Take advantage of clinical rotations as your time to shine

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Clinical rotations, for many medical students, represent the first significant shift in training. They take students out of the lecture hall and into a patient-facing setting.

For medical students preparing to begin clinicals—which begin at the outset of third year on the traditional medical school calendar—who better to offer insight than a physician with recent experience? Having recently completed his family medicine residency at United Health Services in Binghamton, New York, James Docherty, DO, is less than a half decade removed from his own clinical rotations as a medical student at New York Institute of Technology College of Osteopathic Medicine.

“If I could do it again, I’d definitely be more forthright with my thoughts,” Dr. Docherty said in an interview for the AMA’s “What I Wish I Knew in Medical School” series. “I’d be more confident with how I spoke and really put my thoughts out there.”

“What you are really learning is how to develop a concrete plan. It’s a different phase of medical school. In your first and second years you learn about individual diseases, and you learn how to treat individual diseases because they give you all the pharmacology knowledge, and now you have to combine all those different diseases in a real person. It’s so rare that one person has one chronic disease.”

For medical students on the verge of clinical training, Dr. Docherty offered a few tips.

Think about what comes next

“Presenting patients in a clear fashion is really important,” Dr. Docherty said. “Some students get a little bit too nitty-gritty [with] detail and it's really not pertinent information. But they just want to explain everything because they wanted to show that they're thorough, which is nice to show that they're thorough and I would never discourage that in a student because you can always tone it back as you
go through your education. But students who can present a patient really well is what really impresses me.”

“The students who really stand out are folks who present patients really well and then can come up with some sort of plan. And that's the harder part. When you can start coming up with a plan, you know they're getting ready for residency or fourth year. If a student can start saying: 'I think we should add this medication,' or 'maybe these antibiotics aren't working for them because they're not getting better, let's try to broaden that.' That's a standout student—one who can start formulating plans.”

It's OK to be wrong

“There's definitely a fear of being wrong,” Dr. Docherty said. “I remember being a third-year and being scared about putting up my opinion on something. Of course it's OK to be wrong. The culture that I developed for my team as a senior resident was one where it's OK to be wrong. Some other cultures may not be as forgiving, but I think because most people don't expect a lot from med students that it's OK to be wrong.

“Ultimately when it comes to treatment, the decision isn't yours. Just being confident or expressive with what you think is going on, I think goes a long way. Like: 'Oh, I think this person's in heart failure versus kidney failure for why they're volume-overloaded as far as fluids,' really shows everyone that you're thinking. And again, if you're wrong, a lot of attendings and residents don't expect a lot from medical students. So if you're wrong, they're like, “OK, he's a medical student or she's a medical student.’ So I feel that just going out and saying what you're thinking is the best route to success.”

Make a point to stand out

“It's really easy to blend in because a lot of my students want to be unnoticed and not yelled at by whomever,” Dr. Docherty said. “If you're the quiet person who doesn't speak a lot and you just do your bare minimum work, it's easy to blend in with all the other students who do that. I think the risk of that is if you go and you ask for a letter of recommendation, there's nothing ‘standoutish’ to write about you. You're not going to get an exceptional letter. You'll get a very bare-bones letter for recommendation. And those letters are really important in residency application, especially now because the Step 1 is pass-fail.

“I've always learned by doing stuff and if you're the student who just wants to hide away in the library and read, I think that sort of learning is less effective than doing, and seeing patients, and being in the mix. Students will always find that there’s rotations that you can go and hide in the library. The resident
will have your number. So if they're going to do an admission or something, they come in and grab you. But it's surprisingly easy for students to hide away in a lot of different settings."

**Hit the books**

“Throughout clinicals, every day after coming home from the hospital, I would study for one to two hours before eating dinner,” Dr. Docherty said. “And if I had a really interesting patient that was really complex, I'd try to read up what diseases were going on with them. If the patients in the hospital were not that complex or kind of straightforward, then I had some other study materials that I was slowly going through in order to prepare for the end-of-rotation exams.

When preparing for those end of rotation exams, “it's been shown pretty well that doing questions and spaced-repetition learning are the best ways to cram information to your head. So if you're doing blocks of questions and you're not doing very well and you're only two weeks away from your shelf [exam] or your COMAT exam [for osteopathic students], then use question banks to find out which areas you are weakest in.

“You might get 90% on cardio and 10% right on pulmonary, you are obviously going to focus on pulmonary knowledge. It’s also important to find the right resource for you. You learn a lot on rotation and most of it is test relevant, but there's always going to be something right for the test versus something right for the real world.”

**Forge relationships**

“It's impossible not to forge a relationship because you're working with the residents throughout the day and they could be really helpful later on,” Dr. Docherty said. “If you don't know what specialty you want to go into, make friends with the IM [internal medicine] folks, make friends with family medicine folks, make friends with the ob-gyns. As you go through rotations, I think you'll learn what you don't want to do. That's what happened to me.”

“If you are still questioning your options, a lot of residents are pretty open to talking to students, like: ‘Hey, I'm trying to decide between X, Y, Z. What advice do you have?’

“It's really important to make those connections. I tell a lot of different folks this, but: People are people. At the end of the day: you're a person, I'm a person. We can make a connection. Definitely make connections where you go, because who knows, maybe you'll do residency there and maybe they'll be your senior on the team and you’ve already had a good relationship beforehand. That's just going to improve your work life later on.”