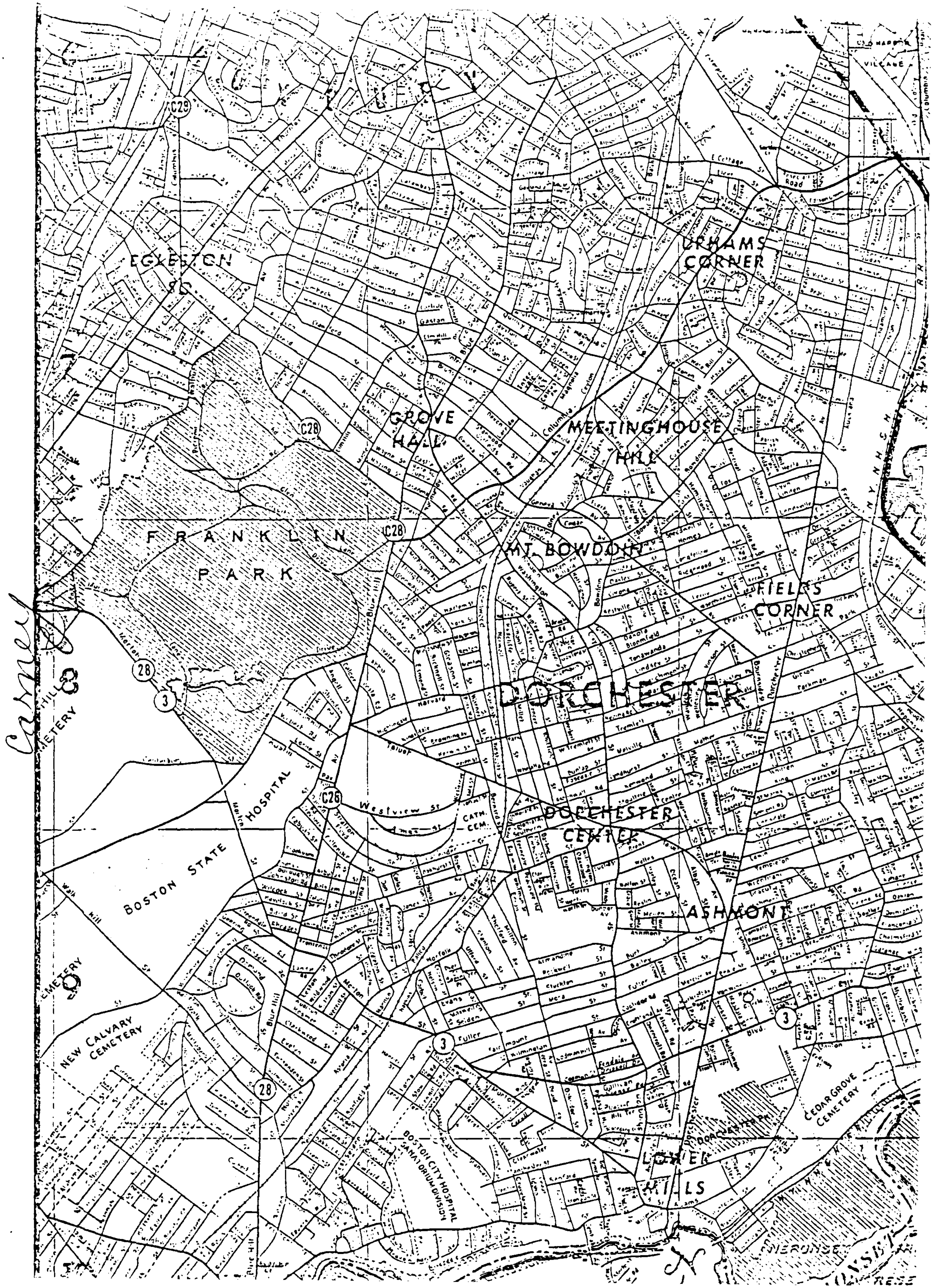
CARNEY HOSPITAL

DIRECTIONS

GET ON THE SOUTHEAST EXPRESSWAY - GOING SOUTH. YOU WILL TAKE THE EXIT MARKED 11B - GRANITE AVE. CONTINUE ON THIS ROAD FOR ABOUT 1/2 MILE TO AN INTERSECTION - GALLIVAN BLVD. TAKE A LEFT HERE AND GO ABOUT ANOTHER 1/2 MILE TO 2nd SET OF LIGHTS WHICH INTERSECT WITH DORCHESTER AVENUE - TAKE A LEFT AND CARNEY IS 2100 DORCHESTER AVENUE - ON THE LEFT HAND SIDE.

MAP FOR CARNEY HOSPITAL

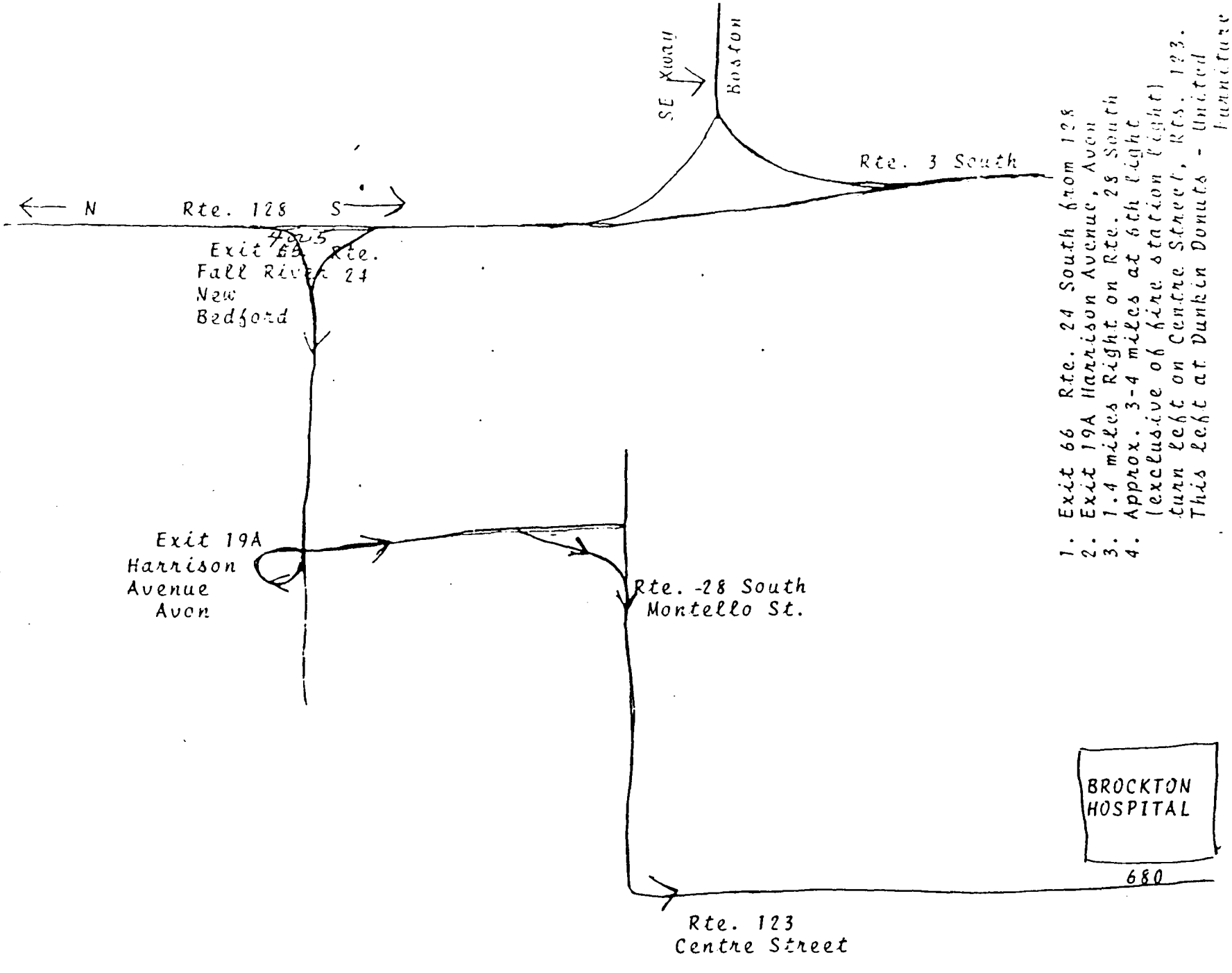




EGLESTON SQ
UPHAMS CORNER
GROVE HALL
MEETINGHOUSE HILL
FRANKLIN PARK
MT. BOWDOIN
FIELDS CORNER
DORCHESTER
DORCHESTER CENTER
CATH. CEM.
HOSPITAL
BOSTON STATE
ASHMONT
NEW CALVARY CEMETERY
BOSTON CITY HOSPITAL SANATORIUM DIVISION
CEDAR GROVE CEMETERY
LOWER MILLS
Carmel

BOSTON V.A. HOSPITAL

FOLLOW MASS. AVENUE TO TREMONT STREET. BEAR LEFT. STAY ON TREMONT STREET UNTIL YOU SEE RUGGELS STREET. BEAR RIGHT THIS STREET GOES BY WENTWORTH INSTITUTE. CONTINUE ON RUGGELS STREET UNTIL YOU COME TO HUNTINGTON AVENUE. LEFT. ON HUNTINGTON-FOLLOW THE STREET CAR TRACKS UNTIL YOU REACH SOUTH HUNTINGTON WHICH WILL BE ON YOUR LEFT. THE HOSPITAL IS ABOUT THREE BLOCKS UP S. HUNTINGTON - IT'S A LARGE WHITE STRUCTURE.



1. Exit 66 Rte. 24 South from 128
2. Exit 19A Harrison Avenue, Avon
3. 1.4 miles Right on Rte. 28 South
4. Approx. 3-4 miles at 6th light (exclusive of line station light) turn left on Centre Street, Rte. 123. This left at Dunkin Donuts - (United Furniture)
5. Through two lights 1.4 miles from turn Brockton Hospital is on the left.

Directions to Edith Nourse Rogers Memorial Veterans Hospital
Bedford, Massachusetts

Getting to Bedford VA Hospital from Route 128

Bedford VA Hospital is located 15 miles Northwest of Boston. It is 1 mile East of Routes 4 and 225 and 3 miles North of Route 128. Consequently, it is easily accessible to anyone who drives on Route 128 to Exit 31B (formally Exit 44N).

After leaving Route 128 at Exit 31B, one should go North on Routes 4 and 225 for 2.2 miles. Fifty yards beyond the Bedford Shopping Center, turn right onto Hillside Avenue at the sign pointing toward the "Veterans Administration Hospital". Continue on Hillside Avenue (it quickly becomes Springs Road) for exactly 1 mile. Park in the large parking lot on the right side of the road.

Orienting Yourself at Bedford VA Hospital (See Diagram)

When one stands in the main parking lot and faces the hospital, the Administration Building (Bldg. 1) is just beyond the high flagpole and the large Building 2 is just to the right. Additional orienting information is available from hospital personnel in the main lobby and main corridor of Building 2. This Building 2 corridor offers access to Building 78 where the Chief, Medical Service (Rm. 222/Bldg. 78) office is located.

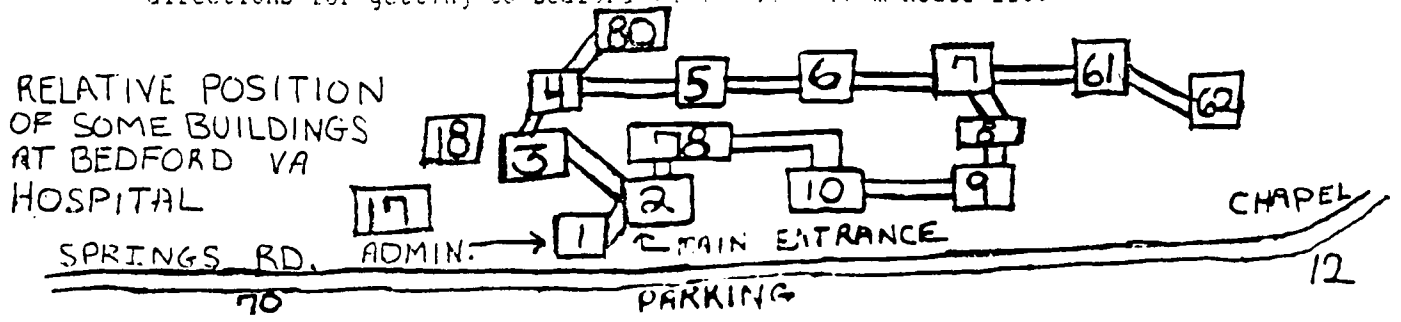
Buildings 3 through 10 are connected by a continuous corridor and are arranged in an oval scheme going clockwise from Building 2. Other buildings are located outside the oval scheme at various points on the hospital grounds. Middlesex Community College occupies Buildings 8 and 9 and is the only non-VA institution found within the Bedford VA Hospital complex.

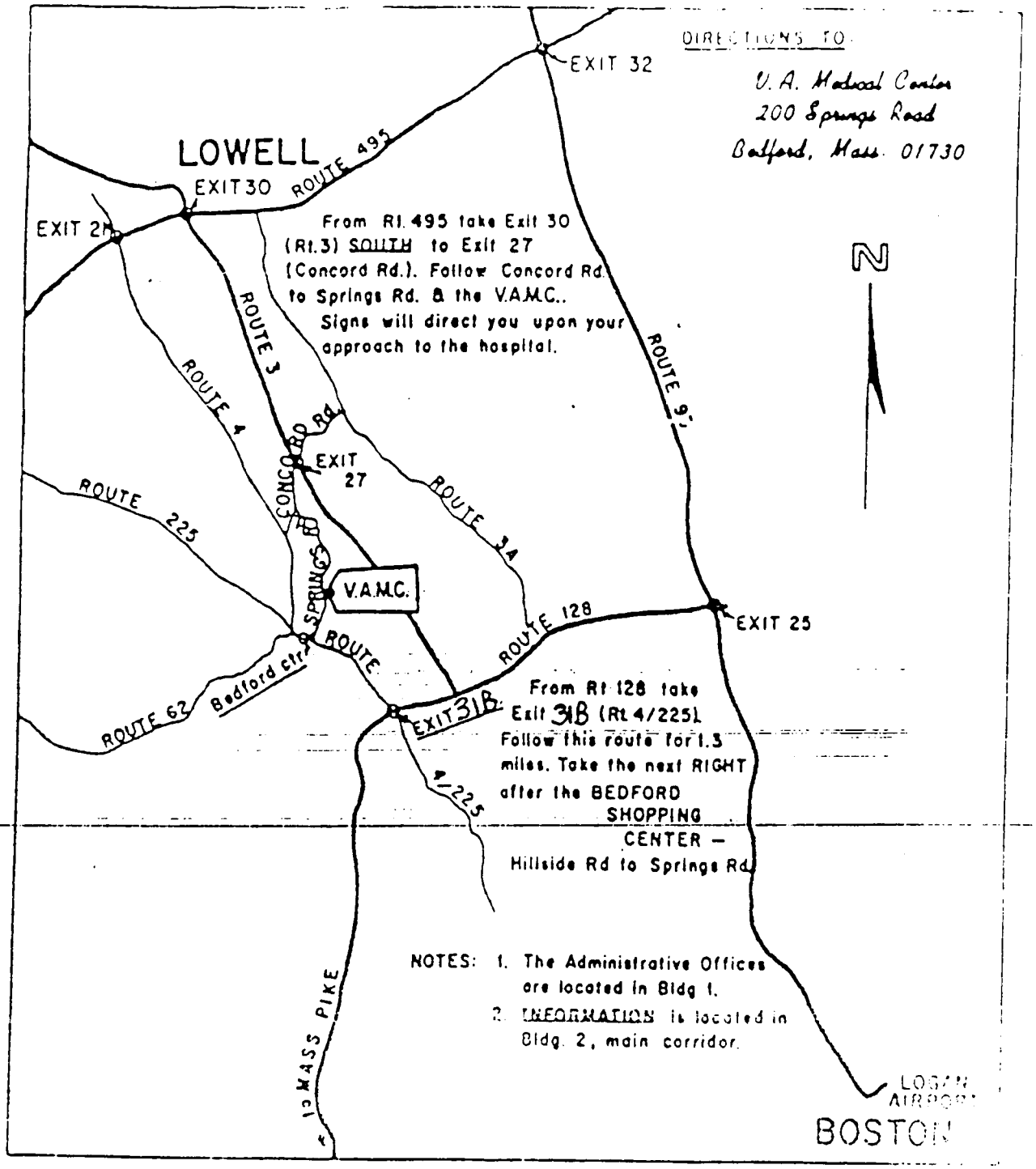
Getting from Boston University Medical Center to Route 128

Enter the Expressway North at the Massachusetts Avenue entrance (just East of Albany Street). Proceed on the Expressway North for approximately 3 miles to Route 93 North. Travel North on Route 93 for about 10.6 miles to Exit 11S (Exit 11 South) at Route 128. Travel South on Route 128 for about 7 miles to Exit 44B. Follow directions for getting to Bedford VA Hospital from Route 128.

Getting from Storrow Drive (Boston) to Route 128

Take Storrow Drive from Boston (or Memorial Drive in Cambridge) Northwest to Fresh Pond Parkway in Cambridge. Follow Fresh Pond Parkway in Cambridge, turning left at the first traffic circle, bearing right at the second circle, and turning left at the third circle onto Route 2. Travel West on Route 2 for approximately 6 miles to Route 128 North. Travel North on Route 128 for approximately 3 miles to Exit [illegible] Routes 4 and 225. Follow directions for getting to Bedford VA Hospital from Route 128.



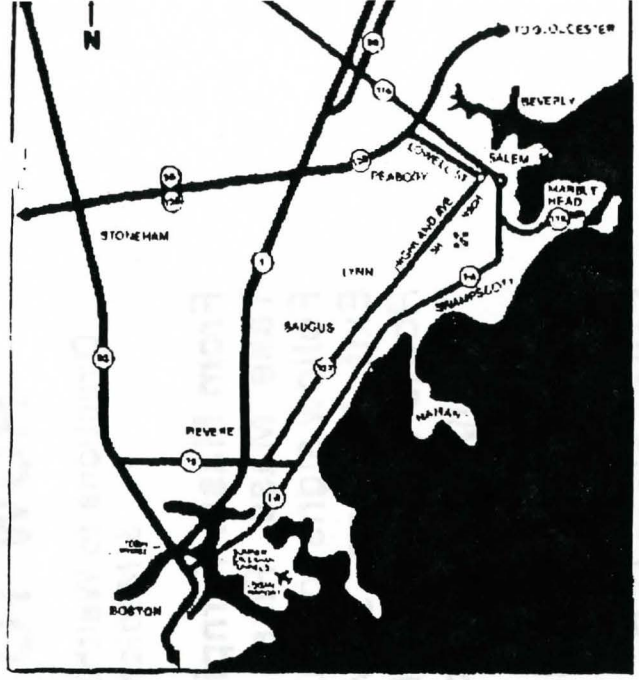

DIRECTIONS TO:
U.A. Medical Center
200 Springs Road
Bedford, Mass. 01730
EXIT 32
LOWELL
EXIT 30
ROUTE 495
EXIT 28
From Rt. 495 take Exit 30 (Rt. 3) SOUTH to Exit 27 (Concord Rd.). Follow Concord Rd. to Springs Rd. & the V.A.M.C.. Signs will direct you upon your approach to the hospital.
N
ROUTE 3
ROUTE 4
ROUTE 93
CONCORD RD
EXIT 27
ROUTE 225
ROUTE 34
SPRINGS RD
V.A.M.C.
ROUTE 128
EXIT 25
ROUTE
Bedford cir
ROUTE 62
EXIT 31B
From Rt 128 take Exit 31B (Rt 4/225) Follow this route for 1.3 miles. Take the next RIGHT after the BEDFORD SHOPPING CENTER — Hillside Rd to Springs Rd.
225
NOTES: 1. The Administrative Offices are located in Bldg 1.
2. INFORMATION is located in Bldg. 2, main corridor.
MASS PIKE
LOGAN AIRPORT
BOSTON

Salem
Hospital

81 Highland Avenue
Salem, Massachusetts 01970
Telephone (617) 741-1200

DIRECTIONS TO DR. COOPER'S OFFICE

As you approach the main entrance to Salem Hospital at the North Shore Medical Center, look to your left and you will see the Medical Office Building (79 Highland Avenue). Dr. Cooper's office is room #217 in that medical office building.



THE NORTH SHORE MEDICAL CENTER

How to get to Salem Hospital & North Shore Children's Hospital

From Boston:

Take Route 93 North to Route 128. Take exit 26 from 128N, and bear right onto Lowell Street. Follow through Peabody center. Lowell Street becomes Main Street, and after crossing the Salem city line, becomes Boston Street. At the end of the street (marked by a large monument in the center of the roadway), turn right onto Essex Street, which immediately becomes Highland Avenue. The entrance to **North Shore Children's Hospital** is located on the left, a short distance after the first set of traffic lights. **Salem Hospital's** main entrance is opposite the second set of traffic lights. Turn left at the lights onto the Hospital campus. A security officer will offer parking and service directions.

From Southern New England:

Take Route 95 North to Route 128 North and follow Route 128 to Peabody. Use directions from metropolitan Boston. (Note that interstate highway exit numbering is in effect from Canton to Peabody along Route 128. The correct exit for Salem Hospital is noted on directions from metropolitan Boston.)

From Northern New England:

Take Route 95 South to Route 114 East. Follow Route 114 into Salem and turn right onto Essex Street (Route 107) which becomes Highland Avenue. The Hospital entrance is opposite the third traffic light. An alternative route from Northern New England is to follow Route 93 South to Route 128 North and follow directions from metropolitan Boston.

Mass Transit from Boston:

Intercity bus service is available through the metropolitan transit system. "T" bus service runs from Boston's Haymarket Square to Salem Hospital seven days a week (limited schedules on weekends). This service runs through Revere and Lynn before reaching Salem. Take Bus #450 "Salem-Boston via Highland & Western Ave."

For complete schedule information, call toll free 1-800-392-6101 or in Boston dial 722-3200.

On Campus Shuttle Service:

On arrival at Salem Hospital, a free shuttle service, The Step-Saver, operates weekdays between 9am and 5pm to take visitors to and from their cars. Volunteer drivers will be happy to give additional directions to hospital services. The Step-Saver serves the main parking area on Highland Avenue and operates from the Davenport-4 Entrance.

HOW TO FIND US

Directions to WalthamWeston Hospital
& Medical Center

From Mass. Turnpike East/I-90
Take Mass. Pike Exit 14. Pay toll. Follow signs to Route 128 north. Take Exit 26 and stay right, following Route 20 into Waltham. Follow the "H" signs to the hospital.

From Mass. Turnpike West/I-90
Take Mass. Pike Exit 15. Pay toll. Follow signs to Route 128 north. Take Exit 26 and stay right, following Route 20 into Waltham. Follow the "H" signs to the hospital.

From 128 North/I-95
Leave 128 at Exit 26. Stay right and follow Route 20 into Waltham. Follow the "H" signs to the hospital.

From 128 South/I-95
Leave 128 at Exit 26. Stay left and follow Route 20 into Waltham. Follow the "H" signs to the hospital.

W WalthamWeston Hospital
& Medical Center
Hope Avenue, Waltham, MA 02254-9110
617-647-5000