THE NERD’S GUIDE TO PRE-ROUNDING: A MEDICAL STUDENT’S MANUAL FOR THE WARDS

This is a how-to guide for third-year medical students moving from the classroom to the clinical/hospital setting – a particularly stressful transition in a student-physician’s career. This handbook is made up of short, easily digestible passages that advise students on everything from reading an ECG or chest x-ray to tips on dealing with ornery residents and what to wear on the wards. Passages are peppered with light-hearted anecdotes to bolster the spirits of students who may feel intimidated and overwhelmed by their responsibilities as fledgling doctors.

This handbook has been developed by Dr. Richard Loftus, who wrote the first version of this guide after his third year at UCSF School of Medicine. It began as a letter of advice to a junior student who was embarking on his own first year on the wards. As the author says of the first guide, “This covers everything I wish someone had warned me about before I stumbled onto the wards.” This book contains appendixes of useful information, including links to full-size forms and data card templates that can be accessed at the Cambridge University Press website: www.cambridge.org/0521676754.

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I would also like to thank my many teachers over the past years, and especially Dan Lowenstein, whose knowledge, compassion, and sheer mensch-iness have been an enormous inspiration to
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me, and Meg Newman, for her endless support and kindness. I also want to thank my med school big sib, Britt Swor-Yim, and “adopted” sib, Gabriela Diaz-Sullivan, for always looking out for me, and my little sib, the most excellent Ted Scott, who is the reason I compiled these notes.

In Tibetan Buddhism, the practice of medicine and spiritual training are one and the same: All medical knowledge is ultimately attributed to the Buddha, in his form as Bhaisajyaguru, the Medicine Buddha. May every person pursuing the medical arts accumulate magnificent wisdom and endless compassion in the service of their patients.

OM BEKENZE BEKENZE MAHA BEKENZE BEKENZE RANDZA SAMOUNGATE SOHA.
What Is The Nerd’s Guide?

This book originally was written as an aid to medical students at the University of California, San Francisco (UCSF), during the start of their MS3 year, the first year of intensive clinical training. I wrote it at the end of my own MS3 year, based on notes I’d kept of all my “bonehead” moments. I made many errors that easily could have been avoided if I’d only known one or two simple facts. My feeling at the time was that despite excellent work by the UCSF School of Medicine in preparing us for the wards, there were still practical points that had not been covered ahead of time. I try to cover a few here.

The Guide is a starter kit to help MS3s “hit the ground running” during the first months of clerkships – especially for the inpatient months of medicine and surgery. There is nothing here that a thoughtful MS3 wouldn’t eventually pick up on his or her own. The point of the Guide is to reduce the number of potholes in your road or at least make you aware of the common craters into which your predecessors have all too often strayed. Why repeat our mistakes, when you can make ones of your own? (That is a joke.)

Just as important as its practical tools for doing well on the wards, the Guide offers advice on how to maintain your well-being – physical, mental, and emotional – during the often-arduous trials of medical training. The habits you develop during your student years will determine whether you thrive, or dive, during the rest of your career – especially in the rigors of residency.
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These habits include not only your approach to pre-rounding or reading a chest film, but also how you cope with stress, maintain morale, balance your checkbook, and exercise to keep fit. An alternate title for the Guide might have been Advice From a Big Brother.

The first version of the Guide was released in June 2000 as The Nerd’s Guide to Pre-Rounding: How to Look Smart While Feeling Stupid in the First Months of Third Year. It was well received, so the following year I released an expanded Version 2.0, and the school asked for permission to post it on its website. I’ve since lost track of the number of students who have approached me on the wards, in the library, in elevators, all thanking me for the Guide (which was nice, but kinda weird). Older students give younger students their dog-eared copies. It appears to be useful.

I’m no expert on doing well on the wards and don’t pretend to be. If anything, this book testifies to my proclivity for mistakes – after all, it grew out of my own errors. I have continued working on The Nerd's Guide based on feedback from UCSF MS3s that it has helped them. Errors in previous versions have been fixed as well, thanks to their remarks.

While this handbook evolved at UCSF, its advice about the approach to inpatient medicine would apply just as well at any academic medical center.

A final note: The Nerd’s Guide is definitely not intended to be a comprehensive reference on surgical or medicine inpatient care. There are plenty of other books for that. The Guide instead serves as a “how-to” on the nuts and bolts of being a medical student, and how to do that job to the best of your ability – something other references don’t usually cover. That said, you undoubtedly will use some of those other reference books in the months ahead – in fact, I recommend a few below.

Why is it called The Nerd’s Guide? Because I’m a big nerd, that’s why. (Well, technically, I’m a spazz, which is a subspecies of nerd, but now we’re splitting hairs.) Seriously: I am a self-confessed medical “nerd” – I have the geek’s love of details and the internist’s
delight in obscurantia. One of my first attendings told me she was worried my meticulousness would lead to early burnout. (Another ribbed me endlessly for a 4-page-long progress note I wrote on the differential diagnosis of a patient’s fever.)

You don’t have to be a Godzilla-nerd to benefit from the Guide. It will, however, give you some indication of what a thorough medical student’s approach to inpatient medicine looks like. If some directives seem like overkill to you, well, at least you know where you stand. And if you feel totally clueless about starting on the wards – well, I’m with you. I was you. This Guide is designed to get you started, and not go too far wrong.

**Tackling the wards.** When you first start on the wards, your seniors will ask you repeatedly to do tasks you have never done before, and you may not know where to begin. If you’re completely unclear of what you’re supposed to do, a quick clarification (“So, you’re asking me to do . . . ”) is in order. If you understand the task, but don’t know how to do it, find someone and ask them – ask your intern, ask a fellow student, ask a ward clerk or a nurse, hell, ask the janitor. Ask anyone. **Your attitude should be, “Well, no, I’ve never done this before. But I’ll figure it out.”**

When residents gripe about students, it’s because students complain when they have to stay “late,” or make remarks like, “I didn’t think students had to do that.” In my experience, no medical student has ever had to stay “late.” “Late” is hour 37 of call, when you have not slept, and you’ve been in the ICU for the last 6 hours trying to keep a shock patient on this side of death’s door. That is staying late, and it is not a condition students find themselves in until intern year. (Although, with the new work hour laws, hour 37 of call may also be a thing of the past . . . ) Do NOT begrudge a resident who asks you to stay until 6 P.M. to finish an admission – or, I have to say, you’ll deserve whatever he puts on your evaluation. **Ward work is teamwork. Pitch in.**

That said, **you should also expect to be treated with respect.** Everyone on the wards, from the attendings and patients, to the nurses and techs, to the medical and pharmacy students – all
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should be treated with humaneness and respect at all times. Moreover, while I feel students should be prepared to perform any service asked of them, you should **never do anything that violates your sense of safety or ethics.** (Such cases are fortunately rare; if you encounter one, bring it to your clerkship director immediately.)

There is a hierarchy on the wards, and it would be stupid not to acknowledge it. It exists because in life-and-death situations, experience counts. Period. While my anarchist political leanings make me suspicious of hierarchy in any flavor, I have developed a grudging respect for the pecking order on the wards. My advice: Don’t tolerate abuse, toward anyone; but students should submit humbly to the Chain of Being (great or not so great, depending on your point of view). In the *Blue Beryl*, a fundamental text of Tibetan medicine, students are told to treat their teachers like gods, and to consider their wisdom like nectar. This may sound strange to the ears of autonomy-minded Americans, but I echo the sentiment. Even the scary hard-case attending may have something useful to teach you.

Finally, don’t let what I’ve said increase your anxiety about your reception on the wards. The majority of residents and attendings welcome the addition of students to a team – for their assistance with the work, their enthusiasm, their curiosity, and, quite tellingly, their mostly intact empathy for patients, which can get ground out of people over the years. The students on my teams have demonstrated excellent knowledge bases, great clinical problem-solving skills, and (with few exceptions) great maturity and patient rapport. Expect to rock the house. Have confidence in yourself. (I do!)

And, in the tradition of *The Nerd’s Guide*, I’d like to remind you, as you start on the wards, to consider your own ability to help your peers. Don’t get distracted by the all-too-common delusions of ego and ambition that imbue our shared medical culture. They’re bogus, and a trap.

*Introduction to Version 1.0.* “I expected the third year of med school to be a tortuous test of will.”
And it has been, at times. Overall, though, I leave third year excited about my future medical career and amazed at the true privilege it is to take care of patients.

If you’re like me, you will have many moments in third year when you will draw on knowledge earned with the sweat of the first two years. In terms of pathophysiology, biochemistry, pharmacology, clinical reasoning, etc., we are prepared. We have the knowledge.

However, we do not necessarily have the know-how. Knowing the branches of the internal carotid will not help you make an organized presentation in pre-rounds during the first week of clerkships. Knowing the up-regulators of glycolysis, or the sequence of drugs used to treat status epilepticus, will not help you get along with your team or get the evaluations you need to meet your career goals.

During the first day of each of my rotations, it was customary for the secretary of the clerkship program director to dispense a phonebook-thick stack of handouts intended to help “orient” us. I was often amazed at the gap between what they thought we needed to know and what we actually needed to know to function as medical students. Our academic supervisors often tell us what they want us to learn, but not how we’re supposed to do our jobs – let alone how to do them well.

That is the reason for the following guidelines. These tips and suggestions are intended to help you “survive and thrive” during the intense early weeks of clerkship year. They are the kind of specific instructions I wished I’d had when I started third year. By halfway through the upcoming year, you will have learned on your own much of what’s in this guide. But why stumble and learn things the hard way, when, with a little forewarning, you can look thoughtful and well-prepared?

A caveat: This is obviously a limited, and self-indulgent, first-person view of what will help you on the wards. It’s only my personal opinion, but I offer it for what it’s worth. – RAL

Dedication. The beginning of my internship in June 2001 was marked tragically by the loss of one of the most devoted clinical
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instructors UCSF School of Medicine has ever had: Dr. G. Thomas Evans, Jr. Tom’s self-published ECG Interpretation Cribsheets was an indispensable aide for generations of UCSF students and residents. Just as important was his absolute commitment to the education of housestaff and his availability to us at all hours of the day and night. Tom’s pure love of teaching, his cheeky irreverence, and his pursuit of excellence all were an inspiration to me. I miss him terribly. He exemplified qualities that I, too, esteem, and it is in this spirit that I dedicate this and all future versions of The Nerd’s Guide to his memory.

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