

CODE BLUE

A Guide to the M1/M2 Years



2015-2016. EDITION X

A publication created by the
medical students of the **CODE BLUE TEAM**
and the Office of Medical Student Education at
the University of Michigan Medical School

Welcome

Dear M1s,

Welcome to your M1 year!

We could not be more excited to welcome you to the UM Medical School family. So far, you have already done the hard part – making it here! Now, you have been inducted into a community of physicians, researchers, peers, and mentors who all want to help you become the most successful doctor you can possibly be. You will face rigorous academic challenges and trying clinical experiences. There will be times where you don't get it right the first time, or you don't pass a test/sequence.

And that's okay; it means you are pushing yourself to improve and learn from your struggles.

Code Blue is just one tool to help you achieve your potential here. We like to think of it as a compendium of knowledge from your peers who have passed through their pre-clinical years before you. It's meant to be a resource to help you navigate all aspects of your early medical school years.

Our biggest piece of Code Blue advice? Don't forget that your pre-clinical years are pass/fail! You need to study hard and learn the curriculum, but be sure to treat yourself during this time! Check out a football game, read a book, see the sun! Besides providing lots of study tips and sequence hints, Code Blue is full of ways to spend your time when you're not studying. So remember – it is all one big balancing act! You have to figure out what works for you ... and then maybe share your newfound wisdom in next year's edition of Code Blue?

CONGRATULATIONS!

Welcome Home.

Sincerely,

CODE BLUE STAFF

Class of 2019



Preface

In July 1998, the Student Career Development Committee put together a guide written by medical students for their fellow students that addressed career-counseling issues for M3s and M4s. The popularity of the handbook was the impetus for a general student guide for the M3s and M4s, as well as this guide for the M1s and M2s.

The purpose of Code Blue is to give students a better idea of what to expect during the first and second years of medical school, as well as serve as a guidebook for some of our favorite parts of life in Ann Arbor. This tenth edition has been updated and expanded based on past years' editions. We hope that it is helpful, both for school and for the time you spend outside of classes. We also hope that your class will contribute and make the guide even more useful in the years to come.

ACKNOWLEDGEMENTS

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Editor-in-Chief: *Kaustubh Prabhu*

M1/M2 Sequences Editor: *Hannah Cottrell*

Student Organizations Editor: *Katie Chilton*

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"I don't like these curiosity levels one bit."

Editor Profiles

Kaustubh Prabhu, M2



"Hey guys! My name is Kaustubh Prabhu and I'm serving as the Editor-in-Chief of CODE BLUE. Any mistakes in formatting or structure are pretty much my fault. I've also written the section titled 'New Curriculum,' because I'm really interested in helping all of you transition into a new system of learning.

Aside from school I enjoy spending time with my family (they're all close by...my mom works at the Kellogg Eye Center, my dad rotates at St. Joseph Mercy Hospital, and my sister is an undergrad over on central campus), going to opening night of superhero movies, playing video games, and learning martial arts. I went to the University of Michigan for undergrad, during which I spent a lot of time with teaching and curriculum development in inner-city Detroit. My growing passion led me to spend a year with Match Corps in Boston, where I taught 5th grade math for a year... best year of my life!

I am still very interested in the complex and fascinating field of education, which is why I've gotten involved with medical education research, various mentorship programs, the admission committee, and even CODE BLUE. I'd love to meet all of you, whether you have questions about M1 year, want a study buddy, or need to vent about life, love, etc. I hope CODE BLUE is useful for all of you!"

-- Kaustubh

P.S.

"You'll see my face pop up time and again throughout this document, partly because I have a bit of an ego and partly because I needed a way to make writing my portion of this document fun! Jokes aside, I wanted to make this year's edition of CODE BLUE a little more personal. Enjoy..."

Editor Profiles



Hello! My name is Hannah Cottrell and I am the M1/M2 Sequences Editor. I was in charge of taking the information that you provided me with in the Code Blue Survey, and turning that into advice for students in each sequence of the year. Thank you to everyone who took the time to make Code Blue so helpful and unique to our medical school! I am officially way too over involved, so if you see me around at any interest group meetings (like AMA, AMWA, or the Peds Interest Group) feel free to come up to me and ask me any questions you like! I look forward to getting to know all of you new M1s, and M2s, I already love you all. Outside of med school, I like to go to restaurants and bars in downtown Ann Arbor, hammock in the Arb while reading Game of Thrones books, run the Argo Loop, go to concerts/festivals, and spend time with my fellow med student pals!

Reach out to me with any sequence related questions, particularly about how things transpired last year!

-- Hannah Cottrell, M2



Sup Docs. My name is Katie Chilton and I am your M1 Student Organizations Editor. My spirit animal is the camel and my spirit spice is red pepper flakes. When I'm not in Taubman you can probably find me blowing bubbles at music festivals, chilling on my Kerrytown front porch, or playing fetch with my cat who may actually be an ocelot. I sincerely hope you all take some time to read through Code Blue because it is FULL of great information, tips, and tricks to help you survive and thrive your M1 year. Good luck, you are all going to make fantastic doctors, and go blue!

-- Katie Chilton, M2

Editor Profiles



Hello everyone! My name is Andy (Xing) Chen, and I'm serving as the Guide to Ann Arbor Editor of CODE BLUE. In other words, I offer great advices on food, drink, and fun. So please don't bother with questions about academics or research...just kidding. Feel free to stop me in the hallway and ask anything.

I've lived in Ann Arbor for 5 years, and I've fallen in love with this beautiful college town (except its brutal winter). I enjoyed running through the Arb, visiting the art museums, and eating at the ethnic restaurants. I can always find somethings I love to do here. I also enjoyed the opportunity to learn new skills. Fun fact: anyone with a driving license and a clean record can become a Blue Bus driver. I was a bus driver for one month during the summer before medical school starts. Recently, I started taking tango lessons through the Michigan Argentine Tango Club. And it has been great so far. So if you are interested in learning tango, please let me know.

My motto is "life is too short, so enjoy every moment that you have". I hope you all have a great year. And feel free to ask about any questions about Ann Arbor and how to balance life in M1 year."

-- Andy Chen, M2

Acknowledgements



A big thank you goes out to the administration and their staff for their help in gathering the many bits of information scattered around the medical school so that we could provide you with this handbook. Special thanks goes out to Jennifer Xu for copy editing this entire edition. Past editions would like to thank Chris Chapman, Aki Yao, Eric Middleton, and Brad Densen for their support in the creation of this guide.

Finally, we would like to thank those who have built the foundation upon which this version of Code Blue has been put together. This book could not have been produced without the time, tenacity, and wit of several of our medical school colleagues:

- 2014 – 2015: Lynette Wynn, Stevie-Jay Stapler, Patrick Commiskey, Spencer Thompson, Josh Smith, Lauren Mcintosh, ALia Ahmed, and Irina Khurana
- 2013 – 2014: Louis Lu, Liz Yates, Ron Siebenaler, Matt Sherman, Bipin Sunkara, Korie Zink, Thielker, Kimi Warlaumont, Anna Garmley, Jason Chan, and Ethan Sagher
- 2012-2013: Justin Lockrem, John Donkersloot, Ravi Chopra, Nastassia Sylvestre, Caitlin Hackett, Benjamin Williams, Rachel Hatcliffe, Erin Conrad, and Brady Miller
- 2011-2012: Andrew Freddo, Vlad Golgotiu, Spencer Hiller, Erica Jaffe, Tashya Jayasuriya, Brice Rolston, Devon Rupley, Ashley Shaver, and Betty Zhao
- 2007-2008: Kyle Bohm, Adam Castano, Lauren Heise, Mila Sharipour, and John Yost
- 2004-2005: Roshni Aggarwal, Hilary Alpert, Geoff Barnes, Sarah Carlson, Suntrea Goudeau, Tony Khouri, and Garret Sparks
- 2003-2004: Jennifer Hung, Rajiv John, Rani Kahn, Beth Manoogian, Jim Moravek, Anchal Sud, Rachelle Wilcox, and Gilbert Wong
- 2002-2003: Omar Abbasi, Chung-Han Lee, Danielle Turner, and Monica Prasad
- 2001-2002: Michael Nauss and Daniel Wachter
- 2000-2001: Alice Lin, Ira Winer, Amer Ardati, Kiran Devisetty, Sascha Goonewdewara, Katie Johnson, Jenna McCarthy, Shelley Schmidt, Ron Teed, and Melissa Van Hoek
- 1999-2000: Samir Shah, Emily Hu, Rebecca Dunkailo, Hong Pham, Sudhakar Cherukuri, Grace Lin, Doug Franzen, Gary Meyer, and David Wu

The entire project involving the M1/M2 and M3/M4 handbooks would never have gotten this far without the enormous dedication and hours put in by David Wu (Honorary Class of 2000, MD/PhD candidate) – creator of the template upon which this book is based.

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History



The University of Michigan Medical School was the first medical school in the U.S. to own and operate its own hospital, the first major medical school to admit women, and the first major medical school to base its instruction on science. The school was also a pioneer in the introduction of the modern medical curriculum and the development of the clinical clerkships.

In the late nineteenth century, the U of M Medical School embarked on a mission to involve students as active participants rather than passive observers in their education, and to teach students how to acquire and interpret information.

These activities occurred during a period of profound change in medical education. UMMS first opened its doors in 1850 and charged the first class of medical students \$5 a year for two years of education. The curriculum was all lecture based, and the second year was a repeat of the first. No student of the first class was a college graduate, and all were white males. To gain admission, they were required to know some Greek and enough Latin to read and write prescriptions.

In 1870, UM Medical School accepted its first woman, Amanda Sanford. Ms. Sanford was admitted on somewhat of a technicality, a resolution that the U of M Regents passed that year allowing any Michigan resident to enroll at the University; the resolution did not mention and therefore did not exclude, women and African Americans. In 1873, W. Henry Fitzbutler, the son of a slave, became the first African American medical student to graduate from the Medical School.

In the late 1870s, the U of M Medical School increased its annual term from six months to nine months, and in 1880, a three-year curriculum was adopted, laboratory instruction introduced, and grades assigned. In 1899, the clinical clerkship was successfully introduced because the university owned its own hospital whereas other medical schools had largely failed (during a time when privately owned hospitals did not allow medical students to touch their patients). At the start of the twentieth century, efforts were led to revise and improve medical curricula, doubling the length of the program for the M.D. degree and integrating clinical rotations into every student's course of study. In the 1950s through the 1960s, sweeping changes were made in the U of M's medical curriculum, including early student contact with patients and an interdepartmental course in neuroscience. The late 1960s was an era of increased clinical training in the first two (predominantly basic science) years of medical school. UMMS, along with many medical schools across the country, adopted an interdepartmental Introduction to Clinical Medicine course that would remain a staple of the first two years for more than 20 years. During this period, sub-internships were introduced in the senior year and remained part of the school's advanced clinical curriculum.

The year 2000 marked the sesquicentennial anniversary of the school's inception – 150 years of excellence in teaching, research, and patient care. Since the turn of the century, UMMS has continued to push the boundaries of medical education, and was most recently named a recipient of an AMA Accelerating Change in Medical Education Grant through which the curriculum will undergo an extensive revision set to launch in Fall 2015. As a result of its continuing excellence, the University of Michigan Medical School has consistently been recognized as one of the top medical schools in the country both in research and primary care.

Currently, with approximately 170 medical students per class, there are about 680 students at the University of Michigan actively working toward their M.D. degree. Since the first graduating class of six students in 1851, more than 17,000 physicians have earned their medical degrees at the University of Michigan Medical School.

Curriculum Summary

Scientific Trunk

Year 1 and beginning of Year 2

The goal of the first year is to provide students with a strong foundation in the biomedical sciences and to present basic science information in a clinical context. With the new curriculum, your first year will also give you an understanding of how knowledge in the basic sciences and clinical medicine is generated and ultimately applied, and will include disease states of each organ system. You will learn about normal and abnormal function and anatomy through an organ-based curriculum, with sequences ranging from one to five weeks. There are weekly online quizzes that use the "flex-time system," meaning they can be taken as early as Friday afternoon or as late as 10 p.m. Sunday night. Grading is done on a Pass/Fail basis; an overall score of 75% is required for students to pass each sequence. Students must also cumulatively pass anatomy and histology, so they must achieve a 75% or above average in both of these disciplines. Beginning early in the year, students observe doctor-patient interactions and work with standardized patients as they learn to conduct medical interviews and physical exams.

Clinical Trunk

Years 2-4

The goals of the subsequent 3 years are to provide a series of patient-based experiences that emphasize the learning of fundamental skills, knowledge, and behaviors in a clinical context, and to provide a coordinated approach to students' education across clerkships and clerkship sites. The schedule is uniform for all students in terms of experiences; however, students may rank their preferences for the order in which they take the clerkships, for their surgical subspecialty rotation, and for different locations within the core hospitals and clinic system. Students meet weekly in whole-class sessions to learn and discuss issues and topics relevant to all clinical services. Later in the Clinical Trunk, the idea is to prepare students for house officer training by providing as much direct responsibility for patient care as possible and to provide students with the opportunity to advance their education through elective clerkships and other clinical/research experiences. Students also have the opportunity to elect clerkships at hospitals throughout the country and the world. Most off-campus experiences are arranged by students and all require appropriate approvals. Students have eight weeks of interviewing time during fourth year. The grading scale is Honors, High Pass, Pass and Fail.



"Hey guys, take the above information with a grain of salt. This page originally described each of the 4 years of medical school, which used to be described as 'Components 1-4.' Now the curriculum has been divided into Scientific and Clinical 'Trunks.' People are still working on the specifics of both these segments of the medical school experience, so details are likely to change as you grow with the system. In general, I think what's written above will still give you a decent idea of what to expect."

-- Kaustubh

Scientific Trunk

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Important Contacts



Here is the contact information for people you might need to be in touch with throughout the year. For curriculum issues, you can also email your student curriculum representative if you would like to remain anonymous. For any questions about a specific sequence, email the sequence directors.

The Big Bosses

- Rajesh Mangrulkar, M.D. – Associate Dean of Medical Student Education
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- David Brown, M.D. – Associate Vice President and Associate Dean for Health Equity and Inclusion
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Admissions

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- Carol Teener – Director of Admissions
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- Eric Middleton, Ph.D. and Amy Tschirhart, M.S. – Class Counselors
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- Cindy Murphy – Registrar
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Center for Experiential Learning and Assessment

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M1s together for a football Saturday!

The New Curriculum

"The only way to make sense of change is to plunge into it, move with it, and join the dance."

-- Alan Watts



"Hey Guys, Kaustubh here. This year you will be facing a revised curriculum that will look quite different from the 'traditional' M1 model. For this reason the current M2 class (former M1 class) is limited in how much we can share with you regarding the new system.

I placed the quote above as a means of inspiring you to accept the changes you're facing. Naturally it is normal to feel anxious or even stressed out about trying something new, but always keep in mind that there are many intelligent, motivated, and talented people with your best interests at heart who have thought through this change. There are many reasons behind it, and if you're more curious about the motivations that drive the revised curriculum, the administrators are happy to discuss it with you. Anyways..

Fear not M1s! Although we cannot give you the 'usual' exposé, we have done the best we can to give you a flavor of what you are about to see. First off let's take a look at the calendar/schedule on the following page. Take note of the calendar color codes below, which represent how your M1 version of a course is related to OUR slightly outdated M1 experience. They will be further explained as you continue reading."

-- Kaustubh

Calendar Code

Black: Your new "fused" sequences, combining OUR traditional M1 experience with NEW M2 material

Red: Fused Courses that your class and our class share...so you can look at these courses under our "M1 sequences" section and get a good idea of how they will function

Blue: New, repackaged courses that contain traditional M1 material from our year

Purple: Traditional M2 courses that even we, your predecessors, haven't seen yet!

The New Curriculum



<u>Sequence</u>	<u>Start Day</u>
Launch	8/1/16
Foundations	8/8/16
Diagnostics and Therapeutics	9/19/16
Principles of ID/ Micro/Immunology	10/3/16
Cardiology	10/10/16
OPCC/CCC (Optimizing Patient Care Curriculum/Chief Concern Course)	11/1/16
Respiratory	11/3/16
OPCC/CCC	11/28/16
Renal	11/30/16
Gastrointestinal	1/2/2016
OPCC/CCC	1/23/17
Nutrition	1/24/17
Endocrinology	1/30/17
Reproduction	2/13/17
ENT/Ophthalmology	2/27/17
OPCC/CCC	3/6/17
Neurology	3/8/17
Musculoskeletal	4/10/17
OPCC/CCC	5/1/17
Immunology and Immunopathology	5/3/17
Infectious Diseases/Microbiology	5/15/17
Immunology and Immunopathology	6/12/17
Skin	6/19/17
Vacation	6/26/17
OPCC/CCC	9/4/17
Heme	9/11/17
Behavioral Science	9/25/17

The New Curriculum



"Now, before getting into specific details, let us examine the broad principles of your new M1 curriculum. In essence, the major change is that all of your main sequences will be 'fused.' This means that each of your classes will combine what was traditionally split into M1 and M2 years. Combining the material will allow you to spend most of your M2 year in the clinic, rather than in lecture. So you basically get a whole extra year in clinic, feeling like a real-life doctor. I'm sitting here seething with jealousy just thinking about it..."

"The sequences listed in black are the new "fused" versions of classes the current M2 class experienced as M1s. These sequences make up the majority of what you will see. For example, the current M2s (former M1s) also had "Cardiology" and "Respiratory" sequences, but in our case we only learned traditional M1 material. The fused versions that you will see combine traditional M1 and M2 material. Although we have given you our opinions, tips, and tricks concerning OUR version of M1 year (See the 'M1 Sequences' section later in this document), we are not able to do that for your version. Therefore I have meticulously hunted down your course directors and requested that they provide you with personal descriptions of their courses. These go beyond 'official descriptions' in the sense that they reveal how the course directors personally envision their sequences. Their descriptions, provided below, may include anticipated difficulty level, study tips and tricks, quiz/exam style, and even good resources. Keep in mind that most but not all of the directors were able to provide a description. Also remember that if you want detailed descriptions of OUR M1 sequences, go to the 'M1 Sequences' section. They should still be helpful in framing your year I promise! Anyhow, take a look at the following pages."

-- Kaustubh

Respiratory



"Greetings from your friendly neighborhood respiratory sequence directors, Jeffrey Horowitz and Thomas Sisson. We will be guiding you through your exploration of lung physiology, mechanics and pathophysiology. We are both physician scientists who practice pulmonary and critical care medicine while also conducting fundamental discovery research into mechanistic basis of lung disease. In short, we have been where you are now, and share the philosophy that learning is an ongoing and iterative process. The content of this sequence is designed to provide broad-based exposure to the spectrum of lung disease that can be anchored in a solid foundational understanding of lung physiology that will provide the opportunity to build on this foundation as you move forward into clinical encounters. Of course, we also understand that there are just some things that need to be memorized.

In a shortened first week, the sequence will start with anatomy (and radiology, because chest radiographs and CT scans are the tools used by clinicians to view anatomy) and histology, which should provide with a basic understanding of the respiratory cell structure-function relationships that set the stage for understanding how, and what, goes wrong in lung disease. At the end of week 1 and beginning of week two the focus is on the mechanics of breathing, how the lungs accomplish their primary task of gas exchange (i.e. get oxygen into the blood and carbon dioxide out of the blood) and regulation of acid-base status, and how the clinician measures lung function (arterial blood gas analysis and pulmonary function testing.) For most of week 2, we will march through manifestations of disease involving the airways (asthma, COPD, bronchiectasis), pharmacology of drugs used to treat airway problems, disease impacting the lung parenchyma/alveolar function (pneumonia, ARDS), and how we support respiratory function in the critical care setting (mechanical ventilation). Week two will end with the first pathology lecture and laboratory (courtesy of Dr. Kristine Konopka) which will reinforce much of the content covered during the week. Of course, the week really ends with a quiz. More on that (and the final) in a bit. In week 3, we will cover neonatal and pediatric diseases of the lung, some embryology, and pulmonary vascular problems. Next, we will introduce you to a common manifestation of lung disease, the pulmonary nodule, and discuss the clinical approach to something that may be cancer, but is usually not cancer. From there, there will be a discussion of tobacco smoking and smoking cessation, both of which are important throughout medicine, but particularly in patients with lung disease. That will be followed by a brief introduction of another component of medicine that is encompassed primarily by pulmonologists: sepsis and critical care, and then a discussion about pleural disease. We finish the didactic part of the sequence with the second pathology session and an overview of interstitial lung disease. At the end of the sequence, if you understand why Dr. Horowitz refers to " $DO_2 = CO \times CaO_2$ " as the equation of life, and you understand that

The New Curriculum

Respiratory continued...

$PaO_2 = FiO_2(P_{atm} - P_b) - PaCO_2/R$ and that $PaCO_2$ is inversely proportional to VA (which is $= RR(VT - VD)$), and you can see how various lung diseases influence VD and PaO_2 , then you are in great shape! There are three case-based small group sessions (two in week 2, one in week 3). These are opportunities to interact with a respiratory physician and see how fundamental principles are integrated with patient presentations to develop differential diagnoses and diagnostic evaluations. These are valuable sessions that can give you a sense of how we do things in “the real world” of patient care, while also giving you the chance to reinforce key concepts.

The quiz and exam have been written with the goal of presenting you with questions in a format that you will see on board examinations throughout your career. That means that most questions will present you with a clinical scenario (or stem) that contains information that should allow you to make a “diagnosis.” But the question won’t be “what is the diagnosis.” The questions go one step further to test your underlying knowledge of the disease or concept that is the focus of the question. Feedback in the past has indicated the exam is viewed as difficult, but fair. As a general hint, if something has not been covered in the course, then it won’t be on the test (and it won’t be a correct answer on the test!). /We will have at least one (possibly two, depending on student interest) review sessions during the course. Bring your questions, and we will have some examples to go over. These are not required, but we’ve been told that they are very valuable to those who have attended them.

Finally, we cannot emphasize enough that learning in medicine is a life-long pursuit. This is the beginning of the process. Moreover, there are a lot of things that we (the collective “we,” as in all of the people in all of the places who practice medicine) don’t understand fully. That is why research is important. So if you ask a good question and we smile and say we don’t know, that’s a good indication that the topic is not fully understood. That is also a good indication that it won’t be asked on the exam. There is a lot to cover in the sequence, so stay on task. Dr. Sisson and I are available, so if you’re having difficulty, ask for help...but don’t wait until the last minute. Finally, we welcome your feedback. Please be sure to direct all positive comments to Dr. Horowitz. Complaints should be directed to Dr. Sisson.

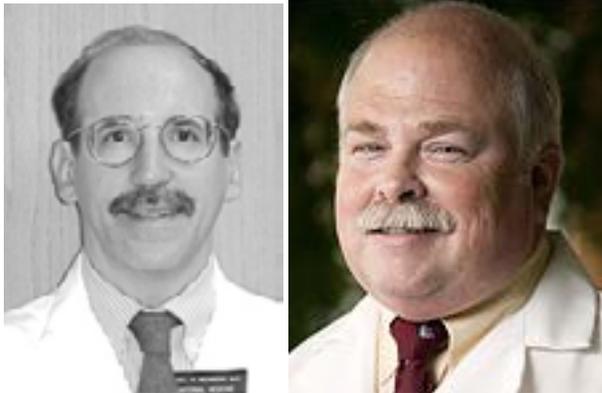


This is Iron Lung



This is Iron Man

Renal



“Hi M1s. Dr. Joel Weinberg of the Nephrology Division and Dr. Paul Killen of Pathology are the course directors for the fused renal sequence you will begin after the Thanksgiving break. The sequence runs for 2.5 weeks and combines the best of the previous M1 and M2 curricula to give you a solid foundation for appreciating the structure and function of the kidneys and urinary tract, their importance for control of homeostasis and body fluid composition, and the diseases that alter them. There is a strong emphasis on fluid and electrolyte physiology and pathophysiology because you will use this constantly in every stage of your career going forward as well as on the pathology that underlies urinary tract disease. Streamed lectures cover all the content that provides the basis for the exams. They are complemented by on line, self-paced, case-based review problem sets, classroom-based clinical-pathological, case-based reviews of all pathology topics and of fluid and electrolyte problems, and separate end of course small group review sessions for the general course content and urinary tract radiology. Students tend to find the sequence more challenging than some of those that preceded it because many of the topics cannot be mastered by simple memorization just prior to the exams, but rather require conceptual understanding and pattern recognition that is mastered in an iterative fashion by using all the complementary and redundant resources available throughout the sequence. As indicated by the comments below, most students at the end of the sequence feel satisfied that they have accomplished learning that will be useful for them in the future. Moreover, the general goals of the revamped curriculum are to evolve all sequences to this type of approach so our sequence may not be as much of adjustment as it has been for the students in the past who did not engage from the outset. A detailed course overview with more study guide information for the sequence and its exams is provided in the syllabus based on the plans most current at that point and this information is regularly updated throughout the sequence directors. Below you will find some of my responses to past comments and criticisms concerning our course.”

Renal Continued...

Past Student: “Try not to get overwhelmed with the sometimes confusing equations and math that appear in this sequence. The physiological principles are what really matter. Use the equations, if you like, to aid your understanding of those principles.”

Response: “*Math and equations have been progressively scaled back and you will be alerted to what is actually required, but as with everything else, don’t hesitate to ask if it is not clear whether something is required.*”

Past Student: “Even though this sequence is short and the anatomy of the renal system seems simple, make sure you’re putting in enough study time to really understand the material. Renal physiology is complicated, and although you won’t be held accountable for every detail, the more you retain now the less you have to relearn later.”

Response: “*Important not only to put in the study time, but to stay current with what is being presented. Catching up later can be difficult.*”

Past Student: “Use the histology lectures to review the physiology lecture material. They provide a clear overview that will give you a sense of how well you are understanding things.”

Response: “*Histology and pathology both strongly reinforce physiology and pathophysiology and vice versa throughout the sequence.*”

Past Student: “The nephrotic and nephritic syndromes are important even though they’re hard to memorize. Study First Aid during the sequence. I felt like there was a significant amount of stuff not in the sequence that was relevant.”

Response: “*The sequence should cover everything that is in ‘First Aid’ . Fine to compare notes with it and to review it to study later, but emphasis in the sequence exams corresponds primarily to the lecture and on-line material and problem sets.*”

Past Student: “Spend the time to learn all of the images for the renal pathologies - high yield!”

Response: “*Images will remain an important learning tool, but fewer will be tested.*”

Past Student: “I found self-studying the material to be more helpful than the lectures in this unit, mostly because of how the material was organized.”

Response: “*Lectures and self study material are closely keyed to each and are complementary.*”

Nutrition



“Hello M1s. My name is Jill Cherry-Bukowiec and I am the course director for the M1 Nutrition Sequence. During this sequence I am hoping to cover several topics including the basics of Macronutrients, Micronutrients, and Energy Balance, as well as Nutrition through the Human Life Cycle. We will also have a great time discussing political issues and nutrition controversies through an interactive debate style session sure to get everyone’s metabolism revved up! My goal is to provide you with solid foundation in evidenced-based nutrition so that you will have the knowledge required to make prevention and treatment decisions, and to intelligently and accurately discuss nutrition issues with your patients, friends, and colleagues, and legislators. During the course we will concentrate on the practical knowledge every physician should know about nutrition. Though the majority of the information will be delivered as an overview of nutrition and health, but there will be some topics which will require a more detailed look at the basic science in terms of biochemistry and pathophysiology. Therefore, I expect my course to be easier than some of the other, more detail-oriented courses you might encounter. A good study strategy would be to relate the basic science topics to patient cases and physical presentations and participate in the active learning sessions. The final exam for this course is given at the end of the short nutrition sequence week. Be sure you are engaged in learning the material as we progress through the course. Also, as the nutrition week is new this year, I welcome and appreciate your feedback on the course and look forward to hearing how you think the week can be improved for you.”

Endocrinology



"Hello M1s;

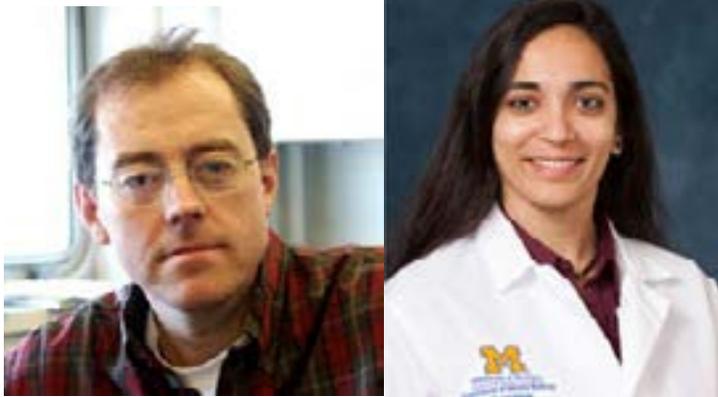
Our names are Nazanene H. Esfandiari, and Richard Mortensen. We are the course directors for the Endocrine Sequence which will be held from 1/30/2017 to 2/9/2017. During this sequence we will cover the major endocrine hormones under control of the anterior pituitary (thyroid hormone, growth hormone, IGF1, and cortisol), other adrenal hormones (aldosterone, catecholamines), posterior pituitary hormone (antidiuretic hormone and oxytocin), insulin and glucagon in diabetes and glucose control, calcium regulation (parathyroid hormone and vitamin D). Each topic will integrate biochemistry, physiology, cell structure and function, as well as disorders and their physiopathology, complications and pathology and treatment.

Some of the basic material that you will need to draw will have been presented in the GI and Nutrition, and possibly Cardiovascular and Renal sequences, so it may be necessary for you to review that material. After these lectures, we would like you to be able to diagnose the diseases covered in lecture and in most cases be able to effectively treat them. Because of the varied nature of each system it is important to understand each as well as integrate various aspects. Most teaching will be through the lecture format but the small groups will discuss a number of cases at the end of each week, which will serve to integrate the teaching. The presence of students is required for Endocrine small group and patient presentation if scheduled (still undecided).

Most topics will include a summary outline that can be used for study or for taking notes. In some cases practice questions will be provided – these questions will be mostly simpler than the higher order questions on the exam but will help solidify the basic structure-function relationships and actions. The assessment will consist of a quiz covering week 1 and a final at the end which will be comprehensive but about 2/3 on week 2. The questions will be mostly higher order which will require integration and deeper understanding of the topic."

The New Curriculum

Immunology and Immunopathology



“Hello M1s. Dr. Phil King and Dr. Seetha Monrad will be the course directors for the new “Immunology and Immunopathology” Sequence. This course will be combining elements from the previous M1 Immunology Sequence with elements of the previous M2 Musculoskeletal/Rheumatology Sequence, and will include some newer elements including a stronger foundation in Allergy. This course is unusual in that it is split in two, with the Infectious Diseases Sequence in between. The idea is that you begin by developing a broad understanding of the immunologic system, which was designed to fight infection. Then, you learn about infectious diseases. Finally, you finish the segment by learning about ways the immune system can function aberrantly, focusing on immunodeficiency, autoimmunity, and allergy.

Given the enormity and complexity of the immunologic system, the goal is to understand the different parts and how they interact from a broad perspective, focusing on concepts over memorization of details. You will have had an early introduction at the beginning of the Trunk, during the “Principles of ID and Immunology” week. These will be reinforced and built upon in the first half of the Immunology and Immunopathology” Sequence. The second half will be more clinically oriented, with an emphasis on diseases driven by dysregulation of the immune system. It will be primarily lecture based, with case-based problem solving groups to help synthesize information at the end of the week..

There will be a quiz at the end of the Immunology segment, focusing on the first week and a half. There will be a quiz at the end of the Immunopathology week, which will emphasize the material of that week, but will include a few questions reviewing concepts from the first half of the Sequence. They will be of particular relevance to the Immunopathology segment, and you will be provided ample guidance on what to review.”

Behavior Science



“Greetings from the Psychiatry faculty. We, Mary Blazek and Michael Jibson, will be directing the newly developed Behavior Science curriculum. This course will include a combination of basic neuroscience, psychological and behavioral topics, functional neuroanatomy (complementary to the structural neuroanatomy you will learn elsewhere), clinical psychiatry, psychopharmacology, and psychotherapy that you will need for your required psychiatry clerkship. More importantly, it will lay the foundation of knowledge and skills you will use to address the frequent psychiatric issues that you will see in whatever specialty you pursue.

The clinical perspective used in the sequence should feel familiar coming as late in the Trunk as it does. You may be less at home with other aspects of the sequence, such as the emphasis on brain pathways and networks rather than static structures, use of the DSM with its description of symptoms as the final determinant of diagnosis, focus on subjective distress and functional ability rather than physiological markers of illness, and the critical recognition that behavioral disorders are at the heart of medicine, not its periphery. The course is best approached with an open mind and enthusiastic engagement in an opportunity to see medicine from a somewhat different perspective.

One unique feature of the course is our use of a variety of “supplementary activities” designed to reinforce or dig more deeply into topics covered in the course, including both on-line learning modules and group activities. Participation in these activities counts toward your final grade, but you will be able to choose which of them you want to do.

Students often find the final examination more difficult than they expected, in part because of the accessible way the material is taught and in part because they are not expecting a high level of rigor in a field based on behavioral as well as anatomical and physiological science. We look forward to meeting you and working with you.”

The New Curriculum



"The sequences highlighted *in red* are sequences that you share in common with us. In other words, these classes will look more or less the same as the version we took. Why? Well...during our M1 year we piloted fused *Gastrointestinal* and *Musculoskeletal* sequences in preparation for the new curriculum. In addition, the *Infectious Diseases and Microbiology* sequence has been "fused" for a long time. If you read our descriptions for these courses listed under 'M1 sequences,' you will have a good sense of what the course will look like for you"

"The sequences highlighted *in blue* are new courses that include material we, your predecessors, witnessed in one form or another during our M1 year, but are now organized and packaged differently for you. See descriptions of some of these newly packaged sequences and/or their changes below. "

Foundations of Molecular Medicine (*main description located in 'M1 Sequences' Section)

- We now have a theme of the week and often a disorder of the week.
- We have removed pharmacology and added more metabolism (that is being removed from other sequences).
- We still have content from Biochemistry, Genetics, Embryology, Physiology, Histology and Anatomy. It is still broken into two three-week blocks for final exam purposes. We will still have a quiz or exam every week. However, the order of content is different so that genetics is spread over (and integrated into) both halves of the sequence.
- Study tips that students found useful last year will likely still be useful this year.

Diagnostics and Therapeutics

- In the Diagnostics and Therapeutics sequence, students will learn foundational knowledge and skills to support continued and effective learning of radiology, pathology, and pharmacology throughout the Scientific Trunk and in the clinical setting. Content will compare and contrast normal physiologic states with injurious, inflammatory, and neoplastic conditions in both radiology and pathology. The principles of drug action will provide building blocks for students to apply to therapy selection for clinical conditions. Live patient presentations will illustrate the applicability of these foundational concepts and skills to patient care.
- The course will be administered through a combination of lectures, laboratories, small groups, and case presentations. Where possible, active learning platforms and strategies, such as the Echo360 Active Learning Platform on Canvas, will be employed in class sessions.
- Quiz after the first week, cumulative multiple choice exam after the second week

The New Curriculum



Principles of ID and Microbiology

-- A one-week introduction to foundational concepts in bacteriology, virology, and immunology. These concepts will be referenced and reinforced across organ sequences in the Scientific Trunk. This week is part of the larger ID/Microbiology sequence and also contributes to students' success in the Immunology and Immunopathology sequence, both of which will be taught in the spring. The idea behind this week-long course is that unlike the old curriculum, in which ID/Micro came before the diseases organ systems, in the new curriculum, all the organ systems come before ID/Micro. Students need to be exposed to the basic principles and vocabulary of the field before the organ courses.

-- The material will be covered in a combination of lecture videos and active learning activities that include small groups. The lectures will cover basic concepts in virology, bacteriology, and immunology. For one part of the active learning, students will be given questions to answer that are aimed to probe understanding of the material in the lectures. Think of this as self-assessment.

-- For the second part of active learning, we will be threading a 'case' throughout the week. I put 'case' in parentheses because we will not delve into clinical disease, but rather will use this scenario as a means to apply the knowledge from the lectures to a new topic. As an analogy, one need look no further than the emergence of Zika virus: health professionals and scientists are having to take what they know and use that to figure out this new infectious agent. The format for this second part will be as follows. Students will be assigned questions such that each group will have the complete set of questions, and each individual in the group will be responsible for one or more of those questions. That student will find the answers, come to the group, and teach the others. This is team learning. Of course faculty will be present during the small groups to answer questions and facilitate the discussions.

-- In terms of scheduling, on Monday students will be expected to view a set of lecture videos. On Tuesday morning, we will meet as small groups and answer the questions about the videos (as necessary) as well as a first set of questions about the case. (The questions will be handed out at the beginning of the week so that the students will have them in hand as they view the videos.) This will be repeated on Wednesday (videos) and Thursday (small groups, with additional questions). On Friday morning, the entire class will convene in the lecture hall. There, we will review the week's material and ensure that everyone is on the same page. At the end of the week, we will post the correct information, for everyone to hang onto as they move through the organ sequences and into the main immunology and ID/micro sequences.

-- This sequence will not be graded in and of itself. Rather, the grade will be incorporated into those of the immunology and ID/micro sequences at the end of the year. However, student attendance on Tuesday, Thursday, and Friday is mandatory, and in addition each group will be required to turn in their answers to all of the questions (as a group) at the end of the day Thursday. This will both demonstrate that the work is being done, and will assist me in leading Friday's discussion.

Optimizing Patient Care Curriculum/Chief Concern Course (*main description located in 'Longitudinal Sequences' Section)

-- The major change to this course lies in structure. We, your predecessors, had 3 full weeks of OPCC/CCC, spread out throughout the year in 1-week segments. You will instead have a few days at a time, usually 2-3, also spread out over the year.

The New Curriculum



"The sequences highlighted in purple are courses the current M2 class (former M1 class) has not yet seen. This is because they are traditionally taught during M2 year. So we will be taking these classes more or less at the same time as you! You'll find more information about these courses in the 'M2 Sequences' section"



M-Home Olympics (Fitzbutler House)!

Anatomy

Description:

Anatomy consists of dissection labs immediately preceded by small-group sessions. For a given topic, you will be given a beautiful, diverse, thorough set of online resources from which to learn the material ON YOUR OWN. When you come to a small group session on lab day, you are expected to know your material well. There will be a short, non-graded quiz that will be used to measure your understanding. Once your small group leader has finished highlighting important topics, it's off to lab! Lab itself is fairly straightforward. You will have free reign to follow the online lab procedure for a duration of about 3 hrs. The faculty and TAs will wander about, eager to help you learn and discover the magic of human anatomy, but the details of the dissection are left to you. In other words, your completion of assigned tasks, participation and handling of tools, and learning takeaways are up to your group. You arrive on time but leave when you feel you are prepared.

Helpful Hints:

1. For dissections you'll wear scrubs with a lab coat. The lab coats are provided for you, but you'll need to buy the scrubs. You can do this on your own now or wait for one of the student organization scrub sales in the fall. Bring old shoes to wear in lab. Don't ever wear long sleeves under your scrubs or they will be covered in gunk.
2. Soak your cadaver in Biostat after each dissection. Be generous, or else your cadaver will dry out and the dissections will be a pain.
3. Familiarize yourself with the anatomy website now, and be sure to click through all of the resources available. It's a great idea to take the practice quizzes the night before you dissect and then review them for the weekly quizzes. They tend to recycle the questions!
4. There is sometimes a tendency to rush through the dissections, but the more you review and identify in lab, the less you have to learn on your own later on. Many groups like to keep a checklist of the list of structures (things you need to know for the practical) from the anatomy website on their whiteboard, but don't worry about (or expect to find) absolutely everything.
5. The Anatomy Faculty will set up a "mock practical" before your first scheduled practical during which you can get a feel for what the real practical may feel like and how prepared you are.
6. If you show up to lab having done zero preparation, the dissection will be a waste of your time (and you'll annoy your teammates). It's important to spend some time with the anatomy website and your atlas before each dissection so you have at least a general idea of what you're going to be doing and what to look for during the dissection.
7. MSK is the most anatomy-heavy sequence, as there are nearly 400 structures to learn. Don't let yourself fall behind and you'll do fine.
8. Draw out diagrams of how blood vessels and nerves connect to each other.
9. As with lecture material, don't be afraid to switch study methods with each sequence if you feel like what you've been doing isn't cutting it. Since it's so visual and heavy on memorization, you might have to develop a special study routine just for anatomy.

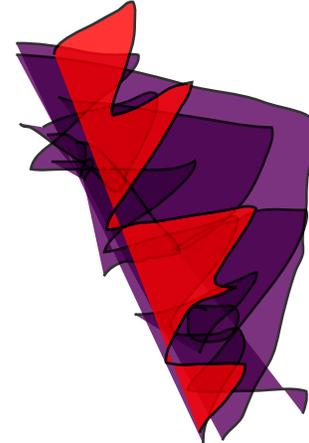
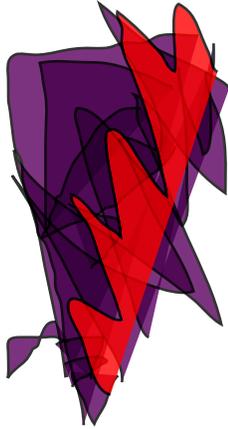
10. Anatomy dissections are always preceded by a small group led by one of the anatomy faculty. If you are dissecting that day you're expected to attend small group. If not, you're still welcome to sit in. Some people get more out of small group than others. You'll know after a few meetings whether it's useful for you or not.

11. Anatomy is one of the most time-consuming and variable experiences of your M1 year. Many students have to revamp their study method multiple times before they find what works for them, and that method might be totally different from what your friends use. There is no magic formula for success, but generally speaking, you will get out as much as you put in.

Texts/Resources:

- An anatomy atlas is not absolutely required, but a VERY good idea. Most people use Netter's (images from this text are also used on the anatomy website), but some people like the Thieme atlas because it has fewer lines all over the diagrams. You can buy your own copy or use a free PDF online.
- Rothen's Color Atlas of Anatomy has labeled dissections of real cadavers (not drawings like Netter's) and can also be useful, particularly as a final review. There are free PDFs circulating, but these can be a pain to use because often the pictures and labels are on different pages, which makes for a lot of annoying scrolling up and down.
- Moore's Clinically Oriented Anatomy seems to be a favorite among the anatomy faculty (they might even say it's "required"). If you like learning by reading this might be a good resource for you, but honestly not many of us used it consistently last year, and you can learn more than everything you need to know just by reading the learning objectives on the anatomy website.
- Speaking of the anatomy website, this is the ultimate resource for all things anatomy. Explore the entire site, but as the year gets going, don't feel pressured to look at absolutely everything available for every single dissection. Some people, for example, don't get anything out of the prelab modules, and you might not feel like you need to read the lab manual if you're not dissecting that week. We really do recommend that you look at the practice questions, though.
- There is an old version of the anatomy website with online practice practicals that have you identify tagged structures from a picture. Some people like using this site for review, but the pictures are often low quality and the quiz format is frustrating to use. The anatomy faculty are currently developing a new resource called Blue Link that has much sharper resolution images and is easier to use.
- If you have an iPad or tablet, Essential Anatomy 5 is a beautiful app. At \$25 it's a bit pricey, but maybe you were lucky enough to snag it when it was on sale for free last spring!

Histology



"Hello current M1s = future M.D.s, I am Michael Hortsch, the component director of the M1 Histology component at the UMMS. As a longitudinal subject, histology will be part of 14 different sequences during the M1 year, starting with the Foundations sequence and ending with the Hematology sequence. Histology or microanatomy can be a challenging subject, as it requires more than just fact learning. However, it can also serve as a foundational discipline by connecting tissue and cell structure with biological functions. To do well in histology, you need to acquire the skill to scientifically analyze light and EM micrographs and to combine this skill with the knowledge learned in the histology lectures. This is best done by attending histology lecture before perusing the Michigan Medical Histology website (<http://histology.sites.uofmhosting.net/medical-schedule>) and using some of the supplementary learning tools. These learning resources can be downloaded from the Michigan Histology M+Box. Just follow the Resources link on the top of each Michigan Histology webpage. Each histology lecture will be followed by a short introduction to the online virtual image material. Faculty-guided histology laboratory session will no longer be offered. Before taking a test with histology questions, you may want to assess your histology knowledge and recognition skills with the SecondLook™ Histology mobile application. The app (iOS or Android) can be downloaded for free by University of Michigan students using a link that will be made available during the first introductory histology session. If you find histology a difficult subject to master, please do not hesitate to contact me (hortsch@umich.edu) and to ask for a consultation meeting."

Helpful Hints:

1. Like the anatomy faculty, the histology professors are passionate about their subject and highly invested in your success. Reach out to Dr. Hortsch if you need extra help.
2. Each histology lecture is immediately followed by an attendance-optional histology lab downstairs. Because the lab manual and virtual slides are all online, going to “lab” isn’t really necessary, though some people like going so they can ask the professors questions as they look at the slides.
3. The histology website is easy to use and full of great resources. In addition to reading through the lab and studying the virtual slides, there are prelab powerpoints and labeled micrographs to help you identify what’s important on each slide. The Look-a-Likes and especially the Second Look powerpoints are essential review resources. Look at those slides right before taking quizzes/exams, as many of the images often reappear on the tests.
4. The histology lectures are very good, but sometimes give a lot of extraneous detail. The questions you’ll see on quizzes and exams are image-based about 80% of the time, so focus a lot more of your study time on the virtual slides than the finer cellular-level details.
5. If you’re not a very visual learner, you might find histology a bit more difficult. Resist the temptation to just stream the lecture, glance at the Second Look slides, and call it good. The fewer resources you use on the histology website, the lower your grade tends to be.

Texts/Resources:

Ross’ Histology: A Text and Atlas is the textbook Dr. Hortsch recommends. It is certainly optional, and the vast majority of the class makes do with the more than adequate resources available on the histology website.

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"We're probably looking at a double bypass, unless that wizard can hook you up again."

Embryology

Helpful Hints:

1. Until three years ago, embryology was its own sequence taught toward the very end of the year. Last year it was integrated a little bit into each sequence. Some people liked this because they learned heart embryology during cardio, GI embryology during GI, etc. Other people didn't like this format because it felt disjointed.
2. Embryology is challenging for a lot of students because it's something they've never studied in any real detail before, plus the body's organization as it develops is very often completely different from the final product with which we're all much more familiar.
3. Dr. O'Shea teaches the majority of the embryology lectures, although there are also a ton of professors that only appear once or twice throughout the year to give a lecture about the embryology of their area of expertise. Since there are a lot of professors, the embryology test questions really vary in terms of clarity and difficulty.

Texts/Resources:

Langman's Medical Embryology is the textbook Dr. O'Shea recommends, and many of the powerpoint diagrams are taken from this text. It might be helpful for clarifying things you didn't understand from lecture, and studying the diagrams is a very good idea since those often appear on the tests. That being said, everything you need to know is presented in lecture, and very few students used the text regularly.

Optimizing Patient Care/Chief Concern Course

Description:

The OPCC/CCC course is designed to introduce you to the broad-scope fundamentals of being a practicing physician. There are a fair number of small-group sessions that will encourage you to work as if you are a team of professionals.

in OPCC you will learn about the various biological and social factors related to patient care, and more importantly, how they fit together in the "Patient-Centered" model. You will also learn about specific topics included but not limited to patient screening and medical test statistics like sensitivity and specificity.

The CCC course will involve small groups of students led by a faculty member. In an attempt to develop your clinical reasoning skills you will be introduced to actual patient complaints, develop differential diagnoses, take a patient history, narrow down your differential, and ultimately write an assessment and plan of action.

In short, these low-stakes, relaxing courses will place you into the role of being a physician in the real-world. You may not feel ready yet, but the faculty members have worked tirelessly to create an authentic experience from which you will really feel like a problem solving physician and detective. Enjoy!

Pictures...

Life at Michigan



M1 Sequence Basics



Pass/Fail Grading

Most medical schools in the US have moved away from grades and class ranks for the first two years in favor of a pass/fail system. Every school does it slightly different, so here's a basic rundown of how things work at Michigan.

The numerical scores that you achieve on assessments are to help guide you, but they are not seen on your transcript or by residency directors. No class ranks are recorded whatsoever for the Scientific Trunk. If you want additional details about the specifics of the pass/fail system beyond what's mentioned below, talk with your House Counselor.

In the Scientific Trunk, a cumulative course passing score is required for each course. You'll earn points for each question you answer correctly on a quiz, exam, or anatomy practical. For two courses (Cardiovascular and Musculoskeletal), we will also be using NBME customized assessments (questions from the National Board of Medical Examiners similar to Step 1 exam questions) which will account for a small percentage of your final grade (approximately 10%). At the end of each sequence, your grade is calculated based on the total number of points you earned out of the total number of points possible; this score determines whether you pass or fail. Because points are pooled over the course of a sequence, you can fail a quiz, anatomy practical, or even an exam and still pass the course as long as your earned cumulative score is above the cut score.

For each course, the Course Director determines the required score for passing. The passing score will initially be set at 75% of the total cumulative points for the sequence; however, when performance in the entire course for a significant number of students falls below 75%, the Course Directors and Exam Review Committee will review item analysis and grade reports in an effort to make consistent and evidence-based grading decisions and establish defensible cut points for each exam. So, if the class performance on a given exam is low, the cut score may be lowered.

The goal of the new curriculum is deep integrated foundational scientific knowledge. Therefore, many questions will integrate the different disciplines. In addition to passing each course, it is important to note that students are also expected to maintain a foundational understanding of each discipline. Any student not meeting these foundational discipline goals will be contacted by the Trunk Director and the specific discipline to address the concerns.

You can check your any time through the Outcomes Dashboard. It's a good idea to check in every once and a while to make sure you focus your studying on a particular area(s) where you might be struggling.

M1 Sequence Basics

Quizzes, Exams, and Anatomy Practicals

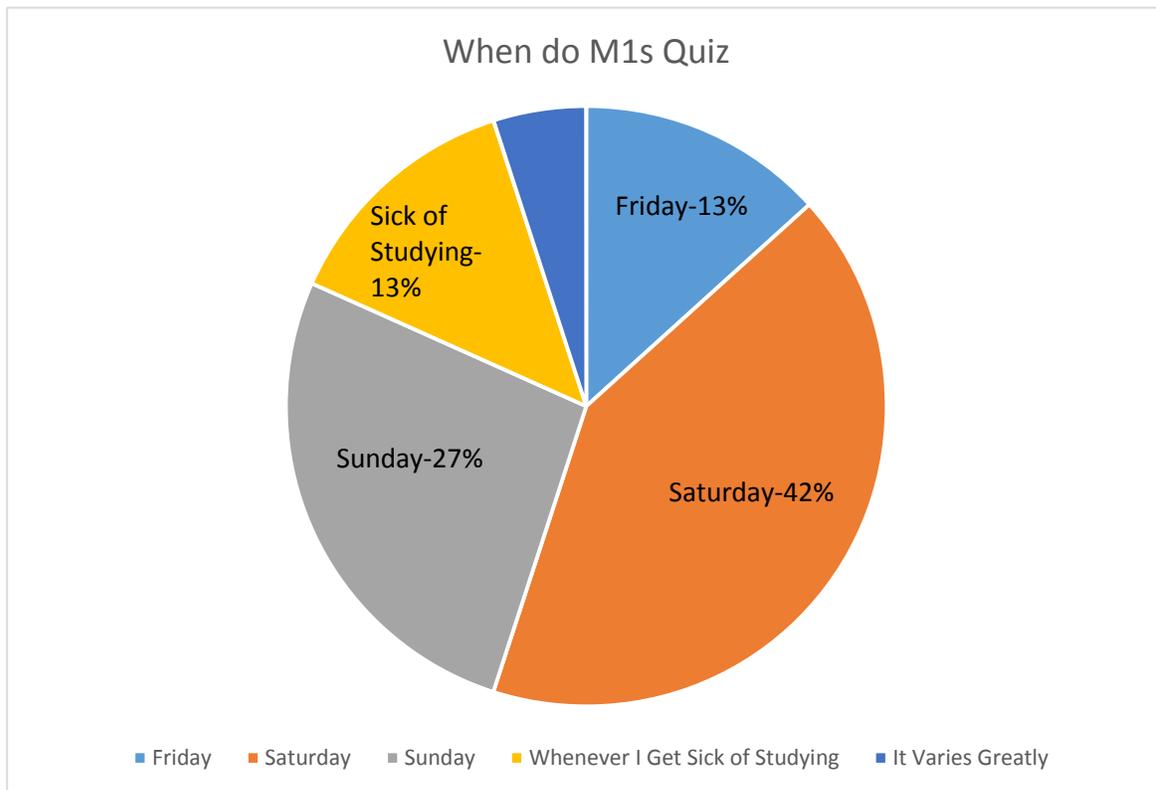
You will have a quiz or exam most weeks, although there are a number of quiz-free weekends scattered throughout the year, to provide you with some breaks. For each course, there will be a quiz at the end of most weeks, with a cumulative exam the final week of the course in place of a quiz. There is not a specific number of questions per lecture hour. In general, curricular areas that had more time should be expected to have more quiz and exam questions. The learning objectives are a good way to get a sense for the breadth of questions for any particular area. Although exams are meant to represent all of the material covered during the entire course, there will always be more questions covering material from the final week of the course (since there will be no quiz on that material).

In addition to quizzes and an exam, many courses will have an anatomy practical (provided that anatomy was taught during that course). The practical requires you to answer questions related to tagged structures on cadavers in the anatomy lab. Although these questions are multiple choice, there are generally 6+ answer choices (quiz and exam questions usually have 4 or 5). The number of questions on an anatomy practical is equal to the number of labs during that sequence times 4 (so a sequence with 6 dissections will have a 24 question practical). That being said, points are not necessarily evenly distributed across anatomy labs like they are for quizzes and exams, so you might see more tagged structures related to some dissections than others.



"How long have your timbers been shivering?"

M1 Basics - Quizzes



Plan of Attack from Taylor Novice, a Friday at 5PM quizzer

"I knew coming into medical school that I would want to quiz as close to 5 pm on Friday as possible. Everybody is different, but I am someone who cannot enjoy my weekend knowing I have a quiz/exam looming over my head. I started off going to lecture, but I realized that in order to successfully Friday quiz I would have to stream. I usually start on Sunday and stream as many lectures from the year before as possible. When the lectures or slides don't match up, I post-stream lectures from the week. I like to have all of the lectures streamed by Wednesday so that I can use Wednesday night and Thursday to consolidate material. I use Friday as an all-day review where I talk through all of the slides from the lectures with some of my classmates. Sometimes if it is a big exam, I will choose to study into Friday night and wake up early on Saturday morning (but that only happened once or twice!). For the most part, I have really enjoyed taking my quiz on Friday and having a stress free weekend to spend time with friends and family and pursue other interests and projects."

M1 Basics - Quizzes

Plan of Attack from Michael Inadomi, a married M2 with children

Raising a family while dealing with the demands of medical school is challenging. Setting boundaries that govern how you use your time really helps to guide expectations and keep everyone happy. Since I find that I can focus better when my son is sleeping or not around, I attend lecture, study after my son's bedtime, and use Friday evening as time for comprehensive review, generally aiming to quiz on Saturday but being flexible as needed. With regard to resources provided by the school, the financial aid office offers a need-based child-care subsidy for students whose partner is also a student or is employed 30+ hours per week. Your M-Home counselors are also available for advice relevant to balancing family life and school.

Plan of Attack from Nyousha Yousefi, a married M2 in a long-distance relationship

So, about balancing married life and medical school: long distance is difficult for everyone, but what I have figured out is that with the right time management you can spend time with the loved ones and still do well at school. My routine was scheduling my trips ahead of time over the weekends that we did not have a final exam. Knowing that I have a scheduled trip, motivated me to study all the quiz materials during the week and take the quiz on Friday nights. Usually the Mondays are free of required activities so I was able to spend a long weekend out of Ann Arbor. I only Sunday quizzed over the final exam weeks. The most important thing is to make sure that you find the right balance for you. Don't burn out yourself, have fun, and be flexible with your quizzing time.



M1 Sequence Basics

Viewing Lectures

Streaming lectures online is a very different experience for those used to always learning in a classroom environment. When streaming you can speed up, slow down, rewind, and pause lectures at your own pace and on your own time. You can watch the lectures from the comfort of your own bed, a coffee shop, your parents' house, or anywhere else with an internet connection! Actually, you also have the option to download videos and watch them even when you don't have internet access. Some lectures might be better suited for streaming and others for going to class, so you should determine which lectures fall into which category (usually based on a professor's teaching and speaking style) during each sequence. That being said, many med students stream nearly every lecture. Even if you don't become a consistent member of the stream team, having the ability to go back and review a section of the recorded lecture can be very helpful if there's something you missed during class. Most lunch talks and career seminars are also recorded, so don't worry if you're overbooked for lunch one day; you can always watch what you missed later. Professors often hold review sessions in West Lecture Hall at the end of a sequence, and these are sometimes (not always - professor dependent) recorded as well. You can watch recorded lectures by clicking the Lectures link on the med student homepage.

Not sure if you're ready to be a full-time streamer? Try it for a week and see if you like it. Some students don't like streaming because they are always "behind schedule" (i.e. since the recordings are uploaded after each lecture and not streamed live, students who don't go to class have to wait for class to end before they can watch the lecture). A popular solution is to stream ahead by watching last year's lectures*.



* "Unfortunately for you, the New Curriculum will involve some major lecture changes. You may be able to find previous years' lectures that are similar, but they will almost certainly be in a different order. If you're lucky, someone from your class will consistently re-order last year's lectures and post them on social media of some kind!"

-- Kaustubh

M1 Sequence Basics



General Advice

Try streaming lectures online to see if it works for you. Many people find it's more efficient than attending lecture. On the other hand, some students feel they learn the material better going to class.

Utilize electronic resources! Look for PDFs of textbooks before you buy them. Chances are there's a free version of every recommended or "required" (not really) textbook somewhere, and if you can't find it then one of your classmates probably can. If you like study guides, many excellent ones written by current and past medical students are posted on the class wikis, so check your options before spending hours creating your own materials (but if you do anyway, post it on the wiki!).

Review a little bit every day (ideally). If you procrastinate your whole weekend will be spent studying.

Pass/fail actually means pass/fail. There are no class ranks based on M1 and M2 year, and residency programs will not have access to any of your grades from your first two years. Don't worry about how you're doing compared to your classmates!

Flex-time quizzing allows you take a quiz whenever you feel ready. Don't feel pressured to take a quiz Friday at 5 pm, and don't feel bad about taking a break during the week and quizzing later during the weekend if that's what you need to do. And even though it might feel traumatic, don't worry too much if you fail a quiz. It is not uncommon to do less well than you hoped every once and a while, and if you are really struggling, faculty and administration are there to help you. Talk to your class counselor.

Seek out mentorship. Student interest groups are a great resource for putting you in contact with people in a particular specialty that you want to learn more about. Don't be shy about reaching out to clinical and basic science faculty, because they are generally very excited about working with students.

Although anatomy may seem more important than histology, keep in mind that histology is higher yield for quizzes than anatomy. Although unlike anatomy the histology labs are optional, don't make the mistake of just streaming the lecture and not even looking at the virtual slides on the histology website. Most of the people who struggle with histology simply aren't spending enough time with the material.

M1 Sequence Basics



Medicine is all about collaboration. Reach out to your classmates; chances are that they know how to do something better than you do. Of course, some people know they study better by themselves. Experiment with different learning methods and see what works best for you.

'Take time to do the things you like. People start gunning pretty early. Ignore them, do your own thing, and enjoy life. Your time is going to become less your own the farther down this path you go, so enjoy your freedom and flexibility now.

There is always more material to study, and you may never feel like you have mastered the material before a particular quiz/test. However, make plans over the weekend, and don't be afraid to take the quiz even if you're not 100% ready. The most memorable moments from my first year, and most valuable, took place outside of the classroom. In addition, you are way more productive if you insist on quizzing at a certain time.

Med school is really hard - for everyone, whether it looks like it or not. When you have a bad day or feel like you're struggling, reach out! You're not alone. The community at UM is really supportive and helpful!

Find things to enjoy outside of school. For all of the first semester and most of the second semester, I focused exclusively on studying. Don't get me wrong, I still think it's the way to go (because step scores are the key and I actually wanted to know the material). However, since then, I've been doing a lot of other stuff that I genuinely like (Mance, research, volunteer work), and school has been a lot more fulfilling. I understand there's a huge pressure to do all the right things to get into a good residency, but at the end of the day, you have to find things to keep you going.

Anatomy and histology have few questions per quiz, but really add up by the end of a sequence. Pay attention to them!

Medical school has a way of calling out our deepest insecurities. Please know that, no matter who you are, you do belong here. You will make it. And we are in this together. Reach out to your peers, faculty and administrators. And don't forget to do things that make you feel like yourself.

Do your best. Take breaks. Don't get caught up in class averages. You went to a pass/fail school for a reason - go do other things to boost your app while you have some free time.

Don't rush into extracurriculars; they will be there. Get through a few sequences before you develop your interests outside of the normal coursework. It sounds scary to wait, but if you do, your choices will be better informed and your reasons for doing extracurricular activities will be more genuine, and the activities more enjoyable!

M1 Sequence Basics

Really take the time to work on your non-academic self. I have been so impressed with all the amazing things I've seen my classmates do outside of the classroom, whether it's their involvement in the AMA, work on medical education, performance in Biorhythms, advocacy for the underserved, or volunteering in the free clinics. While the adjustment to med school can be difficult, try to hit it hard and be involved in the community as well.

Don't let med school define your life, give yourself time to continue to grow as a person outside of your field otherwise you're setting yourself up to have no personal time for the rest of your life...it'll be harder after school to get "me time," so make it a priority now.

Be prepared to change your study habits if necessary. Use the earlier sequences to try out different strategies to find what works, because there is a LOT of content in later sequences (Neuro/ID).

Embrace the pass/fail. The transition can be rough but you'll adjust and it'll get better.



Doctoring, ICE, and Mhome

Doctoring Course info:

Doctoring: Caring for Patients, Families and Communities is a required, 4 year course for medical students. Students will learn foundational information to become thoughtful and skilled physicians, such as diagnostic and clinical skills (history and physical exam), teamwork, communication skills, and effective collaboration with patients/families and other healthcare providers to treat disease, alleviate suffering and optimize health. Students will also begin to shape their own professional identities by critically evaluating the complexities of clinical medicine and the personal, psychosocial and societal aspects of illness.

As part of the Doctoring Course, you'll be divided into small groups of 10-12 students within your house. These small groups will meet weekly for a variety of skill and problem-based learning and group discussion. One objective of the new M-Home curriculum is to better teach medical students how to see illness and healthcare from the patient's perspective, including the impact of psychosocial, cultural, and socioeconomic factors. As part of the Volunteer Families program, You'll be paired up with one of your classmates and assigned a volunteer patient living with a chronic illness to visit periodically. You'll discuss your volunteer visits with your small group throughout the year, along with other assorted discussion on topics like health insurance, medical ethics, patient and provider biases, identity, and cultural differences. This also includes case-based discussions led by students designed to reinforce the physiology you're learning in lecture.

- You will stay with your Doctoring small group of 10-12 students for all four years of medical school.
- These groups meet weekly throughout your first year and from time to time during years 2-4.
- Skills and topics covered include: patient history taking, completing a full physical exam, diagnostic reasoning, effective communication and teamwork, understanding healthcare disparities, humanism in medicine, and healthcare ethics.

Helpful Hints for Doctoring:

1. Find a classmate willing to practice physical exam skills. Although it's great to practice early on, you won't be expected to perform a full physical until the very end of the M1 year.
2. There will also be a history taking assessment toward the end of the year (probably two of them, actually), so practice taking histories regularly in order to prepare.
3. Although the end of the year history and physical exam evaluations have not traditionally been part of your grade, the faculty will expect you to take them seriously.
4. Preview Schwartz's Textbook of Physical Diagnosis to prepare for sessions on learning a new component of the physical exam. Have this textbook handy for open-book quizzes; it tends to have a lot of the answers.

What Else is Going On during M1?

Initial Clinical Experience (ICE) info:

ICE is your chance to enter the hospital and shadow/observe/work with a medical professional, once every other week. That professional may be a physician, nurse, occupational therapist, speech therapist, or even a front desk manager. It all depends on which department you are placed in (one per semester) and what your personal schedule within that semester is like. You are evaluated by the professional you are working with, so represent the medical school well!

Examples of Sites include VA inpatient clinic, Emergency Department, East Ann Arbor Geriatrics, Hospitalist, and the Breast Cancer Clinic. Your location may not exist within this U of M hospital campus, so be prepared to find transportation. If you have a trip to make, it will be reasonably short. The way students are assigned to sites, someone will have a car to drive you if you are car-less.

M-Home Learning Community:

The M-Home is a longitudinal learning community that offers a “home-base” for students to promote the integration of educational enrichment with curricular components that together make up the medical student experience, spanning all years of the program. Your Doctoring and ICE classmates exist within your personal learning community, or "House" (see below).

Within the M-Home, there are 4 Houses of approximately 170 students each. Each House includes approximately 43 students from each class (M1, M2, M3, M4 and MSTP students) and is led by a House Director.

The Dr. Jonas Edward Salk House led by Dr. Andrew Barnosky

The Dr. Amanda Sanford House led by Dr. Eric Skye

The Dr. William Henry Fitzbutler House led by Dr. Michael Lukela

The Dr. Alice Hamilton House led by Dr. Rachel Glick



"Our expectations were a bit grandiose for the 4 houses. Many members of our class envisioned Harry Potter-like divisions that were each close-knit communities (I, for one, hoped for common rooms). In reality, while we felt very close to our doctoring groups, we did not feel very close to our houses, perhaps due to a lack of activities, meetings, and shared spaces. To their credit, the administrators set up some really fun 'house' events for students. In any case, this was a trial run for our class, so we're all hoping that this year, the 'house' system becomes more like the familiar community it was intended to be."

-- Kaustubh

What Else is Going On during M1?

The M-Home is anchored by 4 pillars: Educational Enrichment, Community, Wellness, Service Learning.

Educational Enrichment:

Although not a course, the M-Home supports the curriculum through facilitating connections between different curricular elements, as well as supporting specific initiatives that are intended to build a community based on learning. The Doctoring Course is an integral component of the M-Home to equip students with the skills necessary for clinical practice. Also aligned with Educational Enrichment are co-curricular offerings such as the Healer's Art Course, Medical School Grand Rounds, and M-Home Reads book discussion group.

Community:

The M-Home is not a course. It is the structure of our learning community that supports courses and experiences across our curriculum. Creating experiences for M1-M4 students and faculty to spend time together in co-curricular and extra-curricular settings, such as the annual House Olympics, class retreats, book discussions, House-specific activities such as panel discussions, game night, bowling, and opportunities to gather for breakfast and lunch.

Wellness and Professional Development:

Activities within the M-Home foster students' understanding of professionalism/professional behavior; encourage students to embrace and understand their professional responsibilities for their patients/society; and develop their identities as physicians. Student wellness is supported within the M-Home through providing infrastructure to promote balance within the personal and professional aspects of their lives as future physicians.

Service Learning:

Meaningful engagement in service learning is an essential for students to understand needs of local communities and engage in experiential learning. Service learning also has the potential to support other aspects of the curriculum and link them to the M-Home to help build our learning community. Giving back helps students connect with the community within and outside of medical school. This offers the opportunity to build longitudinal relationships with local agencies while learning more about the lives of the people we serve.

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ANDERSON
"It's green all right, but it's not because you're a gardener. Let's get you into surgery."

What Else is Going On during M1?



Paths of Excellence



"An exciting new development within M1 year is the option to choose a "Path'.....
OF EXXCELLENCEEE... That's not to say that those of you who don't choose a path are
not excellent by the way. Think of this as an opportunity to have a 'major' within medical
school. You'll be able to develop a personal specialization of sorts."

-- Kaustubh

Description:

Students Choose a Path by which they can better understand a unique aspect of medicine. Through small-group sessions, advising, networking, and research, students propose and complete a capstone project that will ultimately showcase their newfound knowledge and passion. If the capstone project is completed by the end of year 3, it will be referenced in the Dean's Letter. Final completion is due by mid-year 4. Students can, of course, include this on their CV.

Paths Offered in 2016-2017:

Director

Ethics

Lauren Smith, MD

Global Health and Disparities

Brent Williams, MD, MPH

Health Policy

Susan Goold, MD

Innovation and Entrepreneurship

Mark Cohen, MD

Medical Humanities

Mary Blazek, MD, MEHP

Patient Safety/Quality Improvement

Jacob Seagull, MD

Medical Education

Helen Morgan, MD

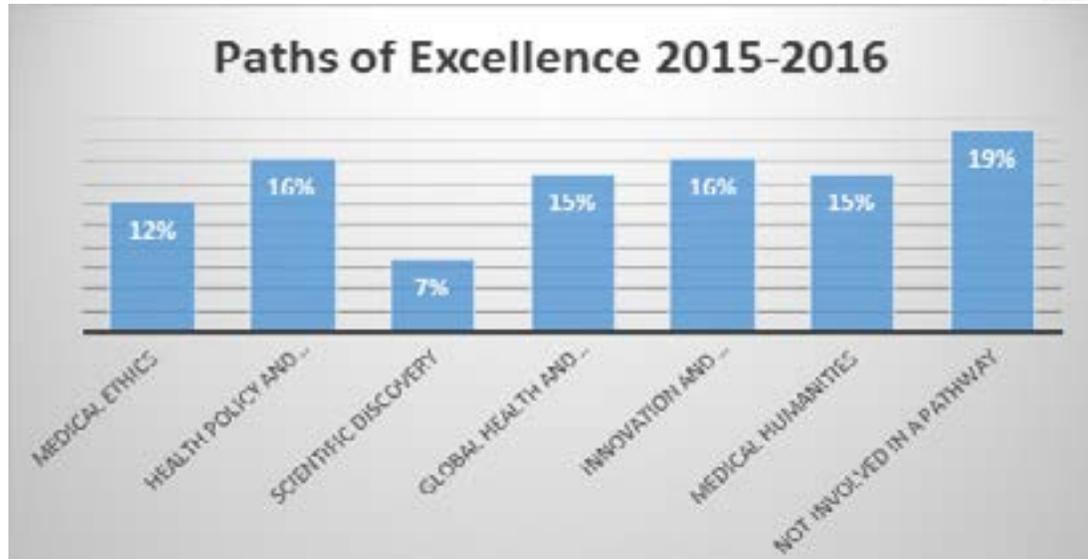
Scientific Discovery

Ben Margolis, MD

"Check out the link below for detailed descriptions of
each Path"

[https://medicine.umich.edu/medschool/education/
md-program/curriculum/longitudinal-learning/
paths-excellence](https://medicine.umich.edu/medschool/education/md-program/curriculum/longitudinal-learning/paths-excellence)

What Else is Going On during M1?



Which 'Path' did students choose?

Health Policy and Economics:

"I felt that this path was the best way to understand how healthcare is changing for the future."
"I want to learn more about hospital policies and quality improvement/value can be incorporated into health-care"

Medical Humanities:

"I have an interest in medical history as a means to access health equity work"
"I want to study and appreciate the arts in medical school"
"I am an avid musician and had some ideas for projects"
"I love medical literature and watched a chance to follow that in my career"

Global Health and Disparities:

"I plan to do work abroad later; global health one of the main reasons i chose medicine as a career"

Innovation and Entrepreneurship:

"I want to prepare for a dual degree and get exposed to a burgeoning side of medicine"
"The Pathway leads seemed very engaged in teaching and helping us grow"
"I want to try to learn how to successfully navigate the projection of meaningful innovation projects"

Medical Ethics:

"This was most interesting to me and I would like to serve on an ethics committee one day"
"I have a longtime interest in bioethics"

Scientific Discovery:

"I want a research-focused career"
"I think this will give me research opportunities and mentorship that will make me competitive for residencies"
"I love science and didn't want to do a PhD. This pathway allows me to integrate research into my education"



We are excited to offer all medical students free access to Osmosis, an online learning tool designed to supplement the curriculum throughout your education. It is not required and no content generated by your professors will be exclusively on this site. However, we are constantly looking for ways to better the educational experience for our students, and believe that many will find Osmosis helpful. Osmosis contains content from a variety of sources, including community driven content from your peers. Therefore, as with any third-party study tool, we can't guarantee the accuracy of all content. We hope you enjoy the software, and please let us know if you any have suggestions. Osmosis is an evolving product and your feedback is vital in helping shape future development.

What is Osmosis?

Osmosis is a web and mobile application that makes medical education more efficient by (a) consolidating the best available educational content into a single learning environment; (b) providing tools for students to write, share, and curate their own practice questions and content; and by (c) using advanced learning science and spaced repetition to deliver this content so that students can absorb, retain, and employ it as easily as possible.

By integrating different kinds of content, like USMLE-style practice questions, memory anchors and reference articles, Osmosis makes content stickier and helps students prepare simultaneously for Class Exams, Board Exams, and Clinical Practice. It also helps them crowd source their own content and materials, for more engaged, active, and collaborative learning.

Osmosis delivers high-quality content from medical experts as well as through partnerships with world-class leaders in medical education. Osmosis delivers relevant content alongside course documents; generates customizable quizzes; and suggests daily flashcards and questions based on a student's curriculum and personal study schedule.

How do I get started with Osmosis?

- **Start Here!** Learn and review material customized to to you and your curriculum:

Osmosis Class Groups: Learn, Review, & Repeat

- Watch this video about using the dashboards and concept cards. (~2 min at 2X)

- Watch this video about searching for concepts in our library.

- Download the mobile app (iPhone or Android) so that you can complete your quizzes anywhere, whenever you have time. This is the easiest way to use utilize the testing effect and spaced-repetition to study more easily and efficiently.

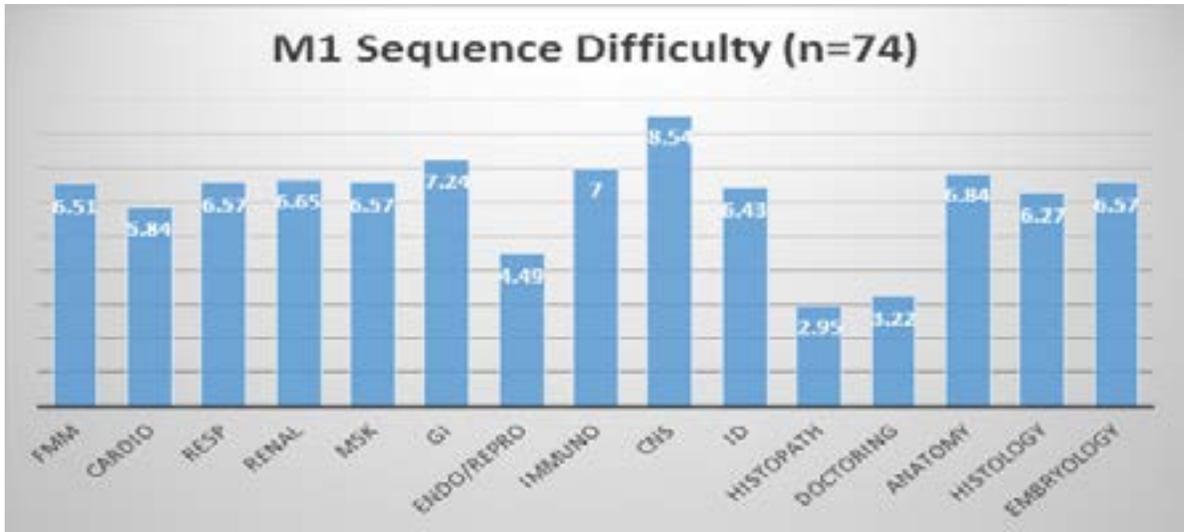
- *If you have any questions about how Osmosis works or how you should be please contact support@osmosis.com or in the chat window in the bottom right corner of any page:*

M1 Class Evaluations



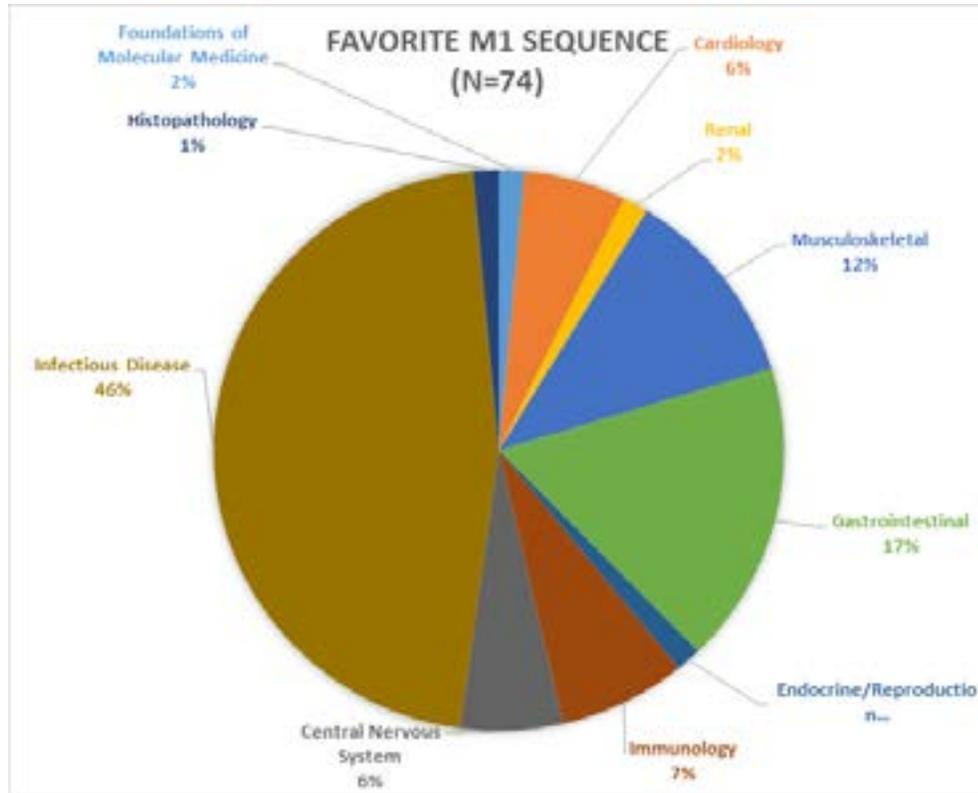
Sequence Difficulty and Time Commitments

We asked students to indicate the level of difficulty and time commitment required for each sequence and converted their responses into a numerical scale for your viewing pleasure! For sequence difficulty, students chose among: Easiest (2), Easier than Average (4), Average (6), Harder than Average (8), or Hardest (10). For instructor quality students could select among: Worst (2), Worse than Average (4), Average (6), Better than Average (8), and Best (10). For time spent studying, students could select: Least (2), Less than Average (4), Average (6), More than Average (8), or Most (10). Use the averages reported below to get a sense of how sequences were generally perceived by students.



M1 Class Evaluations

It was the best of times, it was the worst of times...

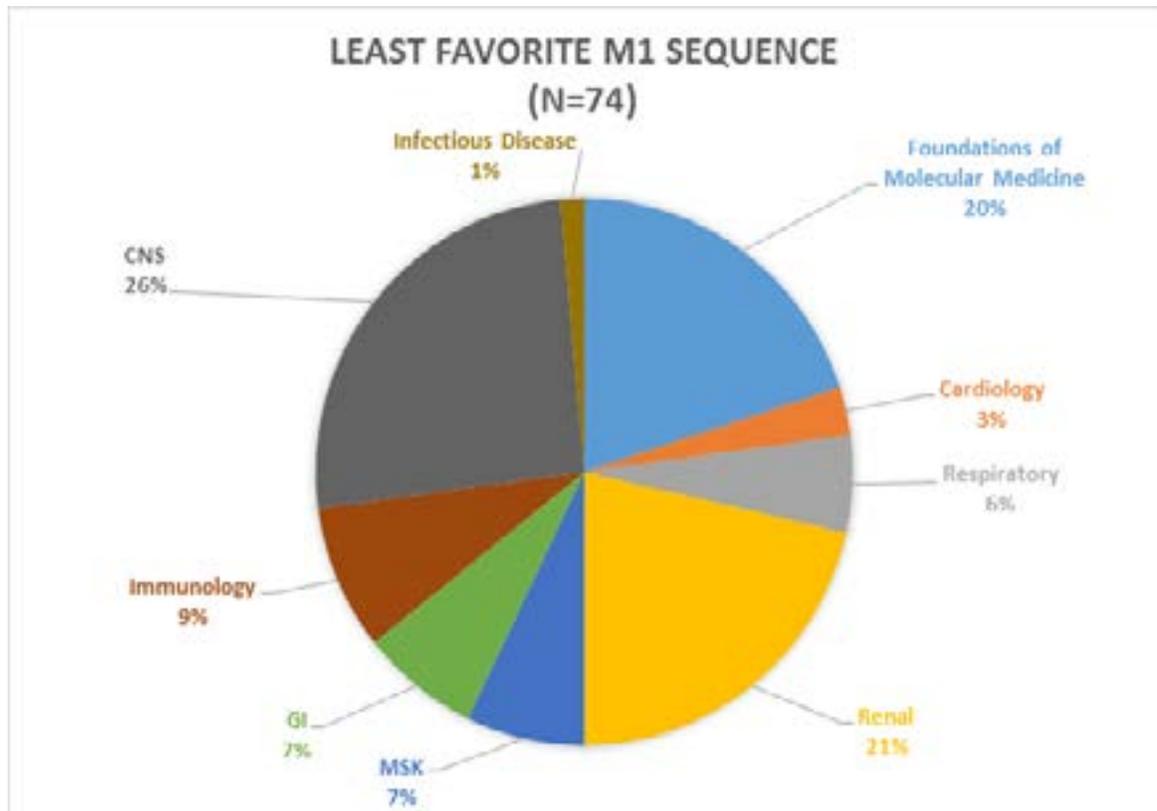


"Looks like the Infectious Disease Sequence was the most popular sequence. Most of our class agrees that this sequence was very well organized and Dr. Kauffman is certainly considered one of the best lecturers of M1 year. Since your ID course will look almost exactly like ours did, check out our 'M1 Sequences' section for more information."

-- Kaustubh

M1 Class Evaluations

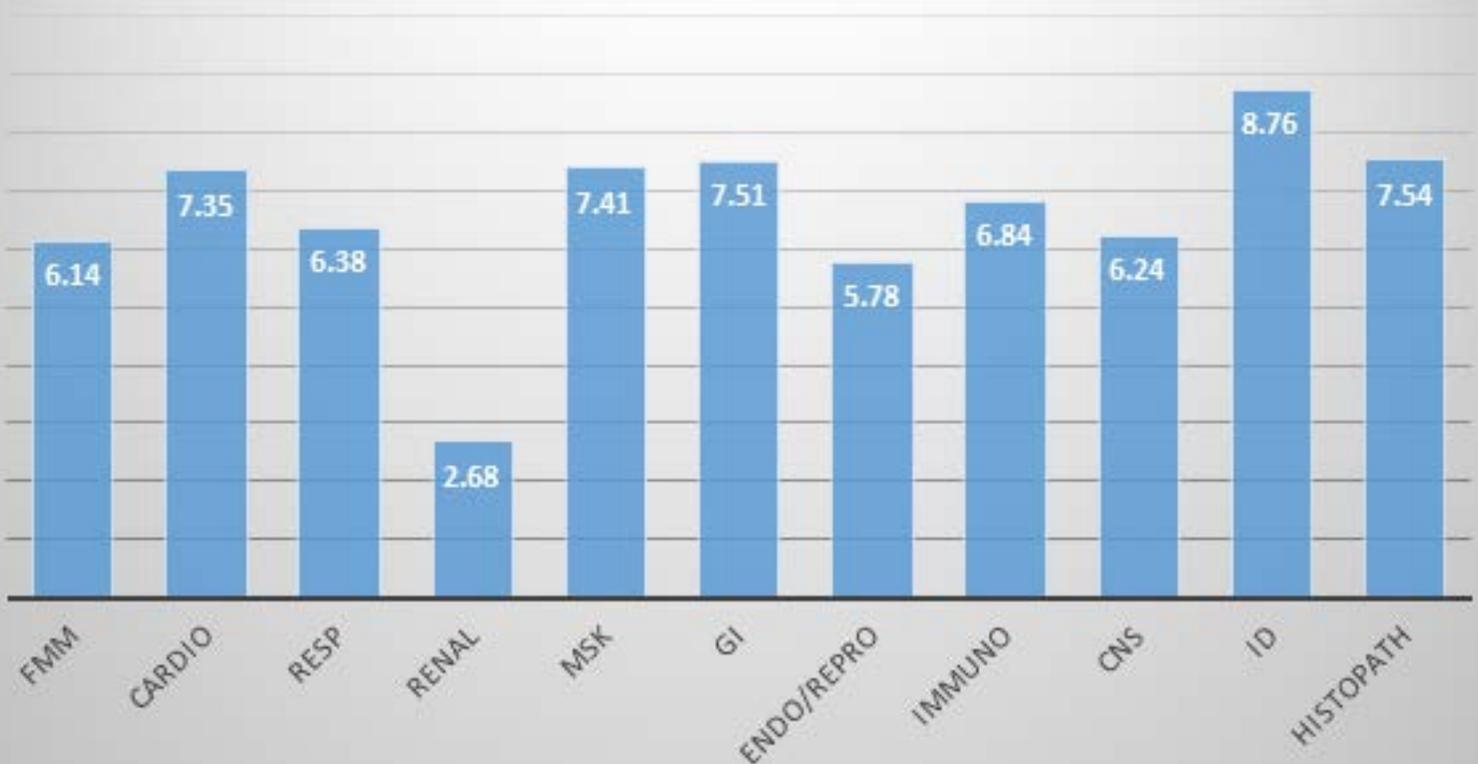
It was the best of times, it was the worst of times...



"The Central Nervous System, Foundations, and Renal Sequences seem to be in the same boat in terms of popularity, or lack thereof. Foundations is most likely unpopular purely because it is the introductory course, and goes over much of the biochemistry and genetics that we all hoped we were done with! The Renal Sequence for our class was 1-week long, and many of us felt that it was poorly organized and taught. Because of this, the exam for the past 2 years has been open-book. This will all be different for you, since your sequence is fused, so I wouldn't worry about it. I'm a little surprised by how unpopular CNS was, because I actually really liked the sequence! It is certainly a course that is detail-heavy and requires a lot of studying, especially for anatomy practical, which many of us struggled with. If you can familiarize yourself with brain anatomy early, it may help."

-- Kaustubh

M1 Instructor Quality (n=74)



Favorite Professors

- 1.**Dr. Kauffman (ID)
- 2.**Dr. D'Alecy (Cardio – retired in 2015)
- 3.**Dr. Tai (GI)
- 4.**Dr. Cinti (ID and Chief Concern)
- 5.**Dr. Hortsch (Histology)

M1 Class Evaluations

to attend or not to attend..

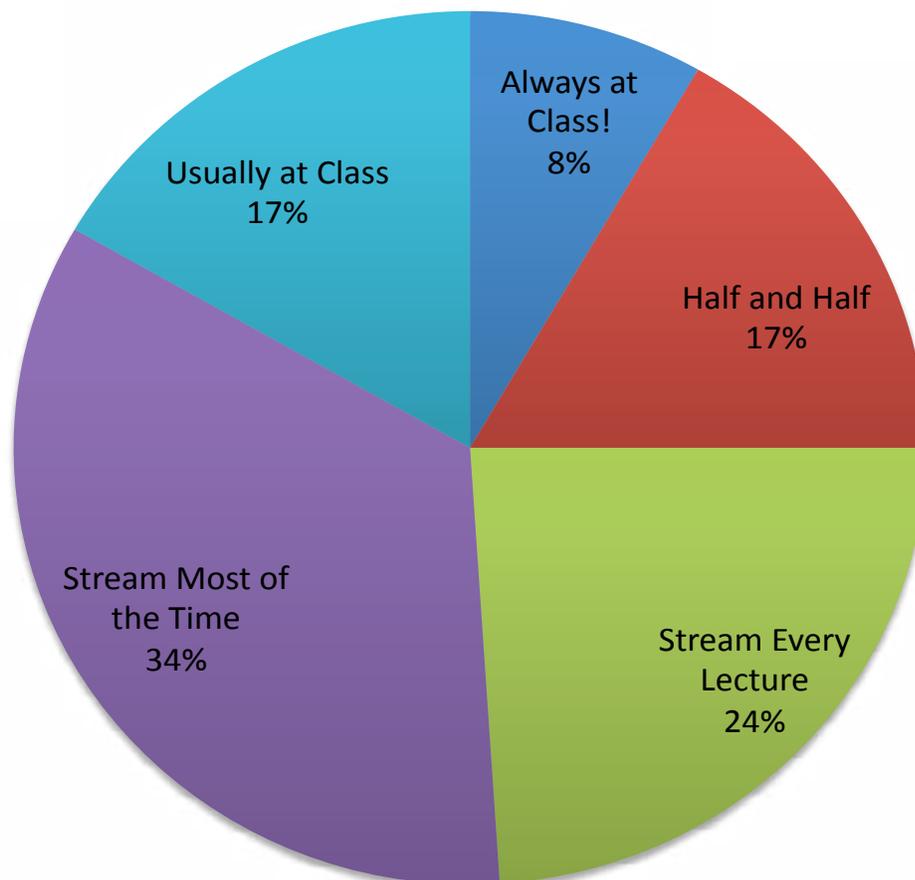


"I love going to class, and so do about 20 other people in my year...Most people in my cohort don't attend lecture physically. It's true that streaming allows you to be more flexible with your schedule, but going to lecture is a good way to meet classmates and professors!"

-- Kaustubh

Did You Stream Lectures or Go to Class?

M1 Class Attendance vs. Streaming (n = 96)

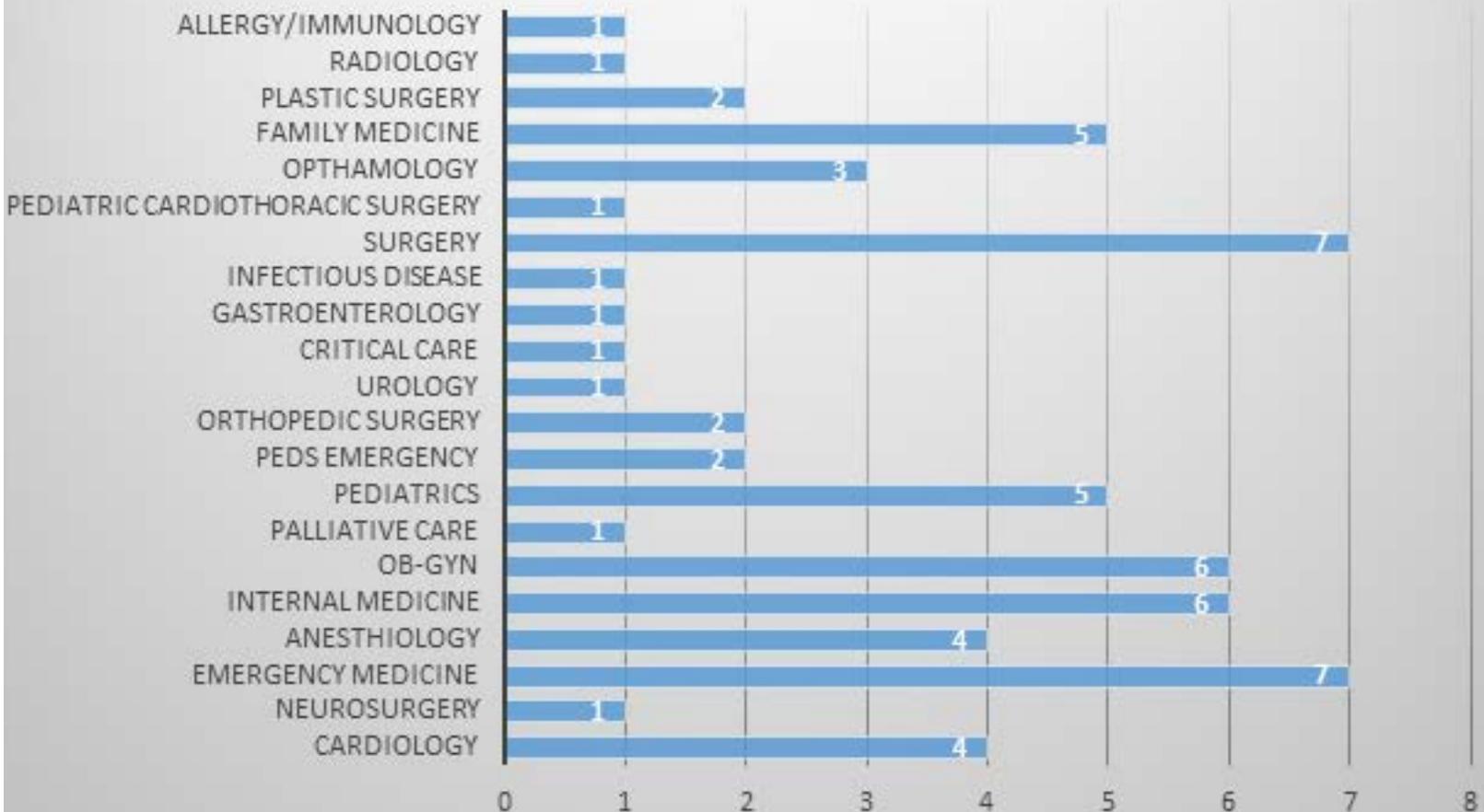


M1 Class Evaluations

Potential Careers Choices



If M1s Had to Choose a Specialty at the End of Year 1 (n=74)



M1 Class Evaluations



"All right! Here's the meat of CODE BLUE... You are about to see thorough descriptions of each of OUR M1 courses. In spite of the fact that most of your courses will look different, this will give you a good frame of reference for each M1 sequence."

-- Kaustubh

Scale Explanation for Sequence Evaluation

We asked students to indicate the level of difficulty and time commitment required for each sequence and converted their responses into a numerical scale for your viewing pleasure! For sequence difficulty, students chose among: Easiest (2), Easier than Average (4), Average (6), Harder than Average (8), or Hardest (10). For instructor quality students could select among: Worst (2), Worse than Average (4), Average (6), Better than Average (8), and Best (10). For time spent studying, students could select: Least (2), Less than Average (4), Average (6), More than Average (8), or Most (10). Use the averages reported below to get a sense of how sequences were generally perceived by students.

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"You look at a little green around the gills.
Also, you have gills."

M1 Sequences



Foundations of Molecular Medicine

Difficulty: 6.51

Time Spent Studying: 6.86, Instructor Quality: 6.13

Sequence Length: 6 weeks

Sequence Director: A. Seasholtz, B. Yashar

Welcome to the University of Michigan Medical School! The day has finally arrived where you begin your journey to becoming a doctor. Grab a seat in West Lecture Hall (where you will spend the remainder of this year), meet your classmates, and prepare for your first sequence. For many of you, the cell biology and genetics here will be a fair amount of review. This sequence is a general introduction to the biochemical, cellular, and molecular processes of the organ system. Anatomy and histology start in this sequence, although they will feature more prominently later on. No matter the subject, six weeks of material is a lot. You will have two exams in this sequence, so don't stress too much over the volume of material, there are only three weeks of material per exam. As with most sequences, the workload the final week is considerably lighter to give you extra time to study.

General Topics

- Basic biochemistry (amino acids, protein structure/folding, enzymology)
- Cellular biology (cell ultrastructure, membrane composition, cell cycle, apoptosis)
- Molecular biology (signaling cascades, membrane/nuclear receptors, intracellular trafficking)
- Embryology (fertilization, implantation, cleavage, gastrulation, neurulation, ARTs)
- Pharmacology (pharmacodynamics, pharmacokinetics)
- Genetics (clinical and population genetics, cytogenetics, human genome, genetic counseling)
- Medical decision-making (epidemiology, biostatistics, study design, diagnostic reasoning)
- Pathology (introduction and basic concepts)
- Cell biology (DNA, RNA, replication, transcription, translation)

Helpful Hints

1. For people with a strong undergraduate background in cellular or molecular biology, this sequence will probably seem easy (and a lot of review). People coming in with less knowledge in this domain tend to find it more challenging. Don't worry, though. Everyone comes in with expertise in different areas.

2. Use this sequence to practice your study methods and don't be afraid to experiment with something new. Most students report changing study methods from those used in undergrad. Furthermore, don't get caught up in what everyone else is doing. Find a study method that works for you.

M1 Sequences

3. Don't stress out about your first quiz, but don't blow it off either. It's probably not going to be as hard as you think, and if you study the material you will be fine.
4. Take the time to learn the statistics well. You will use sensitivity and specificity for the rest of your career, so you might as well learn it now.
5. Your first anatomy practical will be at the end of this sequence (although it is also one of the shortest and not worth many points). Be sure to complete the practice practical and prepare.
6. Review a bit at a time and use this sequence to evaluate your study technique.
7. Don't get overwhelmed with Fearon's material. He covers a lot of material in his lectures, but always emphasizes what is most important – check out those starred slides.
8. In hindsight, this sequence will seem like one of the easiest sequences, but at the time it may feel challenging. Don't worry if the adjustment period is rougher than you expected, especially if it has been awhile since you've been in school.

Optional Supplementary Materials

Any biochemistry book will do.

Previous M1s said...

“At the time, this course felt hard. I did not have a strong background in basic science or biochemistry, so I especially struggled. The biochem does come back during other courses, so try to actually learn it. Otherwise, just focus on getting into a rhythm with school.”

“This one was hard because it came first and we didn't know what to expect. Get through the first week before you make any sweeping judgments.”

“This sequence was only harder than average because it was the first sequence. Try to relax if you can. The quiz questions aren't meant to trick you. Anatomy is also introduced in this sequence. It can be overwhelming - like a totally new language - at first so make sure you put the time into the prework so you go into the session prepared.”

“This sequence is hard because it is the first medical school class. Breathe, seek out advice from upperclassmen, and realize it will be fine. You will be shocked at how much more straightforward the tests are from undergrad.”

M1 Sequences



Cardio

Difficulty: 5.84

Time Spent Studying: 6.19, Instructor Quality: 7.35

Sequence Length: 3 weeks

Sequence Director: B. Dyke, P. Hagan, M. Konerman, D. Beard

If you thought cells and tissues was boring, you're in luck. Now it's time to learn about some real organs! Since this is sort of your first "real" medical school course, expect the depth and quantity of material to pick up in this sequence. Fortunately, the heart is fun to learn about. As an added bonus, many students really enjoy the cardiorespiratory professors, although sadly many of our professors retired in 2015 so your class will be starting with a fresh slate! Be careful using former year's study guides in this sequence, the cardio professor for years has retired, so your material will likely differ slightly.

General Topics

- Cardiovascular physiology (cardiac mechanics and hydraulics, hemodynamics, EKG, cardiac reflexes, cardiac circulation, intro to circulatory derangements and pathology)
- Pharmacology (autonomics, adrenergics, cholinergics)

Helpful Hints

1. Clear up areas of confusion for physiology as soon as possible, because the concepts keep building on each other throughout the sequence.
2. Even though the professors might try to scare you into reading the Cardiovascular Physiology text, all the material you really need to know is covered in lecture, so focus on what you learn in class.
3. The final is very long (one of the longest you'll have the first year) and composed of two parts – prepare to spend a lot of time studying. Also, bring snacks when you take the final!
4. Take the time to master the autonomic nervous system, even though it might not seem that important now – it will come back frequently in anatomy and later sequences.

Previous M1s said...

"I enjoyed cardiovascular. Some concepts can be a little tricky, but I felt like they were presented well. You will have different faculty from us, so take our experience with a grain of salt."

"This is an interesting sequence. Make sure you learn the basic well (i.e. material in first week). The formula and concept will make more sense if you find practice question online."

"Favorite sequence."

"Hard to say as the incoming M1s will have a new instructor."

M1 Sequences



Respiratory

Difficulty: 6.03

Time Spent Studying: 6.33, Time Spent in Required Activities: 6.09

Sequence Length: 2.5 weeks

Sequence Director: J. Horowitz, T. Sisson

This sequence used to be combined with Cardio for the class above you, but the material differs greatly. There is a significant emphasis on equations and calculations, so brush up on those math skills. Conceptually many students find this difficult, so make sure to learn the basics well. This material will be really important on the wards so be sure to learn the normal and abnormal physiology well.

General Topics

- Respiratory physiology (respiratory mechanics, alveolar ventilation, gas transport, respiratory control, V/Q mismatch)

Helpful Hints

- 1.Practice using equations while studying, they will show up on your exam. You need to understand the relationships in a theoretical and mathematical manner.
- 2.The professors are excellent for this sequence, don't be afraid to email them if you are confused.
- 3.Don't underestimate this sequence before spring break, and make travel plans accordingly.

Previous M1s said...

“The lungs are complicated but Dr. Sisson is fabulous.”

“Really work to understand the mechanics and formulas (how they're used and why they're important clinically).”

“The physiology and pathophysiology are really complex. A fair bit of physics makes it sneaky hard.”

M1 Sequences



Renal

Difficulty: 6.65

Time Spent Studying: 5.38, Instructor Quality: 2.68

Sequence Director: J. Weinberg, P. Killen

Sequence Length: 2.5 weeks

This short sequence has changed significantly over the years, with its fair share of difficulty. Like most attempts at something totally new, there were a lot of organizational and content-related issues that emerged early on. Fortunately for you, the medical school professors and administration received a lot of helpful feedback about how to better redesign this course for future classes. Our final exam was an open book exam, but with the curricular restructuring, we anticipate this will be a regularly-graded sequence.

General Topics

- Renal physiology (body fluid compartments, glomerular filtration, renal tubular processes, clearance and reabsorption of notable solutes, acid-base disorders)

Helpful Hints

1. Renal physiology is one of those topics that, like it or not, will inevitably show up again and again in later sequences, board exams, and certainly during M3.
2. Try not to get overwhelmed with the sometimes confusing equations and math that appear in this sequence. The physiological principles are what really matter. Use the equations, if you like, to aid your understanding of those principles.
3. This sequence has lots of terms that sound similar but represent very different concepts, so make sure you have them straight.
4. Even though this sequence is short and the anatomy of the renal system seems simple, make sure you're putting in enough study time to really understand the material. Renal physiology is complicated, and although you won't be held accountable for every detail, the more you retain now the less you have to relearn later.
5. Use the histology lectures to review the physiology lecture material. They provide a clear overview that will give you a sense of how well you are understanding things.

Previous M1s said...

"Our exam was open-book, which gives a little insight to how ill-prepared our class felt about the material on Thursday of that week. It's difficult material, so having access to a good professor would make a world of difference. Some of the materials from previous years' Wiki were really helpful for me!"

"Since we had this sequence with an open book exam, it's hard to comment on time spent studying, I would have studied a lot more if it had been a regular exam."

"Our renal experience was awful. The class before us had an awful experience with renal too. Maybe the third time's the charm? Both our class and the one above had open book exams due to poor coverage of the material."

M1 Sequences



Musculoskeletal (MSK)

Difficulty: 6.57

Time Spent Studying: 6.78, Instructor Quality: 7.41

Sequence Length: 3 weeks

Sequence Director: T. Stein, S. Monrad

This sequence will focus on the biochemical, physiological, and anatomical aspects of the musculoskeletal system. In addition, this was one of the two pilot sequences (along with GI) that combined the M1 and M2 material into the first year, so the experience we had is much more comparable to your class. A lot of time will be spent in anatomy lab. Spend as much time there as you can. There is no better way to learn anatomy than to be there (prepared) for the dissections. Overall, the lecture material is light and flows logically from normal to abnormal. The anatomy faculty is there specifically for you, and they are extremely willing to help. Since this anatomy practical is the largest one you'll ever have, do not wait until two days before the practical to start learning structures on your cadaver, or your practical grade will reflect it. Even if you're not in love with anatomy, this is a great sequence; you'll finish knowing everything important inside your arms and legs!

General Topics

- Muscle physiology (muscle mechanics, motor units, fiber types, excitation/contraction)
- Bone physiology
- Biochemistry (metabolism, glycolysis, TCA cycle, electron transport chain, oxidative phosphorylation, fatty acid oxidation)
- Gross anatomy of limbs/extremities

Helpful Hints

1. MSK is by far the most anatomy-heavy sequence and might require a different kind of studying. Be prepared to switch up your study system.
2. Try to avoid getting overwhelmed at the beginning of the sequence – the most challenging part is the volume of material. Stay ahead (or at least keep up), and it's really not so bad.
3. Be wary of skipping peer presentations in anatomy lab. Even if you didn't dissect that day you are still responsible for all the material.
4. Don't completely blow off the lectures. It can be easy to focus solely on anatomy because there's so much more of it, but lecture questions can be challenging, especially on the final.
5. Organization is key. Use flashcard programs, anatomy coloring books, diagrams, etc. Find a system that works for you and don't be afraid to ask for help if you need it.

M1 Sequences

6. Prepare for lab. Put the time in reviewing what you expect to see before lab and you will get far more out of the dissection.
7. Study hard for the anatomy practical (it's the longest one), but don't panic. If you prepare well it is very manageable.
8. Prepare to live in the anatomy lab! Many students find this sequence challenging because of the amount of time spent at school and in the lab. Success in this sequence depends on hands-on learning and a commitment to keep reviewing and previewing what's coming next. This is a great time to use your 24/7 access to the anatomy labs.
9. Take advantage of the resources on the anatomy website.

Previous M1s said...

“There's a lot to know about in this sequence; commit to understanding the anatomy well and that will help you greatly with the rest of the material.”

“Really enjoyed this as a fused sequence and thought it was a bit heavier workload than some sequences without being too overwhelming. The instructors were good. Thought it was important to keep up with the anatomy for MSK more than in any other sequence and start studying it early.”

*Do your best NOT to get behind with the anatomy. I believe that we had 6 dissections during this sequence. Find ways to review the anatomy each week, as it can become overwhelming at the end of the sequence.

*Dr. Monrad is a phenomenal sequence director and really does appreciate student feedback.”

“Amazing pathology/physiology compliment”

Optional Supplementary Materials

- An anatomy atlas like Netter's is absolutely crucial. Buy your own copy or find a free PDF online.
- iPad/tablet 3D anatomy apps like Essential Anatomy 5 or Visual Body can be very helpful.
- Some of Dr. Preddy's anatomy videos on YouTube are excellent review.
- Some students found a Yoga anatomy book helpful so they could think about the muscles they are stretching. Kinesthetic learning at its finest.

M1 Sequences

GI/Liver

Difficulty: 7.24

Time Spent Studying: 7.24, Instructor Quality: 7.51

Sequence Director: J. Williams, A. Tai

Sequence Length: 3 weeks

This one is a rough welcome back from winter break. In addition to learning about the physiology of each GI organ, there is a lot of biochemistry covered here, so brush off the undergraduate biochem text if you need some extra review. Because of the diversity of organs and biochemical processes in the GI system, this sequence proved to be one of student's favorite, and also most difficult, courses of the year. This time of year there also tends to be a lot of extracurricular activities and commitments that, if you're involved with in them, make time management especially important. The immense number of organs involved in the Gastrointestinal system can be overwhelming, but make sure to learn each one well, on the wards these will on be important. The pathophysiology was difficult for our class but your class will be much more experienced with abnormal physiology by the time you get to this sequence.

General Topics

- GI physiology (GI organ physiology, GI hormones, process of digestion)
- GI pathophysiology (Organ disease processes and clinical presentation)
- Biochemistry (gluconeogenesis, nitrogen metabolism/urea cycle, fatty acid oxidation and synthesis, synthesis of ketone bodies, triglycerides, cholesterol, lipoproteins)
- Drug metabolism
- Miscellaneous GI-related (macronutrients, micronutrients, GI flora)

Helpful Hints

- 1.The GI physiology component of this sequence is fairly straightforward, but Dr. Williams' lectures are fairly dense for how little he sometimes says in class. Make sure not to overlook the details, because he'll ask about them on the quizzes. He doesn't always write everything on the slides you need to know, so make sure to take notes!
- 2.Most everyone agrees that the biochemistry is what makes this sequence difficult. You really do need to remember all the pathways, enzymes, and intermediates. The test questions are very detail-oriented.
- 3.It's a good idea to draw out the metabolism pathways to see how processes fit together.
- 4.People sometimes make fun of how slowly Dr. Williams talks. His lectures are definitely streamable at higher speed if you want to pick up the pace.
- 5.Give the sequence the respect it deserves, and all will work out.
- 6.Learn each organ system well and be sure not to confuse them.

M1 Sequences

Previous M1s said...

“This is a difficult sequence, but super interesting. Small groups are extremely useful if you come prepared and participate in class.”

“This sequence is very well organized! Hang in there and pick up as many of the details as you can (but don't stress too much over getting every single one)”

“The normal physiology lectures have a ton of details that aren't on the slides and still come up on quizzes, so this can be frustrating. Tai is a great professor and I really enjoyed the lectures he taught. The professors for the abnormal portion of the sequence had really nice and clear learning objectives.”

“Stay on top of it and remain open to redefining your understanding of the enteral tract week to week.”

“Dr. Tai is very good, Dr. Williams likes the biochem details”

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You're sick a lot. I like that about you.”

M1 Sequences

Endocrine/Reproductive

Difficulty: 4.48

Time Spent Studying: 4.86, Instructor Quality: 5.78

Sequence Director: N. Esfandiari, R. Mortensen, C. Stalburg, G. Smith

Sequence Length: 3 weeks

This is one of the easier sequences, and is a nice break after the rigorous GI exam. The one area where people occasionally get confused is reproductive system physiology. Use additional resources to complement the lecture material if you feel it's necessary. Our class had endocrine and reproduction as a combined sequence, but your class will have them separately. Many students had experience in endocrinology coming in which can be super helpful conceptually.

General Topics

- Endocrine physiology (pituitary hormones, adrenal hormones, thyroid hormones, calcium homeostasis, glucose homeostasis, hormonal control of growth and metabolism)
- Reproductive physiology (male and female reproductive systems)
- Biochemistry (steroid structure and synthesis, nucleotide and folate metabolism)
- Nutrition (obesity and satiety)

Helpful Hints

1. The diagrams you'll encounter in the lectures are very helpful. They will summarize what you learn in countless slides in a single picture. These are also great for helping you visualize all the processes that are happening simultaneously (cough, cough...female reproductive system).
2. Make sure you know all the hormones and what they do.
3. Pelvic anatomy is tricky, and it doesn't help that you'll only be dissecting either a male or a female cadaver, but need to understand the anatomy of both. Put in some extra study time for the anatomy practical. This is one of the harder ones.
4. Dr. Mortensen brings his A game and does a great job.

Previous M1s said...

"This tends to be one of the easier sequences, but the hormones can all get confusing--I found it helpful to diagram out their actions, sources, and feedback mechanisms."

"Make charts, draw the different cycles and then draw them again. There is a lot of information here and much of it is interconnected so it's helpful to approach it from different perspectives."

"Anatomy practical is sneaky hard! One of the lowest grades of the year for our class so watch out."

M1 Sequences

Optional Supplementary Materials

If you don't think it's beneath you, Wikipedia has some exceptionally good articles on male and female reproductive physiology that are great for reviewing and clarifying concepts from class.

NeuroLogic is a program developed by M2 professor Dr. Gelb and used during the M2 neurology sequence. Some M1s used it to practice localizing lesions.

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"You'll feel a little pinch, then another pinch, and then a few more because I'm pretty bad at this."

M1 Sequences

Immunology

Difficulty: 7

Time Spent Studying: 6.72, Instructor Quality: 6.84

Sequence Director: P. King, S. Monrad

Sequence Length: 2 weeks

This sequence is extremely front-loaded. Essentially all of the testable material is covered in the first week, with the second week being a series of small groups intended to reinforce and clarify what you already learned. Some people really find this material interesting; some people really hate it. Either way, you'll use the basics over and over, especially in ID, so learn them well! Study using the methods you trust the most. Some people feel the lecture slides are enough, some prefer reading a textbook, others prefer videos to help visualize concepts. It is not an easy sequence, and there is a tendency to panic around quiz time at the end of week one when you feel like you don't understand anything, but it comes together in time for the exam.

General Topics

- Innate immunity (macrophages, complementation, TLRs, NK cells)
- Humoral immunity (B cells, antibodies)
- Cell-mediated immunity (T cells, antigen presentation, MHC I and II)
- Immunodeficiencies and hypersensitivity (AIDS, Type I diabetes, SCIDS, allergies)
- Vaccines (more to come in ID) and organ transplants

Helpful Hints

1. Read the conclusion slides at the end of each lecture. They truly list the main points and the most commonly tested material, but be sure to review ALL material since the conclusion slides alone will not be enough to pass the sequence.
2. If you have never had immunology before, this will be one of the more difficult sequences. Try not to freak out about the first quiz. Remember, by the end of week two, you only need a 75% overall to pass.
3. Try to balance learning the molecular details of the immune system with maintaining an overall picture of how the immune system as a whole responds to a challenge.

Previous M1s said...

“King teaches the material very well. Lots of details so more time studying required.”

“Lots, lots, lots, lots, lots, lots, LOTS of detail. In most sequences you don't need to memorize every line on every slide-in Immunology you do. The difficulty is compounded by the fact that this was a short sequence so you needed to do well on everything.”

Optional Supplementary Materials

If you're feeling hopelessly confused after week one, How the Immune System Works by Lauren Sompayrac does a nice job of clarifying some of the more difficult to understand material.

M1 Sequences

CNS/Head and Neck

Difficulty: 8.54

Time Spent Studying: 8.35, Instructor Quality: 6.24

Sequence Director: D. Gelb, P. Hitchcock

Sequence Length: 3.5 weeks

As you've probably figured out long before now, the nervous system is complicated, and this sequence accordingly steps up the difficulty of lecture material to a new level. Still, there's no need to panic, because if you put in the time and effort you will do just fine. Plus, a lot of medical students find this sequence really interesting. Anatomy is also pretty intense (lots of structures to memorize, many of which are small and difficult to find), but if you can get this anatomy, you can get anything!

General Topics

- Motor and sensory pathways (spinal cord, cerebellum, reticular system, basal ganglia, lesions)
- Brain (brain stem, diencephalon, cerebral cortex, hypothalamus, limbic system)
- Special senses (auditory, visual, vestibular, and oculomotor pathways)
- Molecular biology of neurons (nerve development and regeneration, synaptic transmission, neurotransmitters)
- Embryology (nervous system development, formation of the face, teratology)

Helpful Hints

1. Even if you don't physically attend, don't completely blow off the Brains in Boxes sessions. Doing well in this course is only possible if you really understand the neuroanatomy. The Brains in Boxes modules were also high yield for the anatomy practical, but focus on the major structures, not all the tiny nuclei with special names.
2. The gross anatomy is really tough. Pre-lab thoroughly, because there are lots of small, delicate structures that you will destroy during dissection if you're not clear on where you are.
3. The nomenclature for all the tracts is sort of a nightmare: many have multiple different names and completely different tracts can have similar-sounding names. Rather than just memorizing names and functions, try to gain an understanding of the tracts' relative positions within the spinal cord. Making tables can also be useful for this purpose.
4. Almost everything in the nervous system crosses midline at some point. Know where each tract crosses and you will do well on test questions about lesions (and there will be a lot of them).
5. You WILL understand the material (or most of it) eventually. Start making tables and drawing out pathways from the very beginning of the sequence.
6. Take the time to learn things thoroughly early on, and it will pay off come exam time.

More Sequence Stuff..

Previous M1s said...

“There are a lot of pathways to keep track of in this sequence. Drawing them out (individually and compared with each other) was the most helpful thing I did for myself. Practice making your own questions to make sure you really understand function and pathways (“where's the lesion?”). This anatomy practical is the most difficult, so budget time appropriately.”

“Memorization is real. You might have thought you had memorized stuff in medical school but this is a new level. Two words: Spinal Tracts. Find a way to study early, don't be afraid to change it up if what you had been doing isn't working.”

“Anatomy practical was the most difficult assessment I've encountered during M1 year. I still have nightmares.”

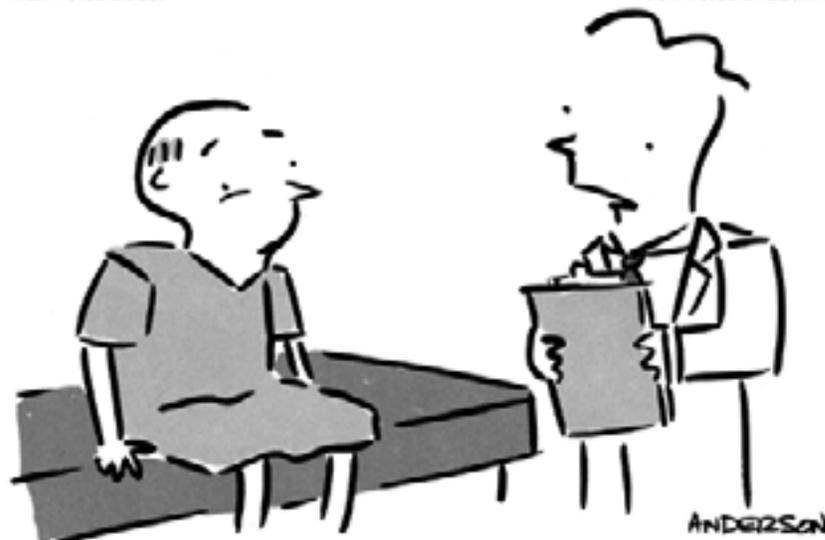
“Very hard, very time-consuming, very rewarding.”

Optional Supplementary Materials

NeuroLogic is a program developed by M2 professor Dr. Gelb and used during the M2 neurology sequence. Some M1s used it to practice localizing lesions.

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“Looks like that thing that’s going around finally got around to you.”

More Sequence Stuff..



Infectious Diseases/Microbiology (ID)

Difficulty: 6.43

Time Spent Studying: 6.73, Instructor Quality: 8.76

Sequence Directors: C. Kaufmann, D. Shewach, M. Imperiale

Sequence Length: 5 weeks

Of all the information you've learned so far this year, this is some of the most important to remember, since it will show up again on Step 1 and in your future coursework (and chosen profession!). The format is different than the previous courses since there's not a strict 2 test questions per lecture and the quiz questions are more case based. Also unique to ID are the DAILY required small groups and microbiology laboratory sessions meant to expand on the lecture topics through case studies and simple experiments/demos. A major plus for the sequence is you get points (an entire quiz worth!) for small group attendance. These small groups build on lecture material presented earlier that morning, so streamers who usually stream behind the class schedule need to be prepared.

General Topics

- Infectious diseases (clinical presentation, diagnosis, treatment)
- Pharmacology (antibiotics, antimicrobials, antifungals, antivirals)
- Microbiology (opportunistic and primary human pathogens, virulence factors, mechanisms of pathogenesis, virology)

Helpful Hints

1. Keep an organized table of all the pathogens and drugs starting the first week, or alternatively use one of the tables from previous years. It will help significantly when you have to remember details about hundreds of bacteria, viruses, and antibiotics for the final.
2. Know the specifics for each pathogen and drug, but keep in mind the clinically relevant details will be most frequently tested.
3. If you are a visual learner, start off the sequence using SketchyMicro and use it for every week, it was easily the most used resource in our class for ID, and the material can be daunting if you start it the week of the final.
4. The final exam for this sequence is not worth as significant a portion of your grade as usual. Do well on the quizzes and focus on the clinically relevant information for the final, not all the virulence factors and mechanisms of pathogenesis. Those really aren't tested on the exam.
5. Remember, you'll be expected to remember this information for Step 1!
6. This sequence has some of the best professors of the whole year – use them as resources in small group and outside of class.
7. Don't stress too much about small group/lab – it is educational, but not highly tested.

Almost Over...

Previous M1s said...

“Sketchy Micro is the most helpful resource (share a subscription with friends if you're not trying to go broke)! Small groups were really enjoyable and helped solidify the material. Try not to get behind (I suddenly became a lecture-goer for this sequence) and the material will quickly start to fit together.”

“This is an AMAZING sequence! Wonderfully organized and excellently taught. Bask in its glory.”

“ID is amazing. Such an interesting sequence that makes you feel like a doctor. I cannot stress enough how much you should INVEST IN SKETCHY MICRO. Seriously. I didn't do this till the 3rd week and it is a huge regret. You could nearly just watch sketchy and do perfectly fine on the exams.”

“Exceptional sequence; I loved small group, and a lot of what we learned is very applicable to my own life and research at least. Make sure to utilize your small group leader for questions a lot-- they truly love teaching and many are world-wide experts!”

Optional Supplementary Materials

- Clinical Microbiology made Ridiculously Simple by Gladwin and Trattler. Many students like this text, but the professors will warn you that the older editions have a lot of errors.
- Picmonic-since this material is tested on Step 1, paid subscriber review courses and study tools like the audio-visual mnemonic platform Picmonic can also be used to study for ID.
- SketchyMicro-A Picmonic-like subscription course geared more specifically toward ID.
- Your First Aid (Step 1) book will also have a chapter on infectious diseases and microbiology.

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“Let's try two apples a day and see how that goes.”

Last One!



Histopathology

Difficulty: 2.95

Time Spent Studying: 2.73, Instructor Quality: 7.55

Sequence Director: M. Roh, S. Owens

Sequence Length: N/A

This unique sequence was taught concurrently with ID. Your favorite pathology professors present two lectures per week, each of which is followed by a “lab” (really just another lecture), intended to walk you through virtual slides of abnormal tissues. This sequence is no longer on your schedule for next year as a discrete sequence, but these concepts will appear on all of your quizzes and exams. The instructors are beloved and straightforward in what they are looking for.

General Topics

- Cell injury and death (necrosis, sublethal cell changes)
- Inflammation and tissue repair (exudates, granulation, fibrosis, scarring)
- Cardiovascular derangements
- Neoplasia (microscopic identification of cancerous tissue)

Helpful Hints

- 1.This sequence reviews and builds on a lot of pathology you probably already learned in previous sequences. Since the curriculum is changing, however, some of this material might be newer for you. Either way, you’ll be fine.
- 2.The actual lectures are less important than the lab lectures in terms of what you’ll see on the quizzes and exam. Make sure you know the slides presented in lab very well.
- 3.Pay attention in class, because many of the professors love to give out big hints about what questions will be on the quiz.
- 4.Actually use the histopathology website to review the slides. Seeing snippets of them during the lab lecture is one thing, but you need to really scan them up close to learn them properly.

Previous M1s said...

“The HTP faculty are all really excited about pathology, which is refreshing to hear, and they all enjoy teaching. Faculty are also VERY up-front about what you need to know for the exams, and the workload is pretty light. I found pathology in this sequence really interesting, since we were more able to focus on learning than having to cram for a quiz.”

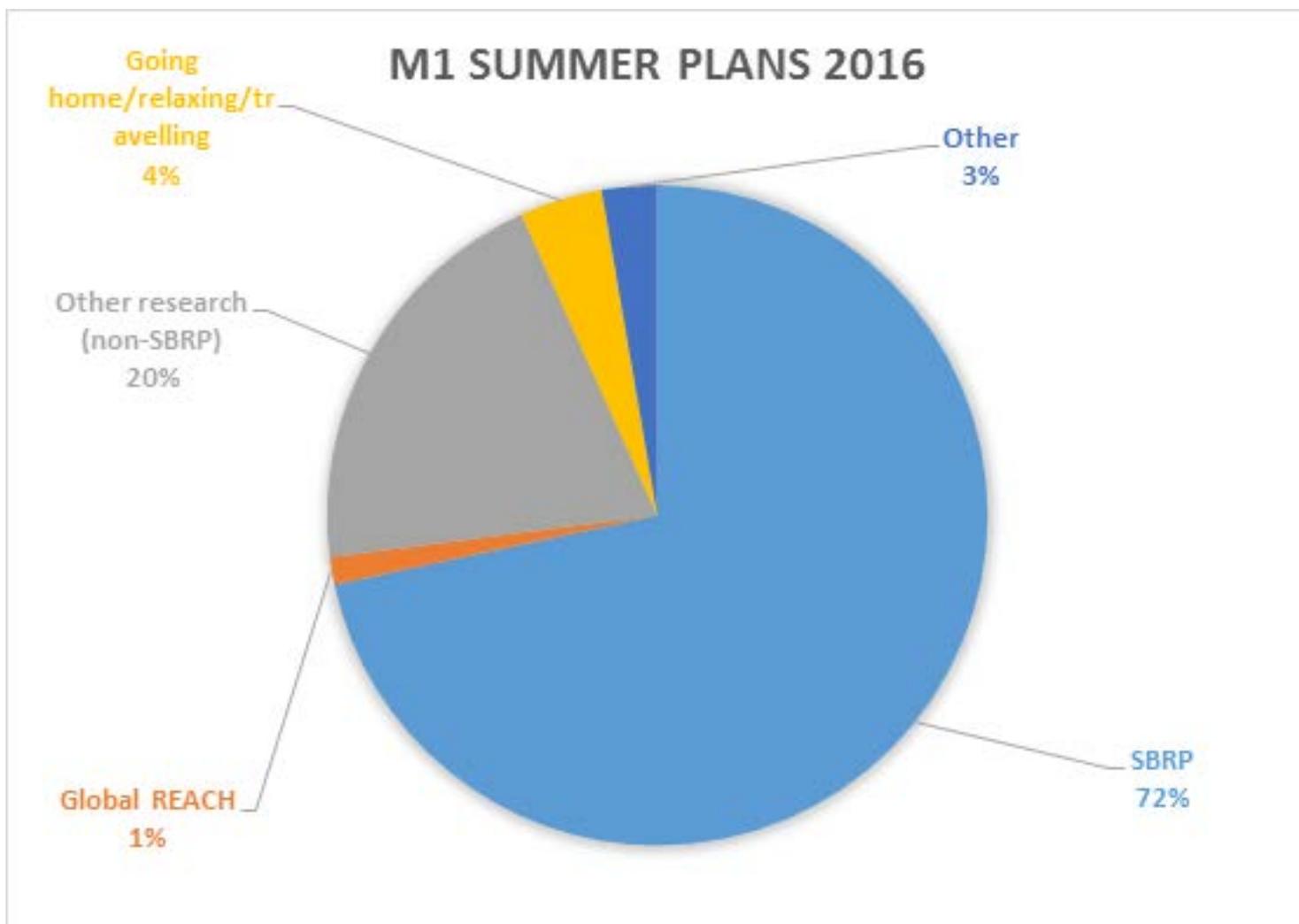
“VERY clear expectations. You will love this course”

“Make sure to go through the powerpoints at least twice so you don't make silly mistakes-- not that many points for this sequence!”

Summer Plans

The summer between your M1 and M2 years will be your last full summer in a long time. Most students hang around Ann Arbor and enjoy the summer (see “Around the Town” section) while working on a research project. But that is far from the only option. Other recent activities have included:

- AMSA summer programs in Health Policy and Leadership
- International health internship opportunities
- NYLF on Medicine (National Youth Leadership Forum)
- Working around Ann Arbor
- TRAVEL THE WORLD. Before it's too late and you're old ...
- Work for Kaplan or Princeton Review teaching MCAT
- Setting up your own project with faculty members (do it early!)
- Something totally and completely non-medically related (we suggest that you get engaged or married since everyone seems to be doing it)



Summer Plans

Summer Biomedical Research Program (SBRP)

The Student Biomedical Research Program office is housed in the Office of Medical Student Education. The director is Ben Margolis, M.D. and the program coordinator is Denise Brennan. Through SBRP, opportunities are available both in basic science and in clinical research. To apply, students meet with a mentor of their choosing and develop a research proposal to submit for review by the Committee on Student Biomedical Research. Approved applications are funded, and the students receive a stipend for the 10-week research experience. As a result of their work, students develop a research abstract and a poster to present at the Fall Research Forum. The availability of funding for this program varies from year to year, but a high percentage (80%+) of medical student research proposals generally get funded. Students receive additional training in research outside of their projects by attending the Summer Research Seminars and other conferences held in their research areas of interest.

TIP: This office also coordinates other research opportunities for medical students, including programs through Alpha Omega Alpha Medical Association and the Howard Hughes Medical Institute.



Summer Plans



Other Summer Project Opportunities

Not totally sold on summer research? Interested in working outside of Ann Arbor this summer? Generally not a student who fits into the “SBRP box”? That’s OK! Check out all the opportunities past UM medical students have taken advantage of.

Domestic Research

Howard Hughes Medical Institute

www.hhmi.org

Perhaps best known to medical students for the 1 year fellowships that enable med students to pursue research projects at any medical school under the direction of any investigator. (It’s also a potential source of funding for those who wish to pursue a Ph.D. outside of MSTP.) This organization offers competitive research grants for summer medical student projects.

Student Training Opportunities at the NIH

www.training.nih.gov/student/index.asp

This website lists training opportunities, including but not limited to opportunities for summer research at the NIH, a relatively new clinical research training program, as well as a link to the HHMI/NIH Cloisters Program (a competitive but perk-filled 1 year research fellowship for medical students).

Sarnoff Endowment for Cardiovascular Science

www.sarnoffendowment.org

Provides a generous fellowship for medical students to pursue a 1 year research project in cardiovascular science away from the student’s own medical school.

American Federation of Aging Research

www.afar.org

Medical students can apply for fellowships lasting for 2-3 months, which support research on aging at the U of M or one of the other National Training Centers of Excellence in Geriatrics. For those students that stay at the U of M, this fellowship is called MSTAR (Medical Student Training in Aging Research). The contact faculty member at the University of Michigan is Lillian Min, M.D., MSHS (lmin@med.umich.edu).

TIP: *If applying for a non-UM site, look for researchers you want to work with ahead of time and reach out. The Harvard site (and likely many of the others) is MUCH more likely to give a slot to a student who took the initiative to find a mentor and project, rather than waiting for the program to match you.*

Summer Plans



Diabetes Research Centers

www.medicalstudentdiabetesresearch.org

The Medical Student Research Program in Diabetes is sponsored by the National Institutes of Health through the NIDDK and allows medical students to conduct research under the direction of an established scientist in the areas of diabetes, hormone action, physiology, islet cell biology or obesity at an institution with one of the NIDDK-funded Research Centers (check website for sites) during the summer between the first and second year or second and third year of medical school.

Alex's Lemonade Stand – Pediatric Oncology Student Training (POST) Program

www.alexslimonade.org/grants/post

ALSF is dedicated to funding pediatric oncology researchers at critical points in their careers. The POST Program is designed for graduate and medical students who have an interest in pediatric oncology research and would like to experience the field first hand. Students train with a pediatric oncology research mentor. Students may join a research project underway in a mentor's lab or begin an original investigation with the mentor.

American College of Rheumatology

http://www.rheumatology.org/Foundation/Awards/Medical_Student_Clinical_Preceptorship/

The Rheumatology Research Foundation (of the American College of Rheumatology) awards medical students 4 or 8 week research or clinical (or both) preceptorships. You apply with a mentor so you need to identify a mentor in the Rheumatology department first (recommendation = Dr. Seetha Monrad at UM).

American Society of Hematology – Hematology Opportunities for the Next Generation

<http://www.hematology.org/Awards/Medical-Student/378.aspx>

The ASH HONORS Award will contribute to the development of the next generation of hematologists by supporting talented medical students and residents to conduct hematology research. The award program has the following objectives: 1. Support the conduct of hematology research by medical students and residents. 2. Introduce medical students and residents to the hematology research community. 3. Encourage medical students and residents to continue research careers in hematology. The award will provide the recipient with a \$5,000 stipend to conduct either a short hematology research project for a maximum of three months, or a longer hematology research project between three and 12 months.

Foundation for Anesthesia Education and Research (FAER)

<http://faer.org/programs/medical-student-anesthesia-research-fellowship/>

It is an 8 week clinical or bench (you pick) research opportunity in anesthesiol-

Summer Plans



ogy. The program evaluates you and matches you to a national program or you can apply with a mentor here at the U of M.

HIV Vaccine Trial Network (HVTN)

<http://www.hvtn.org/en/science/scholar-awards/ramp-scholars.html>

Short-term (summer-long) opportunity for students of African American or Latino/a descent to do basic research on HIV vaccine development. Selected scholars are funded for their travel to a supported clinical research site (see website for list) to conduct a project under the mentorship of an affiliated investigator.

UM Health Disparities Summer Program

<https://www.michr.umich.edu/education/predoctoral/hdsummer>

This program supports the Michigan Institute for Clinical and Health Research (MICHHR) pre-doctoral programs. Summer programs are available for clinical research, health disparities research, or global research.

UM Division of Research (DRDA)

www.research.umich.edu/research/funding/funding.html

Website with some search engines to locate other medical student research.

Independent Research

If you don't receive SBRP funding or are interested in doing something beyond the structure of that program (i.e. non-basic science/clinical focus, not in Ann Arbor, etc.) you are more than welcome to reach out individually to research mentors you are interested in working with. Most will be receptive to your interest! Always ask about potential funds to subsidize your work for the summer. Volunteering is great – but at this point in your career, have confidence that your time is worth money.

TIP: *If you want to go elsewhere in the country, still check every researcher's alma mater and med school affiliations. You will be surprised how many doors the UM-connection can open. That's the Michigan Difference.*

Global Health

Global Reach (UMMS affiliated study-abroad program)

Interested more in research experience abroad? Global REACH and the University of Michigan Medical School provide first-year medical students with an opportunity to participate in one of four faculty-led student trips. The sites rotate each year, but have included Ecuador, Mexico, Ghana, Kenya, China and Uganda. Additionally, the Global REACH website lists faculty members with international research projects with whom you can independently coordinate work.

Summer Plans



TIP: There are a couple of ways to get UM funding for abroad health research:

- SBRP will fund international projects as long as you work with UM researchers
- UM non-medical school funding: The William Davidson Institute, International Institute Individual Fellowship

Ethiopia-Michigan Platform for Advancing Collaborative Engagement (EM-PACE)

<http://thirdcentury.umich.edu/em-pace>

Projects will vary from year to year, but they all focus on developing international healthcare partnerships. Dr. Kolars is highly involved in the initiative and can help!

Fellowships

Don't feel pressured to do research if that's not what you want to do. Many students worked at medically related camps or hospitals in other cities, or even just traveled and enjoyed their time off. Don't worry about what your classmates are doing— do whatever you want to do!

Family Medicine Preceptorship

This program is a UM-sponsored 2-week shadowing experience in a family medicine clinic in rural Michigan. It gives you a good sense of what being a “town doctor” might feel like! There are stipends available for the two students selected each year, funded through the Family Medicine Interest Group.

TIP: This opportunity is not well-publicized. Reach out to Kent Sheets, Ph.D (ksheets@med.umich.edu) for more information.

Orthopedic Summer Clinical Fellowship

This is a UM-sponsored summer shadowing program that allows students to rotate on different orthopedic clinical services around the hospital for four weeks. Two students are chosen each year and receive a \$1,000 stipend. While it is not recommended that students participate in another summer research program, students have done SBRP in addition to this fellowship in the past.

TIP: This opportunity is also not well publicized. Reach out to Clifford Craig, M.D. (clcraig@med.umich.edu) for more information.

Young Academic Surgeon (YAS) Fellowship

This is a 10-week summer fellowship for students conducting a summer research project in the UMHS Departments of Surgery or Cardiac Surgery. Students will get 120 hours of clinical exposure including 12 hours of on-call time, develop technical skills, attend paper-writing workshops, and serve as an undergraduate student mentor.

Pictures...

Life at Michigan



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M2 Sequence Basics

Welcome to M2 year! You've survived your first year of medical school, and here is where things get interesting ... and challenging. M2 is all about pathophysiology, building off your first year's content with an emphasis on disease and treatment. Tough units like Cardiovascular and Neurosciences will mandate that you hit the books hard, but all that studying will pay off come boards examination in the spring. Studying smart is the name of the game this year, and we've got the helpful hints to save you time and energy. Here are the numbers, according to our survey of rising M3s!

Scale Explanation for Sequence Evaluation

We asked students to indicate the level of difficulty and time commitment required for each sequence and converted their responses into a numerical scale for your viewing pleasure! For sequence difficulty, students chose among: Easiest (2), Easier than Average (4), Average (6), Harder than Average (8), or Hardest (10). For instructor quality students could select among: Worst (2), Worse than Average (4), Average (6), Better than Average (8), and Best (10). For time spent studying, students could select: Least (2), Less than Average (4), Average (6), More than Average (8), or Most (10). Use the averages reported below to get a sense of how sequences were generally perceived by students.



In 6 short months, M2s will be in the wards seeing patients.

M2 Sequence Basics



General Advice

- Enjoy any free time you have--don't feel like you always have to be studying
- Study for step earlier than you think you should, try and get through 50 UsmleRX questions per day or two after winter break
- Don't freak out about how much you have to know for step 1, you'll learn so much during the year. But do sketchy micro with your ID sequence!
- Consistency is key. Start putting stuff into long term memory for step. Don't forget to live your life while you study
- Use a qbank along with classes
- Start trying to understand everything - yes it is pass/fail, but you'd be surprised how much stuff actually comes up in step/wards.
- Start studying for boards soon.
- Start studying pretty early for step even if you are just reading through First Aid - get familiar with resources before study period.
- Try to follow along in First Aid throughout the year so you can efficiently review your annotation during study period. You really don't need to start UWorld until study period, but realize it does take about a month to get through all the questions.
- Realize that there is variable overlap between what's taught and what's on Step. Even if you don't start hitting First Aid hard, I'd suggest just skimming over it with each sequence to get an understanding of what is stressed for boards and what's not.
- Have fun, but study a ton!
- Live a little. M3 will deplete whatever free time you currently have. Study for step1 as early as possible, good to follow along with FA in each sequence.
- Try to keep everything in perspective and remember that this is the last real year where you have this much control over your schedule. Carve out time to relax, have fun, and hang out with friends, but also experiment with different studying methods if you're struggling because you won't have time to do so during M3. Don't worry too much about Step 1 before study period, but it certainly doesn't hurt to use First Aid as you go through sequences to see the general topics and concepts that are important. Pathoma is absolutely huge for pathology during M2 year and is often much better than what the path professors present.
- Take time to yourself, you get much less M3 year
- Don't go crazy about studying for boards before like February. And don't freak out about what other people are doing.

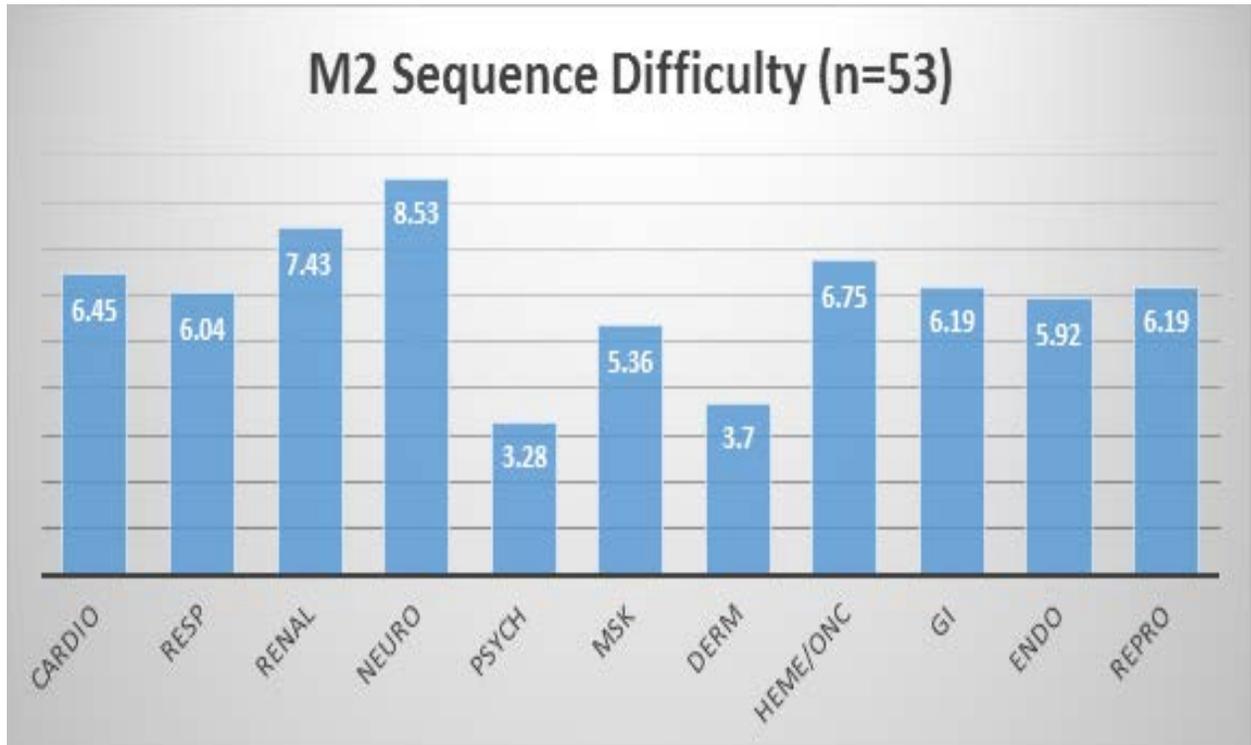
M2 Sequence Basics



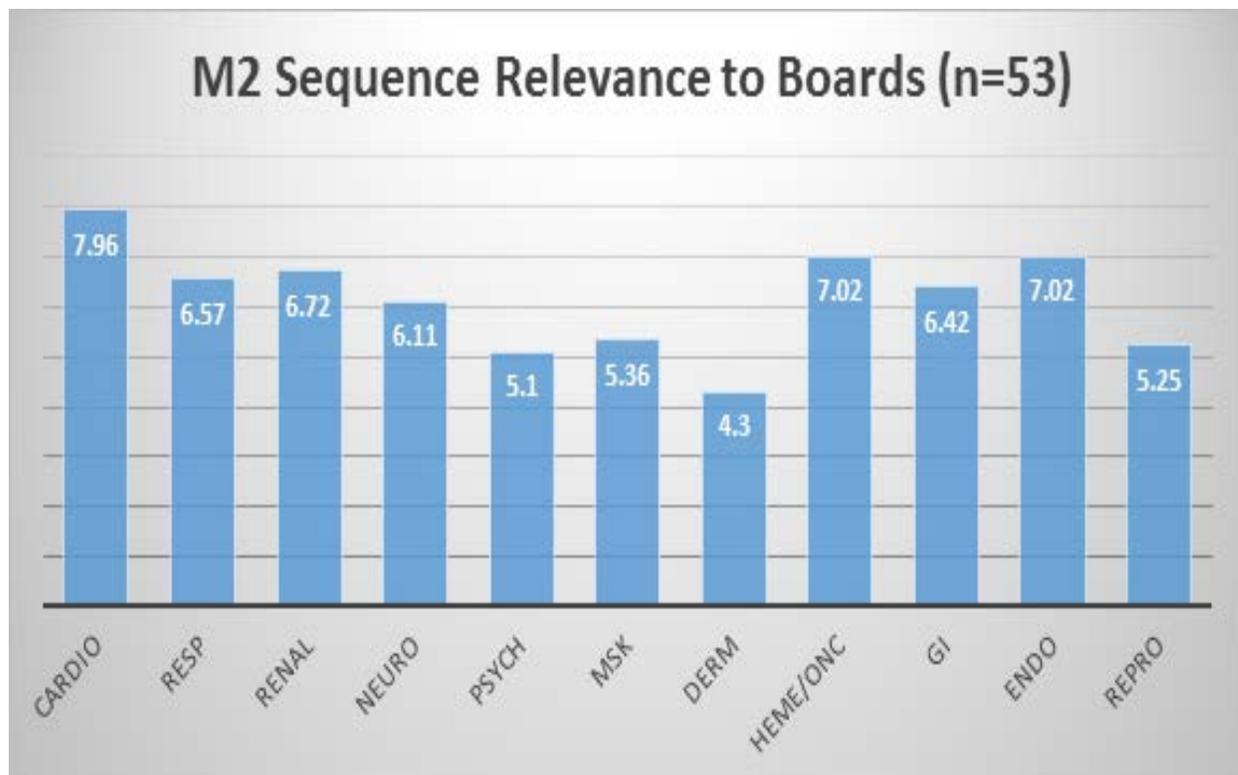
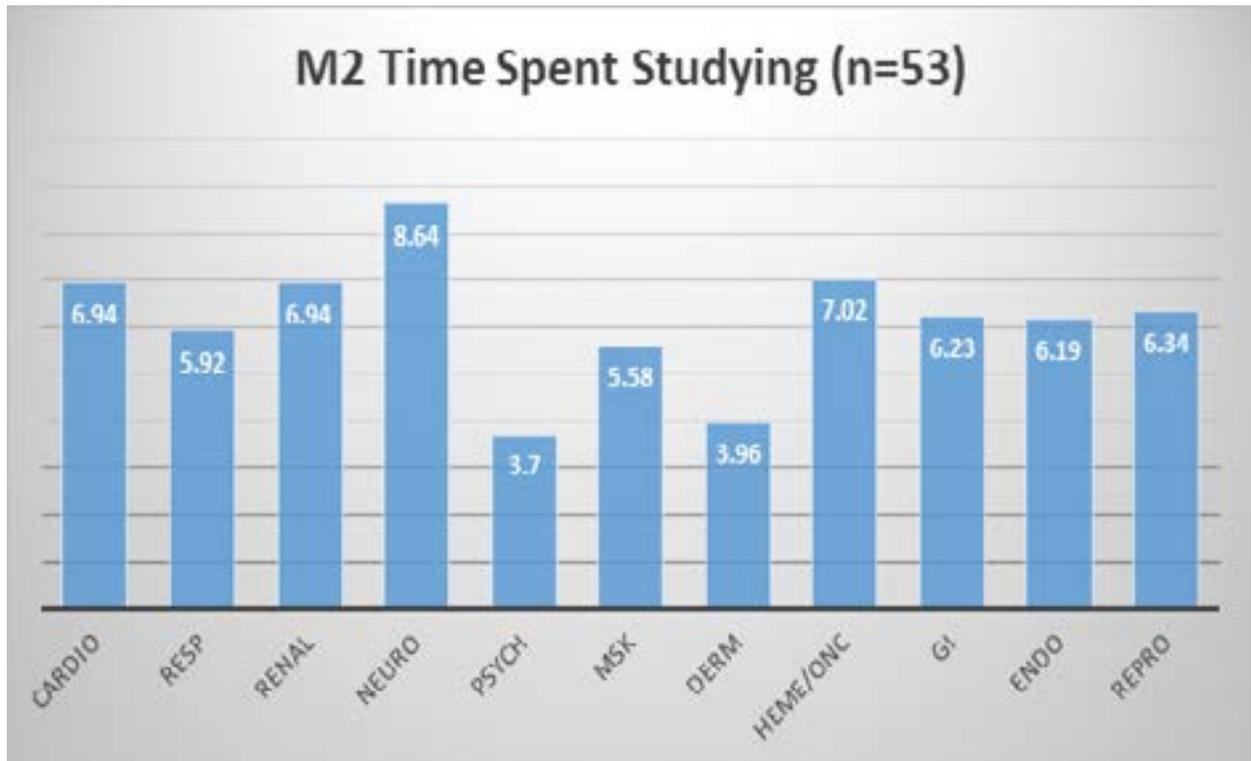
General Advice cont.

- Sprinkle in some Step study early in the year, if just to familiarize yourself with the various resources available
- The most important thing for step1 is doing well on the sequences. Don't fall into the trap of thinking only 1st aid is high yield, and making it your primary focus during the year.
- Commit to completing 1 pass through First Aid and Uworld before study period begins. I know this is hard- I myself was not able to do it. The sequences are hard enough as is, without this extra work. But it will help you do well in Step 1.
- Remember to pursue things that make you happy: exercise, research, socializing. Don't forget to live.
- Don't hardcore study until near the end of M2 year but start perusing your study materials and getting familiar with them early.
- Start studying early for Step 1
- Follow your own path, and don't compare yourself to others. It can be very difficult to keep perspective but remember that everyone will end up choosing their own specialty and that each person will have a very different career, even within specialties. In short, don't buy into competition. Med school is hard - and it's OK to talk about that!
- Study First Aid concurrently with courses so that you have gone through it once already before Step 1. It will help you consolidate and compartmentalize information so that you do better on M2 tests and Step 1.
- Sleep
- Have fun your M2 year! Quiz on Sunday- learn the material well. Don't ignore Pharm...especially in psychiatry!
- You want to go into study period having accomplished at least one Step1-related task (e.g. finished uworld, annotated FA, finished Rx, etc.) Would advise not to put off studying until Day 1 of study period
- Take the year to enjoy your friends and find a good balance! Also take the few weeks leading up to step study period to do some self care so you aren't burnt out on studying when it starts.
- Take the year to enjoy your friends and find a good balance! Also take the few weeks leading up to step study period to do some self care so you aren't burnt out on studying when it starts.

M2 Class Evaluations

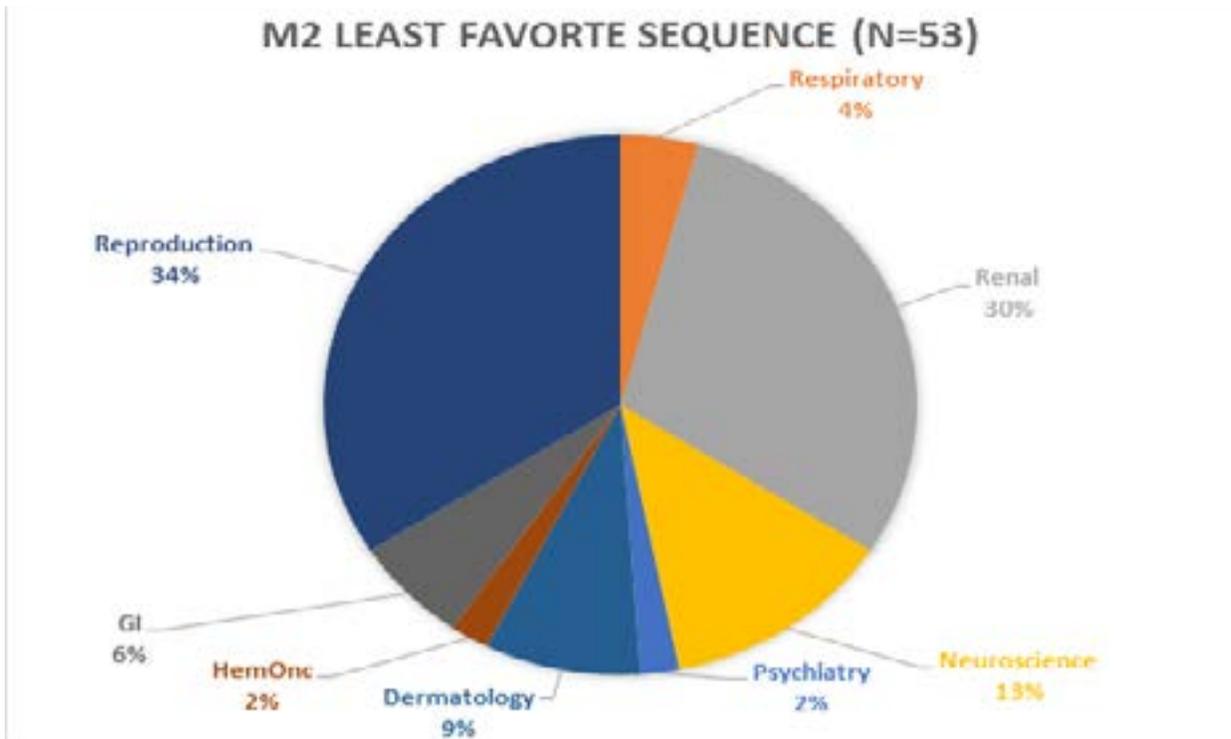
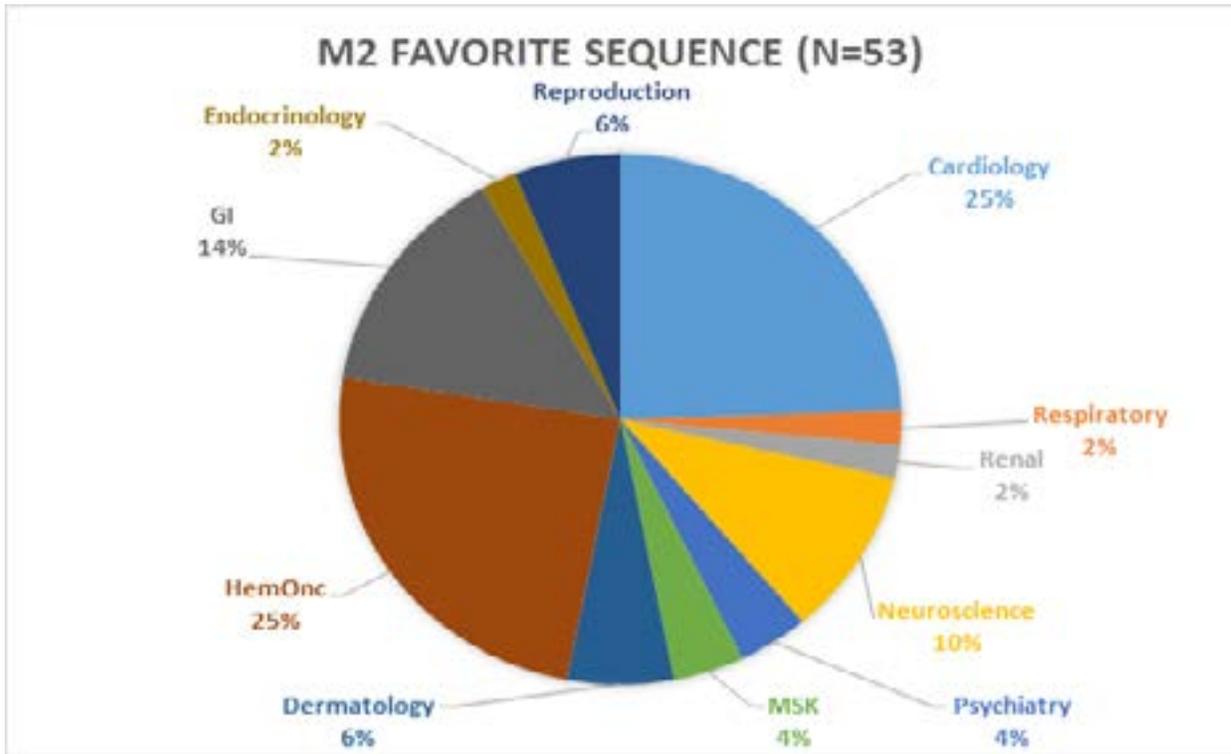


M2 Class Evaluations



M2 Class Evaluations

It was the best of times, it was the worst of times...



M2 Class Evaluations

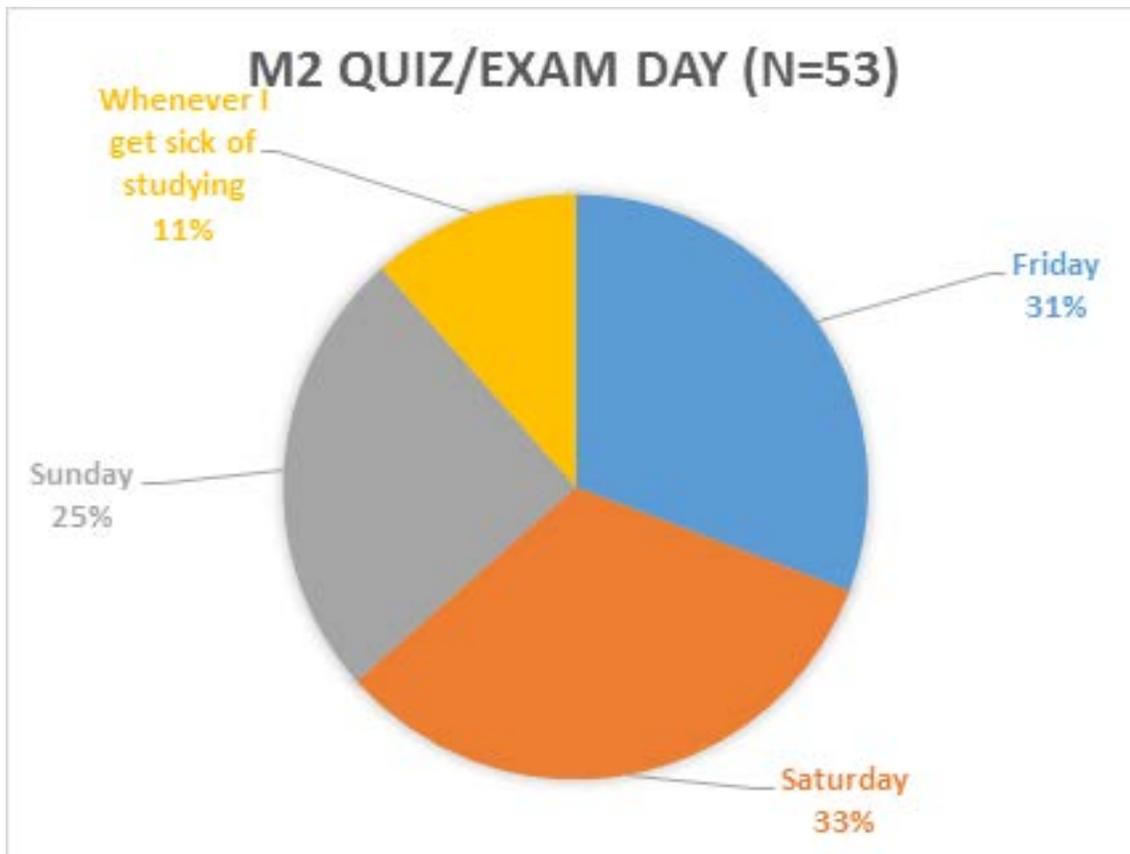
Professors and Quizzes



Who were your favorite M2 Professors?

Top 5 Professors:

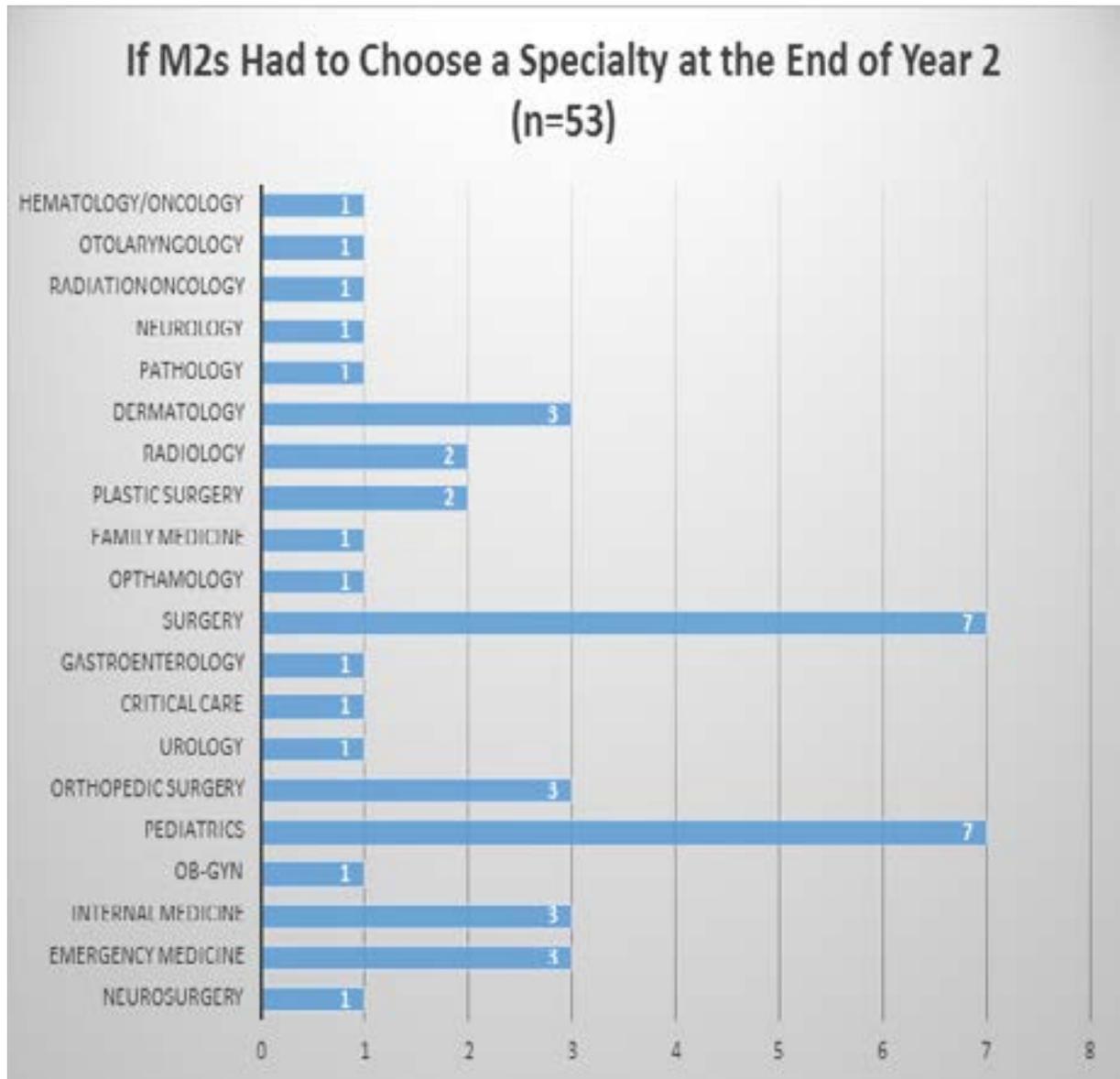
1. Dr. Gelb
2. Dr. Tai
3. Dr. Jibson
4. Dr. Monrad
5. Dr. Sisson



M2 Class Evaluations



...What's Next?



M2 Class Evaluations

Scale Explanation for Sequence Evaluation

We asked students to indicate the level of difficulty and time commitment required for each sequence and converted their responses into a numerical scale for your viewing pleasure! For sequence difficulty, students chose among: Easiest (2), Easier than Average (4), Average (6), Harder than Average (8), or Hardest (10). For instructor quality students could select among: Worst (2), Worse than Average (4), Average (6), Better than Average (8), and Best (10). For time spent studying, students could select: Least (2), Less than Average (4), Average (6), More than Average (8), or Most (10). Use the averages reported below to get a sense of how sequences were generally perceived by students.

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"Well, then you shouldn't have gotten that tattoo.
Now, hold still."

M2 Sequences



Cardiovascular

Difficulty: 6.45

Instructor Quality: 7.55

Time Spent Studying: 6.94

Relevance to Boards: 7.96

Sequence Length: 3 Weeks

Sequence Directors: K. Eagle, B. Dyke, and P. Hagan

Helpful Hints:

1. Wonderfully taught, pretty intense start to the year
2. It was the first sequence so may have felt harder because I was coming from summer break
3. Very overwhelming at the beginning of M2 year in terms of amount of material, but very well taught. Quizzes and exams were straightforward.
4. The recommended textbook is super useful. Much of the lectures are structured identically to the book. One of the few/only M2 sequences that follows along with a textbook very well. Buy the book for this sequence if you had to pick any one. Also, the Dubin "Rapid Interpretation of EKGs" is helpful, high-yield, and written such that a 3rd grader could spend a day reading it and pass the EKG questions on Step 2.
5. Invest time to learn this material well. It is one of the few sequences that relies more on concepts than rote memorization so make sure you understand the concepts and physiology well.
6. Most lecture hours per week of all sequences, don't freak out about the number of lecture hours in cardio, it gets way better and the information is really important!
7. Do not ignore the pharmacology! Also a downside that this sequence is so far from STEP since it is so relevant
8. Cardiology is heavily tested on Step 1 - make sure you know the normal physiology backwards and forwards!

M2 Sequences

Respiratory

Difficulty: 6.03

Instructor Quality: 6.64

Time Spent Studying: 5.92

Relevance to Boards: 6.57

Sequence Length: 2 Weeks

Sequence Directors: J. Horowitz, T. Sisson

Helpful Hints:

1. Dr. Sisson is the best!
2. PFTs will always come in handy- especially on the wards. Spend some quality time with blood gasses and PFTs.
3. Dr. Sisson's lectures are easy to follow, and useful even for M3 year, as they provide a detailed look at actual management of the conditions he discusses.
4. The review session at the end is pretty much gold for the exam.
5. Really make sure you understand the physiology, especially acid-base, because this comes up often.
6. Go to class because these lecturers are superb. Just don't spend too much time memorizing the differences between BOOP and NOOB etc.
7. There are no quizzes so make sure to put your due diligence in before the final.
8. Excellent instructors make this material very accessible.
9. Step 1 tests normal resp physiology, obstructive lung disease causes, restrictive lung disease causes, and lung cancer. COPD is pretty frequently tested. Info in this sequence on mechanical ventilation and IPF is out of scope for Step 1. Sisson and Courey are fantastic.
10. Don't have to memorize all those weird restrictive lung diseases. Not too much known about them and they're not really stressed on Step.



"Meow. There, I said it and I'm glad."

M2 Sequences



Renal

Difficulty: 7.43

Instructor Quality: 5.7

Time Spent Studying: 6.94

Relevance to Boards: 6.72

Sequence Length: 3 Weeks

Sequence Directors: J. Weinberg, P. Killen

Helpful Hints:

1. The nephrotic and nephritic syndromes are important even though they're hard to memorize. Study First Aid during the sequence. I felt like there was a significant amount of stuff not in the sequence that was relevant.
2. The kidney is confusing- learn your electrolytes early!
3. Triple speed all the lectures.
4. Know your nephritic, nephrotic and electrolytes well. Addison's and Diabetes insidious are important from now and forever.
5. Spend the term to learn all of the images for the renal pathologies - high yield!
6. Know the histopath; it ties everything together
7. Unfortunately, renal pathology is pretty essential both for boards and for the wards. Come to small groups prepared with questions, and you'll learn a lot.
8. If Mortenson taught your M1 renal course and you're eternally confused about the kidney, the M2 lecturers straighten everything out and make you enthusiastic about the kidney. The sequence doesn't do justice to all the side effects of diuretics which are high yield for Step 1, so be sure to learn those at some point. The hyponatremia lectures are super useful for M3 but not for Step 1. Nephrotic/nephritic syndrome related pathology is ultra high yield, learn what Killen teaches like it's the word of god. Renal cell carcinoma & associated paraneoplastic syndromes also commonly tested. Basic renal physio also will get a few questions on Step 1.
9. The boards loves the kidneys, especially physiology, drugs and electrolytes. Learn this stuff because it is incredibly useful on the wards too.
10. Kidney diseases definitely come back for step 1 studying!
11. SOO much better than M1 renal
12. The nephritic/nephritic syndromes are tough but very important to know cold.
13. I found self-studying the material to be more helpful than the lectures in this unit, mostly because of how the material was organized.

M2 Sequences



Psychiatry

Difficulty: 3.28

Instructor Quality: 7.02

Time Spent Studying: 3.70

Relevance to Boards: 5.09

Sequence Length: 1 Week

Sequence Directors: M. Jibson, M. Blazek

Helpful Hint:

1. Go to class to hear Dr. Jibson's stories.
2. Everyone says this sequence is a Psych-ation, but don't sleep on it. More work than you think.
3. This is a short sequence but extremely relevant to Step 1. Take some time to learn the difference nomenclature that sounds the same for different disorders and you'll thank yourself in March.
4. The lectures are very detailed, but the test is really straightforward.
5. This seems easier but UMich students get hammered on the boards b/c we take a psychation and it messes up our step. So actually put in effort and learn this easy stuff. Especially the drugs!!!!!!
6. Study drugs!
7. Some things like defense mechanisms weren't really in the sequence, but were emphasized in First Aid and UWorld.
8. Read first aid as you go!
9. Don't totally blow this off!
10. Pay attention to medication details and therapy modalities. It is not enough to only know the first line treatment. Also psych meds are all over step 1, so it is worth taking the time to learn them well now.
11. Boards loves the personality disorders, depression and schizophrenia
12. Basically 4-5 days of learning the DSM-5. Jibson and co are fantastic. Step 1 tests everything in this sequence so learn it ALL. It's fairly easy on paper. At some point learn the psychological defense mechanisms in First Aid, as they are super HY but not taught in the psychiatry sequence.
13. The extra credit things are pretty cool.
14. Know the drugs for this really well - they are very high-yield for boards.
15. Don't blow off this sequence - you pay for it during boards study period

M2 Sequences



Neurosciences

Difficulty: 8.53

Instructor Quality: 7.62

Time Spent Studying: 8.64

Relevance to Boards: 6.11

Sequence Length: 3.5 Weeks

Sequence Directors: D. Gelb, J. Trobe, and H.A Arts

Helpful Hints:

1. Dr. Gelb is super passionate about teaching and cares deeply about the student's education.
2. Neurologic is great.
3. Focus on course material! Dr Gelb is a great teacher. Don't get behind
4. Surprisingly lower yield than expected for boards. Learn the tumors.
5. A lot of material but also incredibly interesting and well taught.
6. Make sure to stay on top of the material. This is a long and challenging unit.
7. THE hardest sequence, study hard. Do NOT take the Final early, it's worth the few days extra to study.
8. Don't get behind. Also be sure to allot enough time to study before you head out for the holiday.
9. Study drugs!
10. Gelb's neurologic game is really helpful. Start using it early, even if you don't understand what you're doing.
11. Dense course, 1100+ page coursepack, Gelb writes the M3 neuro shelf exam so everything taught in the course is HY for M3, but I found a lot to be out of scope for Step 1. Brace yourself for the most intense 3 weeks of your life. You have to carefully wade through the lectures to find the Step 1 points, but it's basically all in there. Rating this as "less than average" relevance simply because there was wayyy more.
12. This sequence is not inherently difficult, there is just a very large volume of information. LEARN THE NEUROANATOMY - the boards loves neuroanatomy. You can get by without reading Gelb's book if you watch the lectures and study the course pack. Make sure to read the summary pages in the course pack that accompany each lecture. Very helpful. And do neurologic!
13. Buy and read through Dr. Gelb's book with the lecture. It will be a huge help during the sequence, and then you'll have an already-annotated copy for third year!
15. Neuroanatomy is super important for boards - learn it now! Also, the more about the tracts you can review about the tracts before this sequence this starts, the better off you'll be.
16. A surprising amount of neuroanatomy was on step. M2 neuro is probably harder than First Aid neuro, so if you do well on M2 neuro, you will be set for Step.

M2 Sequences



Musculoskeletal/Rheumatology ***

Difficulty: 5.39

Instructor Quality: 6.60

Time Spent Studying: 5.58

Relevance to Boards: 5.36

Sequence Length: 1 Weeks

Sequence Director: S. Monrad

Helpful Hints:

1. Fun sequence!
2. Not much anatomy- much more rheum!
3. Immunology/rheum is high yield for boards
4. One of the best-taught sequences! I was all over rheumatology for boards.
5. I felt very prepared for MSK for Step.
6. Very straightforward, follow the lecture slides and you're golden.
7. The rheum professors are fantastic.
8. The basic anatomy is important for boards.
9. A large part of rheumatology is immunology, and immunology is all over the boards and really is a part of everything. You will get more immunology in the dermatology and heme/onc sequences, but it will suit you well to refresh the basics from M1 year for this sequence so that you have a good foundation for the rest of the year and boards (it comes up frequently on boards, and RA/OA are common comorbidities even if it is not the focus of a case).
10. The MSK part of this sequence was okay; the rheum part was a little more difficult.
11. The MSK/anatomy topics covered in the second week are high yield for boards!

*** Current M2s won't have this sequence

M2 Sequences

Dermatology

Difficulty: 3.70

Instructor Quality: 6.75

Time Spent Studying: 3.96

Relevance to Boards: 4.30

Sequence Length: 1 Week

Sequence Director: F. Wang

Helpful Hints:

1. The emphasized concepts in lecture are gold for passing this sequence.
2. I blew this sequence off based on Code Blue and regretted it! Although there isn't much material, the exam was extremely nit-picky/detail oriented.
3. Watch out for the exam, it's surprisingly detail oriented.
4. Derm is tricky, don't get complacent right before break! You will also find that everyone on the wards has some sort of skin condition (and your family and friends do, too) so learn the top diagnoses well.
5. First Aid is loaded with derm terminology, but they only frequently test the cancers and autoimmune diseases, and sometimes psoriasis/eczema. Learn those few things well and the rest just cram a few days before Step 1. Also learn the layers of the skin: "California Girls Love String Bikinis."
6. Enjoy Derm - it's fun and the professors are great.
7. Sequence covers more/different stuff than on boards. focus on what's in First Aid for boards studying.
8. Very little derm is in First Aid/Step. Study Derm well now and you won't have to worry about it for Step.

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"I dunno, maybe celery?"

M2 Sequences



Hematology/Oncology

Difficulty: 6.75

Instructor Quality: 6.79

Time Spent Studying: 7.02

Relevance to Boards: 7.02

Sequence Length: 2 Weeks

Sequence Directors: A. Ahmed, C. Ross

Helpful Hints:

1. New sequence director really emphasized the high points with Heme/Onc, which helped tremendously. There are just a ton of details for this sequence, and the key main points of each disease (like each leukemia) is really what you need to know.
2. Favorite sequence of M2 year. A lot of things just made sense after this sequence.
3. Wonderful path labs for this sequence- take advantage of them!
4. Great teaching, high yield, put time into it
5. Make notes in first aid... will be helpful when you return to it over study period.
6. Difficult for some, but spends the term learning all of the pathologies and the coagulation factors. Very relevant to Step 1.
7. Don't worry about the nitty gritty of the treatments, but do learn the nitty gritty of the inversions. This comes up on exams and on the wards.
8. Pathoma is phenomenal for this sequence in particular.
9. Almost every Step 1 question with lab values includes a CBC. You need to know everything that causes elevated or low counts in all blood cells. Spend time learning every detail in this sequence, and then when it fades listen to the 8-hour Goljan Audio marathon and you'll remember it and understand it way better. Instructors are great in general. The Hematopathologist who runs the path portion is one of the best instructors of M2 year.
10. Heme/onc requires you to have a good mental algorithm for evaluating blood disorders, so come up with something that makes sense instead of just trying to memorize stuff. Also, nearly every patient in the hospital will get a CBC every day so this sequence is a good opportunity to acquire the skills to interpret a CBC.
11. Tricky sequence. Small groups of highly variable quality.
12. Pathoma (relevant chapters) is a helpful aid to have as you are learning heme-onc.
13. Be ready to hit the ground running after the Winter break, as this sequence has a lot of material covered in a short time. Pathoma was absolute gold for this unit.

M2 Sequences



Gastrointestinal (including ENT)***

Difficulty: 6.19

Instructor Quality: 7.06

Time Spent Studying: 6.23

Relevance to Boards: 6.41

Sequence Length: N/A

Sequence Directors: A. Tai, S. Owens

Helpful Hints:

1. Really good teacher, but I felt like the questions were a lot harder than expected and were harder than the lectures. Felt decently prepared for Step though.
2. Pay attention to reading CT/MR imaging - it's fair game for step 1
3. Dr. Andrew Tai is a teaching god. He is the most organized, clear instructor of M2 year. Take advantage of the morning problem-solving sessions. The small groups are very helpful too.
4. Extremely well taught.
5. There are a lot of required small groups, make sure to ask questions to keep you on track for the sequence.
6. Very relevant for the wards. Go to Dr. Schoenfeld's lectures because he's great and you'll learn, but be aware he will call on you.
7. Cecil's is a huge help for this sequence. Make the time to read along with lectures.
8. Small groups are actually helpful
9. The small groups are really helpful and go along well with the concepts the faculty tries to test.
10. The small groups are very helpful for learning material. You'll get more out of it if you prepare and are engaged.
11. The best way to make sure you understand the material is to engage in the small groups. They are a helpful avenue for review/clarification. They are less helpful if you are behind on lectures.

*** Current M2s won't have this sequence

M2 Helpful Hints



Reproduction

Difficulty: 6.19

Instructor Quality: 4.83

Time Spent Studying: 6.34

Relevance to Boards: 5.25

Sequence Length: 2 Weeks

Sequence Directors: C. Stalburg, G.D. Smith

Helpful Hints:

1. Lots of questions based on contraceptive options that aren't explicitly covered in lecture so spend more time on those than you think you should
2. The topic is relevant but not the way it is taught/tested. I recommend following along with first aid and pathos in this sequence more than most!
3. The seemingly unending list of repro malignancies may seem daunting, but it is also important for step 1. Pathoma is a useful resource for this sequence, especially for the breast and female GU path.
4. Quality of testicular pathology lecture was awesome. Lady path was kind of all over the place. Slightly disorganized-ish sequence.
5. The way repro was taught made it the least helpful for boards. You need to know the information for boards, but you will spend a lot of time on topics with repro that won't be helpful.
6. The path labs cover a LOT of information. Try to keep the big picture in mind- use graphics and charts to stay organized
7. Despite the relatively straightforward material, be prepared for a very challenging exam. Tumors are high yield for boards.
8. You're probably getting a LOT of mixed reviews about repro because the sequence was generally a hot mess this year. I would take anything said here with a grain of salt since they are likely to change things around a LOT
9. This sequence is a bit of a trainwreck.
10. There are a fair amount of very specialized lectures in this sequence that are not necessarily relevant to the boards but are certainly relevant to the sequence exam. Tougher than expected, partly because there is not as much overlap with other sequences.
11. Test is harder than would be expected

M2 Sequences

Endocrine

Difficulty: 5.93

Time Commitment at School: 6.72

Time Spent Studying: 6.19

Relevance to Boards: 7.02

Sequence Length: 2 Weeks

Sequence Directors: A. Kumagai, N. Esfandiari

Helpful Hints:

1. Learn endocrine well during the sequence, it will be easy points on Step 1.
2. This sequence does a good job of paring down the information to the essentials that you need to know.
3. Sadly, Kumagai is gone.
4. Final exam is hard--prepare well
5. Keep up the motivation... this is when it starts to get hard to stay focused.
6. Best sequence of the year in terms of lecture quality.
7. Not a super hard sequence, but learn the info well because it shows up all over the place.

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"Your cholesterol and reflexes are fine,
but your blood pressure..."

M2 Doctoring/CCA

M2 CCA

The Big Picture:

M2 Doctoring will build on the physical exam and history taking skills you learned as M1s. During the M2 year, you will perform four history and physicals on volunteer patients with a variety of common chief complaints. You will write up your findings, formulate a differential diagnosis, and present your findings to your Doctoring instructor. You will also have instruction in the areas of physical diagnosis we haven't covered yet: breast, male GU, and female GU. No, you will not be examining each other. Instead, we pay people lots of money to act as 'teaching assistants'. They tend to be very nice, but do insist on your being prepared. (If you were going to have a few dozen people perform a pelvic exam on you, I suspect you'd feel the same way.)

Take-Aways:

- At the end of M2 year before you leave for boards study period, you will take your cumulative clinical skills exam known as the **Clinical Competency Assessment or CCA for short**
- It's a multi-step practical exam that requires you to demonstrate mastery of all aspects of the physical exam, history-taking and note-writing
- Must pass to move on to third year rotations (there is an option for one remediation attempt)
- More focus on honing your diagnostic skills

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"OK, let's lay off the texting for a while."

M2 Doctoring/CCA

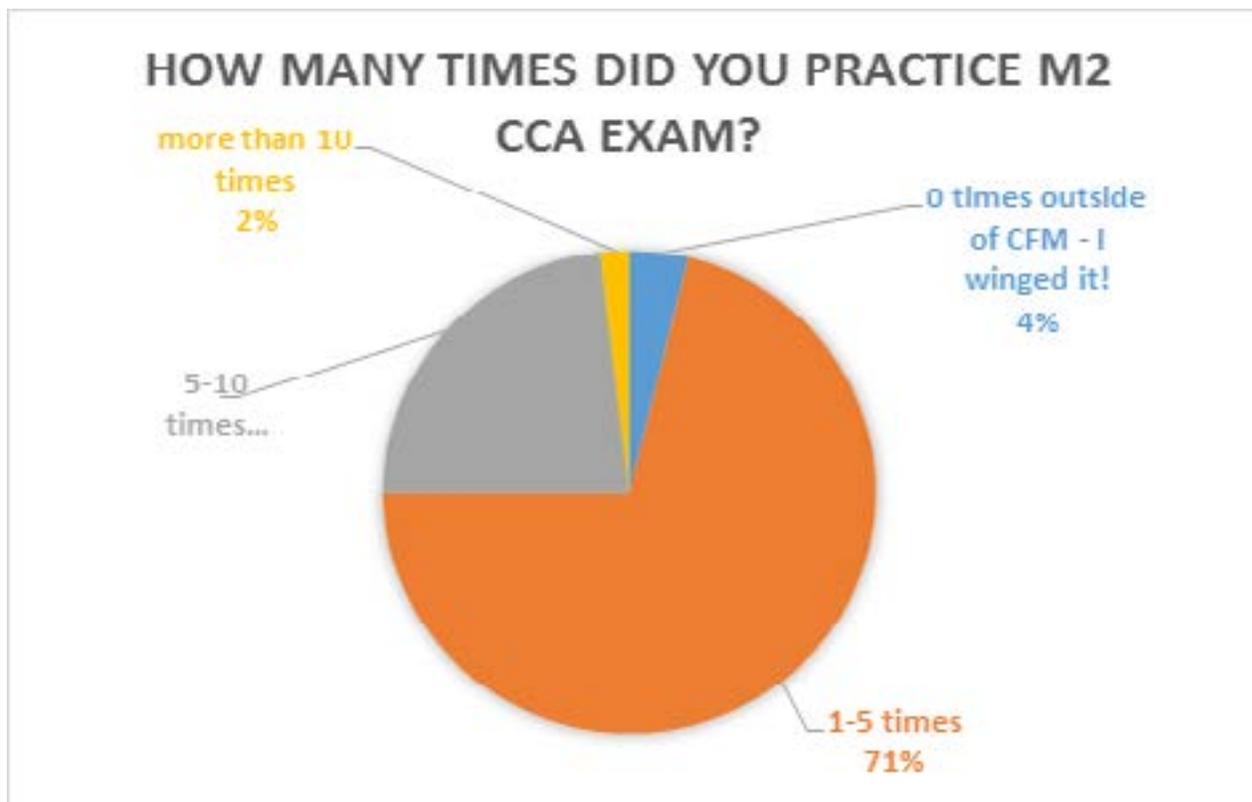


How some M2s prepared:

- Practice with/on friends repeatedly!!
- Run through the checklists with friends--take turns "grading" and timing each other
- Practice with a M1 who doesn't know the sequence.
- Guilt trip one of your friends into letting you practice on him/her
- One-on-one session with Doctoring instructor
- Wrote my own outlines of the exams and practiced on friends and family.
- Practiced with my roommate in the clinical sim rooms
- Read checklists. Develop your own way to go through the exam. Practice with friends as much as you can and actually do the exam.
- Practice each section with friends. Don't freak out if you think you failed - I was sure I did and ended up doing fine.
- Practiced physical exam with wife and friends
- Set-up regular, daily practice times with a friend during the 2 weeks of CCA prep to go over individual exams. Practiced full exams 1-2x/week for about a month before the CCA weeks.
- Practice practice practice! And believe it or not reviewing techniques/findings in bates/Schwartz is kind of helpful.
- Practice - I tortured all of my friends, but there is no substitute for hands-on practice.
- Read over everything the night before

Advice and Tips:

- Time yourself and practice history taking as well, so you won't run out of time on your CCA
- Have fun! Honestly, it's probably the most fun exam of your pre-clinical years!
- Focus of your write ups during the cfm weeks so its not as daunting during the cca.
- Don't forget to be empathic.
- Find a friend who will be your guinea pig.
- Breathe! It's not actually as scary as they make it seem; the intimidation factor is part of it too.
- Just try to relax and remember that good communication is as important as knowing the parts of the physical exam
- Practice! Be comfortable with what you're doing and you'll be great. It was less scary than I had anticipated. Dr. Lukela is awesome and very reasonable and wants us all to succeed.



Pictures...

Life at Michigan



Top left: Studentss at a casting workshop

Top right: White Coats for Black Lives Campaign Support



Left: Class Event at Whirly Ball

Board Exams



Introduction

You will take Step 1 of the United States Medical Licensing Exam (USMLE), often referred to as “boards,” at the end of your second year***. This is a standardized exam that all medical students take nationally, and passing is required to be able to continue onto third year at Michigan. The exam includes many of the topics covered during the first two years of medical school and assesses whether you can apply basic science concepts to the practice of medicine. Per the USMLE Step 1 Guidebook: “Some questions test the examinee's fund of information per se, but the majority of questions require the examinee to interpret graphic and tabular material, to identify gross and microscopic pathologic and normal specimens, and to solve problems through application of basic science principles.” It is like every other standardized exam in that residency programs use it to compare students from different schools who go through different curricula. Your board scores will play a role in which residency program you end up. As unfair as it sounds, there are some programs, particularly in competitive fields, which use the Step 1 score as the first cut for their applicants. On the positive side, a good board score can help your application greatly in any field.

*** Current M2s won't take Step 1 until after 3rd year

Exam Format

The test is a one-day examination taken on a computer at a testing location that consists of 322 multiple choice questions divided into 7 blocks of 46 questions each. Students are given an hour to complete each block totaling a maximum testing time of 7 hours. In addition, students are provided with 45 minutes of break time (more time gets added if you complete one or more of the blocks early) and a 15-minute optional tutorial (that most students complete at home before test day, adding 15 minutes onto the break time). This gives students a total of 8 hours to complete the test.

Step 1 consists of multiple-choice questions followed by three to eleven answer choices. There is no penalty for guessing, so all questions should be answered. The majority of questions are based on clinical vignettes. Some clinical vignettes will be single patient-centered and be associated with two to three consecutive questions. Questions are asked sequentially and once you select “Proceed to the next item,” you will not be able to go back and change an answer choice. There are also x-rays, charts, graphs, and other photos that you will need to interpret and answer questions about.

Board Exams

General Information



Exam Vocabulary

USMLE: United States Medical Licensing Exam – this is the official name of the boards. There are three steps: you take Step 1 after your third, Step 2 in your fourth year, and Step 3 after your internship year. You need to pass all three steps to be licensed to practice in the US.

NBME: The National Board of Medical Examiners – the organization that administers the exam. They are responsible for all three parts of the USMLE.

CBT: Computer Based Testing – Since 1999, NBME has administered the USMLE on the computer. Eventually, it hopes to have computer-adapted testing, where the difficulty of questions depends on your answers to previous questions. However, it will be several years before the NBME fully implements this plan.

U of M requirements: You need to take the Step 1 board exam before starting fourth year. You must pass both Step 1 and Step 2 to graduate. If you fail, you may be given the opportunity to take either test again if approved by the Academic Review Board.

Framing the Test

In general, UMMS students do very well on the boards. Almost everyone passes, and the class average is usually significantly above the national average, which was 228 in 2013. The most recent available UMMS class average was 237 in 2008. The classes and exams taken throughout the first two years prepare you well. Depending on when you schedule the exam, you will have up to six weeks to study after classes end. Some students start studying during the study period, and some start studying earlier.

As there are many ways to study for tests in school, there are equally as many methods to study for the boards. One good strategy to follow before you start studying is to talk to current third and fourth year students to find out how they studied and what worked/didn't work for them. OSP usually organizes a panel with upperclassmen in March.

Board Exams



General Information

USMLE Step 1 Details: The Checkboxes

- Class attendance and performance are two of the most important preparations for Step 1
- Early in fall term of M2 year, MCAS will provide you with a free copy of the newest edition of First Aid
- During winter term, a panel of M3s will talk about their Step 1 experience
- Your class counselor will make a presentation on the USMLE Step 1 application process in the Fall semester
- You should plan to register six months ahead of your desired test date
- Choose a wise eligibility period to guarantee a suitable test day (March-April-May or April-May-June)
- After receiving a scheduling permit, make an exam appointment with Prometric as soon as possible
- Step 1 is required for progression through third year and for graduation

The Importance of Board Scores for Residency

This subject has been addressed above, but it is worth clarifying. There is no doubt that your board score is an important part of your application for residency programs. However, remember that it is not the only thing residency directors look at. In fact, most residency directors say that your third year clerkship grades and recommendations are more important than board scores. In fact, after you match into a residency program, it's safe to say that no one will ask you how you did on boards. But realistically, a good score can certainly enhance an application, and in some very competitive fields (in general, surgical fields), a good score is necessary to successfully match in certain programs. Just keep things in perspective.

Board Exams



Boards Study Period Advice:

- Start gently reviewing broad topics (ID, biochem, pharm) in January or February. It made my life easier. Also do pathoma with M2 sequences and take notes in First Aid (so you don't have to rewatch all the videos)
- Take breaks. Take coffee. Take candy on test day. Live your life still- don't fall into a cave of depression
- Push back if you're not comfortable
- Study as early as possible! You will never regret studying too early - but always regret starting too late. Looking through First Aid & Pathoma before the sequence lectures will be helpful! USMLERx is made by the same people as First Aid, so use during the school year to drill in First Aid Facts, then use U-World during study period (they are most representative of the actual exam questions)
- Hang in there, you'll get through it!
- Start studying early b/c Umich students don't do as well as we should given the prestige of our school
- Don't freak out. Don't push back your test date, just get it done. Don't compare yourself to others. Take NBME practice exams - they are VERY accurate.
- Start studying for Step earlier than you think you should
- Exercise every day, sleep at least 7-8 hours, eat well, and be prepared to change your schedule many, many times.
- Study period is long, you need to take care of your mental/physical health and take time off. burnout is real
- Please maintain your sanity during study period and allow yourself to take breaks. Don't let practice test scores freak you out too much. You know your own abilities. I'd say if you score within 10-15 points of your goal on practice tests you are probably fine (at least that was my experience so take what I say with a grain of salt)?? Try to keep your focus on the learning and be grateful everyday for the incredible opportunity we have to become physicians and care for others in their most vulnerable states. Start studying for micro before study period (this eased my anxiety MAJORLY and really helped fitting in time to get through everything else). Set a reasonable goal beforehand for how much material you want to get through. I suggest 2x through FA, as much UWorld as possible (ideally all questions and time to redo ones you flagged or got wrong), DO ALL OF PATHOMA! Use other resources to bolster your memory/understanding as needed.

Board Exams



- The test is a marathon so get a lot of rest beforehand and you'll be alright.
- The test is harder than NBME exams, but they're a great predictor of your score.
- Start studying early! Do UWorld questions in conjunction with each sequence!! Aim to get through 1 pass of First Aid and U World before Study Period begins.
- Don't freak out if you didn't finish Qbank. I got 85% of the way through and did very well. Just make sure you use the resources well, and internalize what you read instead of just checking them off of a list of things to do.
- Read First Aid twice during study period (don't try to read >40 pages/day). Start UWorld in untimed, subject specific tutor mode during your first pass through First Aid and read every word of every explanation. Take notes on your wrongs and read them.
- Don't get tempted by the newest fad-y resource and don't get bogged down by trying to focus on too many (looking at you, Firecracker, Doctors In Training, Step 1 Secrets).
- Do your thing and forget what everyone else is doing. And be prepared to go through a bit of an emotional rollercoaster as test day approaches - it's a stressful time but we all made it through and so will you.
- Ignore what other people are doing and listen to your own needs. Comparing yourself to others and how many UWorld questions they've done is only going to stress you out.
- Step 1 is a test of memorization more than problem-solving. The more you commit to long-term memory during M2 year, the happier you'll be during study period.
- Sleep
- If you want/need to score high, study First Aid concurrently with all of your M2 sequences so that you have been through every page before study period starts. Don't start U-World questions until study period--you want that information fresh in your mind, because it is the best resource. Avoid passive learning (i.e. watching Pathoma or other review videos, or simply reading First Aid "cover to cover") during study period.
- Don't get discouraged, and don't be afraid to push the test back if you aren't ready--the school is accommodating
- You can't start studying early enough. Learn FA as well as you can throughout M2

Board Exams

Main Board Review Resources



As you can imagine, there are hundreds of board review resources on the market. We've listed a few good ones to start with, but the best advice we can give is for you to spend some time online and at the bookstore looking at each resource and determining which ones are best for you. Ulrich's and Michigan Book and Supply have extensive selections of review books and there is a guide to board review resources at the back of First Aid. Third and fourth year students are people you can ask about the different resources, and a good place to buy books is at the AMSA used book sale in September. One caveat about used books: make sure they aren't outdated. You can also look into checking out resources from the U of M library system.

Must Have Resources:

- First Aid for the USMLE Step I – A good resource for quick facts and mnemonics to learn for the boards. It is written by medical students and is updated every year – the new edition usually comes out in late January. It also offers tips on exam preparation and a review of other basic science review books. Many students recommend memorizing it from front to back. A copy is given to every med student at the start of M2 Year.
- UWorld Q-Bank – Excellent bank of well constructed questions that mimic the questions found on Step 1. While the questions may be challenging, many people find that the difficulty of the questions ends up being very representative of the actual exam.

Recommendations:

- Crashing the Boards – Another general review book that is fairly short and gives high-yield information. Good for last minute cramming. Also has a review of other board review books. Written by medical students.
- Board Review Series (BRS) – Text is mostly in outline form with charts complementing the text. Review questions have explanations, which are extremely helpful. BRS Pathology is generally recognized as excellent.
- Appleton and Lange Review Books – Popular books include a microbiology and immunology review (Levinson) and a pharmacology review book
- Lippincott's Series – Many students like this series, particularly the review books for biochemistry and pharmacology.
- High Yield Series – High Yield Neuro, Gross Anatomy, Embryo, Histo, and Behavioral Science are good and are more than what you need to know for the exam.
- Ridiculously Simple Series – Many students prefer the explanations in this series of books, especially for neuroanatomy.
- Underground Clinical Vignettes – Also by the writers of First Aid. A good quick way to quiz each other or yourself although they tend to be pretty stereotypical case

Board Exams

Other Board Review Resources



Firecracker: Flashcard/repetitive review system set up to study for classes and USMLE board exam at the same time.

Step I Recall: Buzzwords for the boards– Good for quick quizzing and somewhat detailed. A bit expensive, but probably good for using with class. Recall series of books mostly for rotations, not basic science.

Sketchy Micro: A resource commonly used in the M1 ID sequence, it is a series of videos which give visual memory cues for microbiology facts.

Clinical Microbiology Review: Concise micro review book that is well organized and has a page per bug. Recommended for use with class.

Robbins Path Review: Good (and a bit difficult) question book (about 1200 questions) with pictures. Good for use with class.

Pathoma: Commonly used resource that serves as a comprehensive pathology review and combines a 200+ page textbook with 40 hours of online lectures. Chalk talk format can be very helpful for some students.

Goljan Pathology Lectures: Lectures from Dr. Goljan that serve as a comprehensive review of pathology. Highly rated resource, and audio format allows one to listen to the lectures at any time.

NMS: USMLE Review Step I: Q&A book with 1100 questions and answers. Questions in old board format (Type K questions, etc). Very difficult.

Step-Up: Another general review book; good for pathology, systems based review. Not complete enough, can use as a skeleton or for quick review. First edition had 3-5 errors/chapter. Info is in table/chart format.

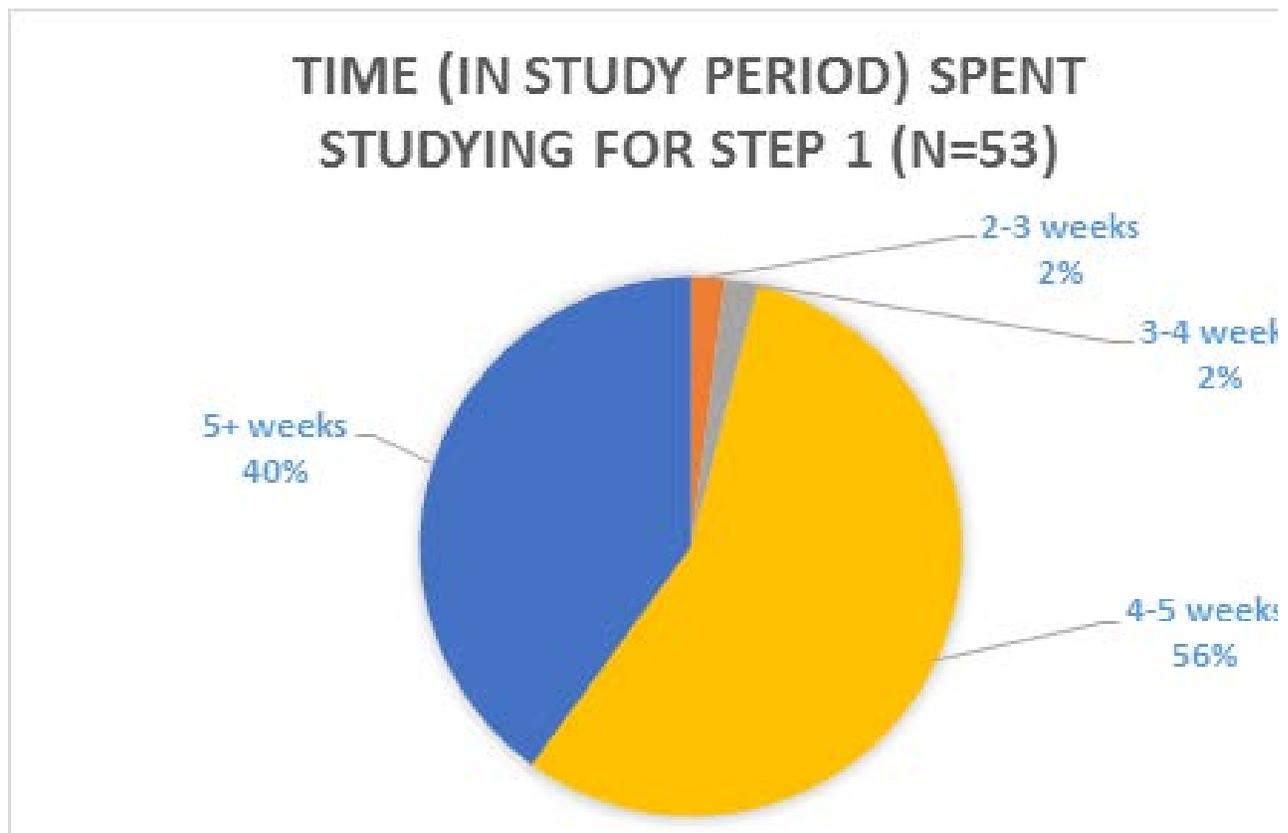
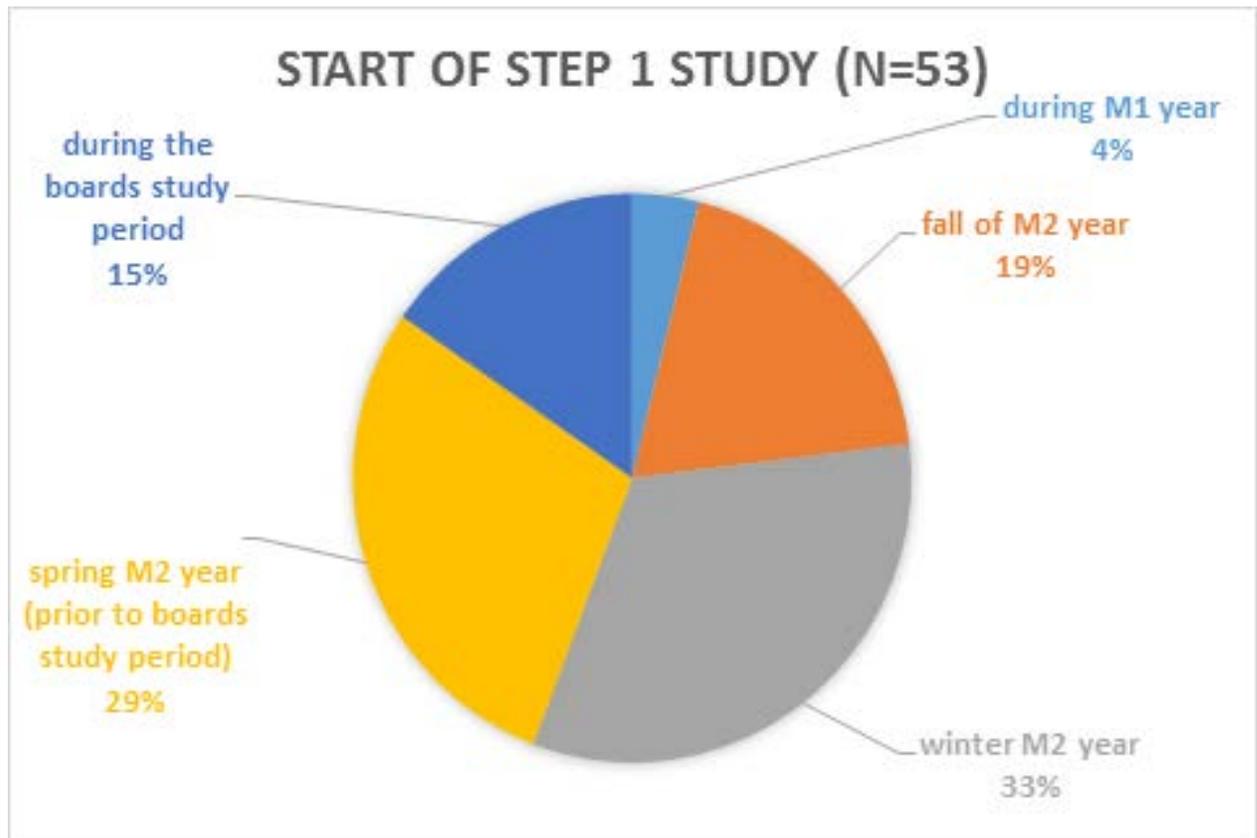
Board Simulator Series: Comprehensive and difficult questions for all M2/Step I Content. There are 5 volumes: general principles, normal and abnormal processes, body system review 1 (heme/onc, resp, cardio), body system review 2 (gi, renal, reproto, endocrine), body system review 3 (nervous, skin, cardiothoracic, musculoskeletal)

Retired USMLE Step I Questions: The Office of Academic Enrichment passes out this packet each year. You can buy an answer guide online if you want thorough explanations.

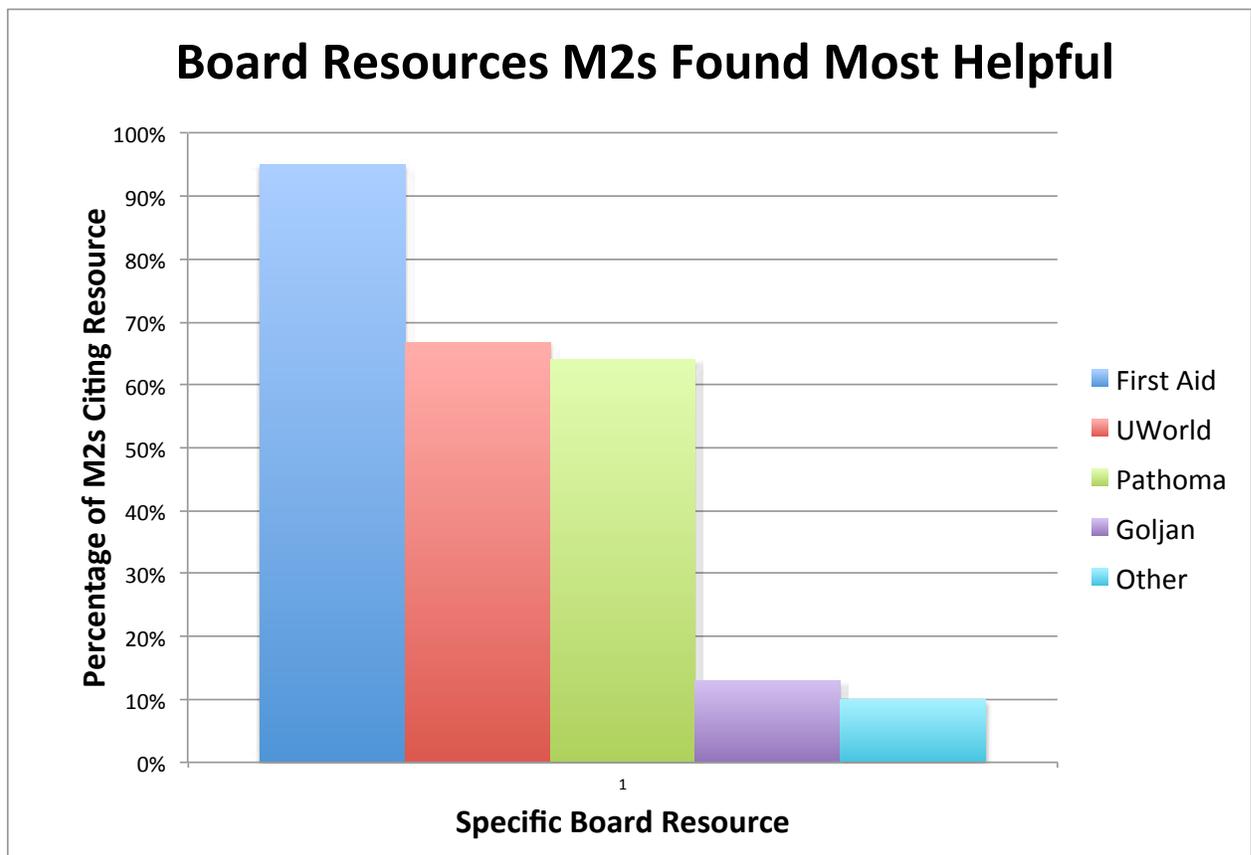
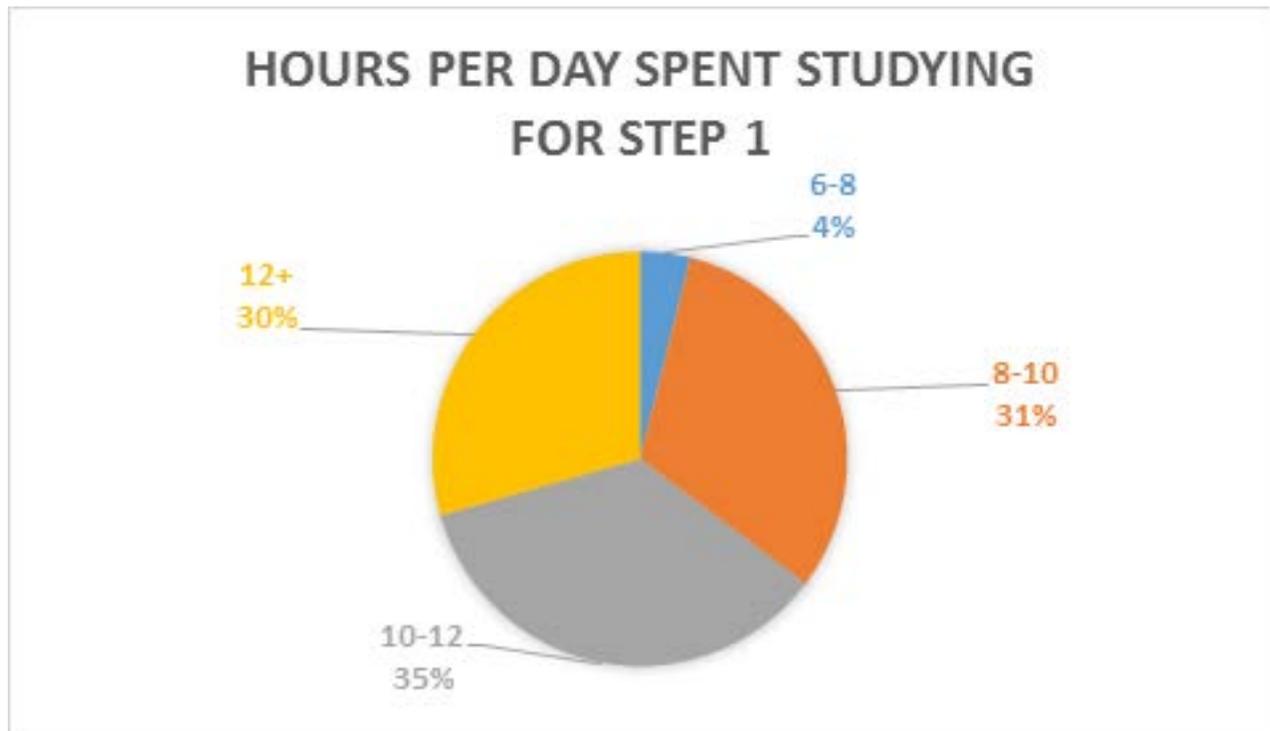
Kaplan's Q-Bank: Worth it if you can spare \$79 for a month or \$129 for 3 months. Kaplan offers 2000 board style questions online with good explanations, good feedback and customizable tests (by subject or system). Most people say the questions are harder than the real questions, but the format is dead on the format of the real exam. Kaplan also offers a comprehensive review package at a discount.

FirstAidTeam.com: Site developed by the people who did First Aid. It offers a 4 or 6 week study schedule that you can print off the computer. PharmCards– Good resource overall. Newer drugs may be missing (since 1995), but you can make your own to fill in the gaps. Students recommend studying a few drugs a day throughout the year. Flash card format also recommended for micro bugs!

Board Exams



Board Exams



Test Day!



It's finally here...

Test Day Tips and Tricks

- Take lots of breaks—in between each section
- Keep in mind that signing in and signing out for breaks (eg getting fingerprinted, metal detector) **EATS INTO YOUR BREAK TIME**. better to take 2-3 longer breaks rather than 4-6 super short breaks.
- Write out all of your mnemonics/formulas on scratch paper before initiating the exam--you are allowed to do so and to take as much time as you want before you officially "start." Also, **DON'T STUDY** the day of and evening before the exam. Rest your brain.
- Snacks, the day isn't too bad
- Bring good snacks and caffeine, sleep well the night before and make fun plans for after the test!
- Stay calm, stay happy. The worst is already over (aka all of the studying)
- Save your breaks for the afternoon
- Bring food!! But control yourself because you don't want to food coma.
- Food and gatorade and gum and do exercises in the hall between Q sets
- Brings lots of different snacks. Use your breaks. Bring a 5 hour energy.
- Bring snacks & Gatorade so you don't have to pee as often. Don't overload on caffeine before, keep it to what you had on a regular basis during study period.
- Get some sleep any way possible. Bring caffeine and headache meds if you are prone. And favorite snacks with your lunch (bring something you love to eat that will cheer you up between blocks).
- Take at least a few minute break btw each section to rest your eyes. There's no point in trying to rush through the whole test.
- Time goes faster than you think during breaks
- Take a break after each block. Don't ration more time for the end. You probably won't use all your break time either.

Test Day!



- Power pose. Seriously. Take breaks as you see fit. Stay in your own zone.
- Take the tutorial beforehand to give yourself 15 minutes of extra break time. Do the free questions from the USMLE website, some show up verbatim on the actual exam. If you're neurotic like me, take the free practice questions at the test center a few days to a week before as it will let you get the layout of the test center, a feel for what it will be like, and you'll get to simulate the environment as close as possible.
- Only took 1 break, test day is not as bad as you think it will be
- Break time is way way shorter than you think it is. Eat something quick during each break. I brought lots of quick snacks light fruit, sandwich, granola bars, etc. Bring coffee in a thermos so it stays hot all day and keep it in your locker so you can get it during breaks. Bring agua. Dress in layers and comfy clothes. Meditate for a hot minute before starting each section.
- Keep moving forward
- Bring lots of food, use your breaks to walk around the building, get some fresh air, and wake yourself up.
- Use all breaks. Power pose (like, actually). Give yourself a pep talk every step of the way and remember that it is just another test, and all you do is take tests. If anyone can do it, you can do it.
- Taking the blocks in 2-block segments saved me time for a longer lunch break and it made the test seem like it went by faster.
- Don't take too long on breaks - the clock keeps running if you take too long. And bring snacks and lunch!
- Peppermint oil on my wrists to keep me awake. Hard boiled eggs.
- Lots of snacks! Believe in yourself! Take breaks throughout the testing period when you need it- there is no reason to rush! You'll get to the other side and it'll be so much better :)
- Don't panic if you walk out the exam feeling crappy about how you did. I have yet to talk to someone who felt good walking out, but I also have yet to talk to someone who was unhappy with their score.

GOOD LUCK AND STUDY HARD!

Pictures...

Life at Michigan



Dancing with Biorhythms



Ugly Sweater Party



Detroit Free Press Marathon



Enjoying a night out

M3/M4 Years

M3 Year Rotations

Internal Medicine:

This is the longest and broadest rotation of the year. Internal Medicine covers the non-surgical management of adult patients in the hospital. You will spend three months rotating in a variety of settings. Some patients will have minor ailments while others will have multiple comorbidities and a difficult hospital course.

This 3 month rotation consists of 1 month at the VA in General Medicine, 1 month of General or Subspecialty service at UH, and one additional month of your choosing (either Outpatient Clinics or another inpatient UH month). Your choices for UH services include GI/Liver, Cardiology, or Heme/Onc. (Advice: If you want a high likelihood of an outpatient month, you will need to rank this 1st on your preference list for this rotation. Otherwise you may have three inpatient months.)

In terms of time off, each inpatient month receives three days off per month, plus the two day “mini-switch” weekend in between four week rotations.

Grading: Your grade is dependent on your clinical performance, a pattern recognition exam, and your IM shelf. In addition, an EKG quiz & a Chest X-Ray quiz must be passed during the rotation. For the EKG quiz, most people use Dubin’s EKG book. The chest x-ray is well covered by Dr. Grum during Friday afternoon lectures. Some students use Felson’s book or CXR websites from Virginia and Kentucky. For the pattern recognition exam, check your emails for a power point that prepares you well.



“He’s just coming out of the anesthesia, so now’s the time if you want to try to get a funny video.”

M3/M4 Years

M3 Year Rotations



Surgery:

The most dreaded rotation because of rumors of mean residents and attendings, long hours spent on your feet in the OR standing in funny positions holding instruments, lack of sleep and the oral exam. The good news is the surgery culture is changing. It's still a difficult rotation, but we all got through it and some enjoyed it enough to pursue surgery. Most of the services on this rotation fall under the General Surgery header. Rotations are either at UH or the VA. UH has pediatrics, transplant, thoracic, vascular, SGI (gastrointestinal), GSE (endocrine), surgical oncology and trauma/burn. The VA is a combined general and vascular month, and they tend to let you get more hands-on experience in the OR.

While it's true that you will spend long hours on your feet in the OR, for those of you not going into surgery, take it as a chance to see what happens in the OR. Buy comfy shoes! Danskos were popular but there are other cheaper and not quite as ridiculous looking options as well. Sleep becomes a premium as you are up at 5:30 or earlier and not home until 8 or later some days. This means you will be spending your one-day off a week probably doing everything in your life that you've been neglecting. But don't forget to find minutes here and there to study.

Grading: Shelf plus the oral exam. The oral exam is feared but fear not. You will be handed a booklet on Day 1 of your rotation. Read it, sleep with it under your pillow, shower with it, and never let it out of your site. The booklet contains cases in detail that you are likely to see. In terms of the shelf, 95% of the questions are Internal Medicine based.

Advice: Start practicing the oral cases with 1-2 friends early, and go through a few cases a week. Eat when you can, sleep when you can, study when you can. It's going to be hard to find time to study, so you're just going to have to be efficient and squeeze it in when you can, and force yourself to do a little bit each night (even 10-15 min) even if you're tired. For the oral exam – practice cases out loud with a group of friends.

Surgery at the VA is a bit longer hours, but provides more opportunities in the OR than UH. You get to see vascular (which is super awesome) as part of your "general month" so you can use your other month for something non-vascular. Surgical residents value hard work more than anything else, and will evaluate you accordingly.

M3/M4 Years

M3 Year Rotations



Pediatrics:

Taking care of the little ones can be very fulfilling. Combine that with the bright colors and high ceilings of Mott hospital and you just might want to stay in the land of Big Bird. This rotation is split up into Inpatient & Outpatient months. The inpatient month consists of two, 2-week rotations on different pediatric services. There are four general inpatient teams, each with one subspecialty coverage (General + GI, Gen + Neuro, Gen + Pulm, & Gen + Nephrology) and two strictly subspecialty services (Heme/Onc & Cardiology/Endocrinology). During your outpatient month, you will spend 1 week on newborn (babies!!!), 1 week of ED shift(s) + nights, and 2 weeks in an outpatient clinic. There are even a few days of subspecialty outpatient sprinkled in.

Grading: Clinical evaluations & the shelf. BRS Pediatrics is a highly recommended book for the pediatric shelf.

Ob/Gyn:

A six week rotation at UH or St. Joe's. Your time will be split between various gynecological surgery services, clinics and labor & delivery. Depending on the site, you may be assigned to one specific surgery service (such as gyn onc, MIS, urogyn) or just a general gyn service (MFM, REI, Triage). Labor and delivery is exactly what it sounds like, assisting with vaginal births and cesarian sections. Again, wear comfortable shoes as you will be on your feet but do not wear anything you wouldn't want blood to get on.

If you're interested in primary care, do Triage – essentially an urgent care for women who are pregnant. If you're interested in surgery, we recommend Gyn Onc or MIS.

Grading: In addition to the shelf (most people used Case Files), there is an essay exam that requires you to make a template H&P for a given chief complaint such as vaginal bleeding. You'll have preparatory sessions (pay attention to the ones Dr. Skinner does) covering what relevant history and physical findings you would look for, suggest possible studies, offer a differential and most likely diagnosis and treatment plan for the scenario.

M3/M4 Years

M3 Year Rotations



Family Medicine:

This is a one-month rotation at one of multiple family medicine clinics in the Ann Arbor area. You will be working 8-5 with a group of family doctors, seeing a wide variety of patients ranging from newborns to geriatrics. This is primary care at its core. You will work hard during the week, but will enjoy all of your weekends off. **Grading:** In addition to the shelf, you will have to write an FCE style paper. This paper requires you to do a home visit for one of your clinic patients. Advice – put some time into your paper. Follow directions and make sure it has everything required. In addition, follow the “Honors papers have...” suggestions if you’re hoping for that paper grade.

This is one of the most difficult shelf exams as it incorporates pediatrics, ob/gyn, and medicine. CaseFiles & AAFP questions are often used with good results.

Psych:

6 weeks at UH, the VA, Community Mental Health, Chelsea or St. Joe’s. For those of you at UH, you will do a combination of consult, inpatient and outpatient. The VA is a mix of consult, inpatient, emergency and outpatient rehab. CMH is a psychiatric clinic that helps those without mental health coverage through their insurance. St. Joe’s is similar to UH. This is also considered a more relaxed rotation with many of your weekends free.

Grading: Shelf, SAVE exam & presentation. This is one of the most straightforward shelf exams of the year. The SAVE exam is a timed free response quiz, which tackles questions pertaining to four different psychiatric cases. Your group presentation allows you to get extra points by being the best group to present a selected topic.

Neuro:

This 4-week rotation could be at UH, VA, Jackson or St. Joes. You will experience a mixture of inpatient and consult neurology. You will learn how to manage a stroke and seizure, and learn about the many eponyms of neurological diseases.

Grading: Michigan’s version of the shelf written by Dr. Gelb. Gelb + Shelf = Gelf. Read his Clinical Neurology book. Then read it again. And then read the outline. You will not need to use other materials if you read his book. Seriously.

M3/M4 Years

M3 Year Rotations

Assessment/ Grades:

M3 grading is a subject of much debate and controversy but here is our best advice. The possible grades are Honors, High Pass, Pass and Fail. Honors is typically 10-20%, High Pass 30-40% and Pass for the remainder. The common mantra is that pass is the median grade and if one were to pass all their rotations, they would more than well prepared to be a physician. However, you should probably try to receive more than “pass” in the rotations for the careers you are interested in pursuing. Grading breakdowns are variable but are based mostly on your clinical evaluations with lesser percentages for tests, quizzes and projects.

Evaluations: Based on a scale from 1-9. Attendings and senior residents evaluate you in terms of where you fall relative to either all the students they have ever seen or where you stand in the progression of a medical student from early M3 to graduating M4/intern. These can be highly variable where one attending’s 5 is another’s 7. You don’t have much control over this but you can control your ability to do the best you can. Ask for feedback early and often, and be eager to help with whatever you can.

***The shelf exams, designed by the same company that wrote the USMLEs, test your knowledge of material related to that rotation. You will have 2.5 hours to answer 100 multiple-choice questions.



View of the BSRB from the bridge to Palmer

M3/M4 Years

M4 Year Rotations/Match



M4 Year Rotations:

The M4 year begins in early May, which allows you to use your first four rotations to finalize your future plans. Some students have their mind made up already and can start with rotations that allow them greater flexibility in schedules. Others have tough decisions to make between subspecialty career choices and will use all four months to make a final determination. Sub-I rotations allow you a great experience to learn how to be an intern and to help you confirm your career choices. The M4 year allows for a significant amount of flexibility. Following the same 12 period schedule, you must complete 4 required rotations:

- One Sub-I from a selected group of Maize subspecialties
- One ICU Sub-I
- One Emergency Medicine Month (done at UM, Hurley, Henry Ford, or St. Joes)
- One Advanced Medical Therapeutics course (done online during periods 6, 7, 8, or 9)

In addition, you will have 2 months dedicated for interviews (falling during periods 6, 7, 8, or 9) and one month for vacation (can be taken anytime). The remainder of your periods can be filled with clinical clerkships, research, or away rotations.

Some students decide to “front-load” their schedules and have their required Sub-I’s completed right away. Some chose to “back-load” their schedules as preparation for their Intern year. Others mix and match.

Away Rotations:

Domestic away rotations: Arranging an away rotation can be easy or difficult depending on the school/program you are applying to. Several require extensive application fees and background checks, while others only require you to send in some basic information (and charge you after you are accepted). Check that the school/program you are visiting and make sure the schedule they have aligns with the U of M schedule.

International away rotations: Similar to above. Global Reach has some relationships with other schools (which would help with the application process or registration fees), and they also will help with funding these rotations. Some departments (OB/Gyn, Family Med, etc.) also have rotations that have already been arranged (e.g., Ghana for Ob/Gyn - email Global REACH office to get a powerpoint created by M4s describing how to set up this rotation). Getting your own rotation approved (one that you have designed yourself) is not difficult.

M3/M4 Years

M4 Year Rotations/Match



Boards:

During your M4 year, you will be required to take Step 2 CK & CS before December. It is becoming increasingly important to have your Step 2 scores available to residency programs during interviews (or at least by the time their final rank list is due). Most students chose to take either a vacation month or a lighter rotation (Pathology, Outpatient Orthopedics, or research) to get their boards done right away. The M4 CCA, taken at the end of May/early June is a great preparatory tool for Step 2 CS.

Decisions, Decisions, Decisions:

In terms of final specialty decision making, the latest recommended time to decide is mid to late July of your M4 year. This is because you need to have enough time to line up recommendation letters in time for to turn in your application to ERAS. However, if you are considering two similar specialties, many times you can ask for letters that apply to both and decide a little bit later (mid-August).

The dean's letter is a form letter that essentially puts together all your positive evaluations and any red flags in your file. For example, the comment "read more" will not appear in your letter but if every single one of your evaluations say you show up late, it may mention that you have issues with timeliness. There is some creative writing involved and this most often just serves to tell programs where you stand in the class ranks. This letter is submitted around October, well after interview offers have started rolling out for most specialties. In the end, what matters most to residency programs is some combination of your grades, extracurricular (both research and service) and board scores. There is no exact formula but the better your grades and scores, the more options you will have for interviews.

Advice: Ask for letters early and don't be afraid to remind them. These can be a huge hold up when it comes time to be ready for the mid-September submission deadline. Short, concise (1 page) personal statements are best, so don't be afraid to cut the first draft down into something more powerful.

Interviews:

Interviews are typically from late October to late January with some a week earlier or later. Early match specialties (Urology, Ophthalmology and Child Neurology) interview earlier – starting in October and run until the end of December.

M3/M4 Years

M4 Year Rotations/Match



There are fewer dates to choose from, so it is important to be on top of your email in late September and October, or you may not get the specific interview dates you need. For Ophthalmology and Child Neurology, you may have to interview for transitional or pediatric programs as well, and these interviews span the regular season.

One huge advantage of M4 year is that you will have two interview months and one month of AMT (an online course, so you can interview during this time) that closely match up with interview season. You also still get three weeks off for the Holiday Break, so essentially you will have fifteen weeks off in a row. There is one additional vacation month that you can place anywhere in the year.

Advice: Practice, practice, & practice. Tell stories about yourself, rather than straight answers to open ended questions. It's much easier to listen to. Remember to relax and have fun. Take time to explore the city and see if it's somewhere you could be happy. After each interview make a list of the pros & cons of each program. Make a rank list as you go, updating it after each interview. Be yourself and be genuine.

** Know your application really well and be able to answer questions about it. Your interviews may happen 3-4 months after you submitted your application, so refresh yourself on what you wrote.

Use the Host program. The medical school has a list of alumni in different regions of the country who are happy to host students on the interview trail. In addition, Galen's provides a loan to help with travel expenses if you apply.

Make a list of questions for each program. You will be asked, "Do you have any questions?" a million times. Think about what you want to know and how you'd like to direct the conversation.

Schedule your interviews quickly, dress professionally, and don't forget to send thank you notes/emails, and always include the program coordinator.

Match Information:

The match is a computerized system where you will rank all the programs you interviewed at (unless you absolutely do not want to go to one) and programs will rank every applicant they interviewed. A computer algorithm will then match the applicant at the highest program with a spot for them based on where the applicant falls on their rank list. This is pretty complex but essentially if there is an

M3/M4 Years

M4 Year Rotations/Match



open spot for you when the computer sees your name on a programs list, you will match there if you have not already matched at a higher ranked program on your own list. In theory, this favors you and not the program, so make sure you rank the programs in the order of your actual preference, rather than in the order of where you think you will most likely be matched.

On Monday of Match Week, you will receive a notification of whether or not you have matched. If the answer is yes, relax (and try to sleep!) and await your fated envelope on Friday. If you did not match, you enter into the SOAP, which is a process of continual applications, phone interviews, and match selections that fill any open spots in programs around the country.

Graduation:

Yay! You made it. Graduation is the second week in May and signifies how much you've accomplished. Enjoy the last few weeks of freedom before Intern Year. And remember – wherever you go, Go Blue!



Career Development



Introduction

Medical student career development, as defined by the American Association of Medical Colleges (AAMC), is a four-year process of self-assessment, career exploration, career decision-making, and implementation. The University of Michigan Medical School has a long history of placing graduating medical students into residency training programs that match their career interests and needs. Our medical students are highly regarded and sought after as residency candidates. The objective for career development at the University of Michigan Medical School is to provide medical students with the information and experiences necessary to make good career decisions, and to be successful in the residency matching process.

Career Seminar Series (M1 and M2 Years)

This is a series of one-hour Wednesday luncheon sessions that introduces M1 and M2 students to the medical disciplines. Chairs, faculty, community physicians, and resident physicians are invited to describe their specialty and then answer questions from the students. The Career Seminar Series has been an effective way to disseminate basic information about medical careers to pre-clinical medical students. Input is solicited from students and the Career Development Committee on ways to enhance the program each year.

Mentoring and Shadowing Experiences (M1 and M2 Years)

Mentoring and shadowing experiences, as well as being invigorating as clinical exposure, are a valuable part of career exploration. First, to better define these entities, shadowing is an opportunity for a medical student to observe a physician as he/she practices – to understand what a “typical day” is in that discipline. A shadowing experience may be a one-time or continuous experience, but the expectation for the physician does not necessarily include mentoring or an ongoing relationship with the student. Mentoring is a more involved process where a physician develops a relationship with the medical student through repeated meetings, and provides an opportunity for career exploration and some amount of career counseling. Currently, a number of opportunities exist for medical students to have shadowing and mentoring experiences. Contact your class counselor for details.

Student/Faculty Medical Specialty Organizations (M1 – M4 Years)

A number of departments at U of M Medical School sponsor medical student interest groups, which serve as excellent forums for career exploration. Some of these groups attract mainly M3 and M4 students. M1 and M2 student involvement is variable. See the student organizations section for more details.

Faculty Medical Career Advisor Program (M3 and M4 Years)

Faculty advisors play an important role for most medical students in career deci-

Career Development



sion-making. Medical school faculty are solicited to serve as Faculty Career Advisors (FCAs) and are assigned to students midway through the M3 year based on the students' best guess as to their career specialty at that point. FCAs provide in-depth career advising specific to their discipline and are often the student's most valuable resource during residency application.

OMSE-Sponsored Career Counseling Activities (M3 and M4 Years)

M3s and M4s will have the opportunity to set up an appointment with their Counselor (Amy Tschirhart or Eric Middleton) to use standardized tools as part of their career decision-making process. This includes the "skills, interests, values, critical factors" worksheets and other tools that are part of the MedCareers program. Most of these materials are web-based, and will be included in the Career Resources Website.

OMSE also sponsors the following didactic or small group sessions for M3 and M4 students:

- 1) Senior Kick-Off Day – general overview of residency matching process
- 2) Preparing for the Residency Match Process – an M3 Seminars in Medicine Session
- 3) How to Write a CV and Personal Statement – currently is given as part of the Seminars in Medicine.
- 4) Drop-in Sessions – for students who want feedback on residency application process.
- 5) Interviewing Skills Sessions – held during the fall of M4 year as small group sessions for students interested in improving their interviewing skills. Students have the opportunity to go through a mock residency interview with a medical school faculty member
- 6) Preparing Your Residency Match List – held in December of M4 year, a general session on the elements that go into making the final list.

Career Counseling for at Risk Students & Scramble Process (M4 Year)

The Assistant Dean and Counselors provide special assistance to those M4 students who may be at risk for not matching, either because of academic performance, personal problems, or the competitiveness of the specialty. The goal is to identify students early enough to make back-up plans and to provide counseling to enhance their chances for a successful match. For students who do not match and must enter the Scramble in order to secure a residency position, OSP provides communication equipment (phone lines, fax, computers), secretarial support, on-site counseling, as well as ensures that a Faculty Advisor is available to assist the student. Each department commits at least one faculty member in advance who will be free on Scramble Day/Week to assist students.

Match Day Festivities (M4 Year)

The culmination of the M4 residency matching process is held at a ballroom and includes remarks/presentations by students and faculty and reading of the match results.

Career Development

For Those Shadowing Opportunities

**Anesthesiology:**

Brian Woodcock, M.D.
bwudcock@umich.edu

Dermatology:

Chris Bichakjian, M.D.
chriskb@umich.edu

Emergency Medicine:

Joseph House, M.D.
joshouse@umich.edu

Family Medicine:

Kent Sheets, Ph.D.
ksheets@umich.edu

General Surgery:

Michael Englesbe, M.D.
englesbe@umich.edu

Geriatric Medicine:

Karen Hall, M.D.
kehall@umich.edu

Medicine-Pediatrics:

Michael Lukela, M.D.
mlukela@umich.edu

Neurology:

Zachary London, M.D.
zlondon@umich.edu

Neurosurgery:

Jason Heth, M.D., Ph.D.
jheth@umich.edu

Nuclear Medicine:

Perry Pernicano, M.D.
pgp@umich.edu

Obstetrics & Gynecology:

Maya Hammoud, M.D.
immaya@umich.edu

Ophthalmology:

Joshua Vrabec, M.D.
joshuav@umich.edu

Orthopedic Surgery:

Clifford Craig, M.D.
clcraig@umich.edu

Otolaryngology:

Jeffrey Moyer, M.D.
jmoyer@umich.edu

Pathology:

Barbara McKenna, M.D.
barbmcke@umich.edu

Pediatrics:

Jocelyn Schiller, M.D.
johuang@umich.edu

Plastic Surgery:

Jeff Kozlow, M.D.
jkozlow@umich.edu

Physical Medicine & Rehabilitation:

Sonya Miller, M.D.
sonyamil@umich.edu

Psychiatry:

David Belmonte, M.D.
dbelmont@umich.edu

Radiation Oncology:

Dan Hamstra, M.D., Ph.D.
dhamm@umich.edu

Radiology:

Katherine Klein, M.D.
kleink@umich.edu

Urology:

Gary Faerber, M.D.
gfaerber@umich.edu

The Medical Center Alumni Society (MCAS) was organized in 1960 through cooperative efforts of the leadership of the Health System and the Alumni Association of the University of Michigan. It has become the model for such school or college alumni societies on the Michigan campus.

The membership of MCAS, which is currently over 19,000, is comprised of graduates of the Medical School, those who have trained in one of the specialty or doctoral programs, current and emeritus faculty members of the Medical School, and those who have demonstrated an interest in the University of Michigan Health System. Membership is granted automatically without dues. Among the established purposes of MCAS is to promote a sense of community among all Health System constituencies, including medical school students.

MCAS sponsors a number of programs in support of U of M medical students:

- MCAS information is presented to the incoming class at Orientation.
- **White Coat Ceremony** is held in August of Orientation week. The Medical Center Alumni Society (MCAS) is honored to sponsor and host this truly memorable event. New medical students gather in the presence of their families, guests, faculty members and leaders of the Medical School to formally receive the cloak of their future profession — the White Coat.
- **USMLE First Aid Books** — MCAS provides M2s with a copy of First Aid for the USMLE Step 1 at the beginning of M2 year
- **The HOST Program**, coordinated by MCAS, connects M4 students, residents, and fellows with alumni volunteers during the various interview processes. The HOST Program also offers an opportunity to connect U-M scholars who have completed their training in Ann Arbor with members of their new medical community. Alumni volunteers provide scholars with a place to stay during the interview process, as well as offering advice based on personal experience about the community and possibly the prospective medical center in which they are interviewing. In return, scholars may offer insight and updates regarding the University's Medical School and Health System. The HOST Program connects alumni and scholars nationwide, providing networking opportunities that will strengthen the bond of the Medicine at Michigan family.
- **Career Dinner Series** — These dinners provide an opportunity for M2s and M3s to have dinner in Ann Arbor with a physician who is an alumnus of the Medical School and discuss over dinner a particular specialty. They run from mid August to early March.

- **Student Scholarship Service Award** — MCAS gives a \$2,000 award annually to a second and third year medical student who has demonstrated good scholarship and a commitment to the community. Students are selected via a nomination process. A call for nominations is usually made at the end of the year. The check and a certificate are presented to the recipient at the Medical School Honors Convocation.
- **Academic Achievement Award** — MCAS also sponsors the “Academic Achievement Award.” This award is presented to the graduating M4 with the highest academic grade point average. A check in the amount of \$3,000 and a certificate are presented at the Medical School Honors Convocation.
- **Resident’s Welcome and Appreciation** — MCAS sponsors a Resident’s Welcome Day in the fall and a Resident’s Appreciation Day in the spring.
- MCAS cosponsors the **Match Day Luncheon**. Senior medical students also receive MCAS mementos as a symbol of their entry into the Society. The presidents of the Student Council and House Officers Association serve as student representatives to the MCAS Board. Together they comprise a student advisory committee for the MCAS Board. These students are encouraged to offer their perspectives regarding the student experience and to suggest opportunities for Board services that enhance student life.
- More information regarding MCAS may be found at the alumni website: www.medicineatmichigan.org



An aerial view of the entire Medical Campus

Class Counselors

Introduction

Two professional counselors direct Student Support Services within the Office of Student Programs. The counselors for the 2016-2017 academic year are Eric Middleton (Houses A and B) (Lukela and Barnosky) and Amy Tschirhart (Houses C and D) (Skye and Glick). It is important for students to realize that class counselors are here for more than granting quiz deferrals (although they do that too). The counselors' primary responsibilities are to be the students' advocates and to help them with any problems that may arise during the year, whether those problems are academic or personal. All information that is shared with the counselors can be made confidential at the request of a student, although it is sometimes in the students' best interest for counselors to be able to speak to others on their behalf. Much of what they do is purely practical and involves communicating with other offices, deans, faculty, or staff. In general, the Office of Student Programs is here to help as much as possible and appreciates when a student makes the effort to seek help and advice.

Remember, lots of medical students have some kind of difficulty at one time or another during their four years of training, and usually the best place to start looking for help is with one of the counselors.



Saturday Game Day at the Big House ... GO BLUE!

Class Counselors

Quiz Deferrals

Someday, you may feel the need to defer a quiz or exam. Your reason for deferral will likely fall under one of the following three categories...

	<p><u>EMERGENCY</u> Reasons:</p> <ol style="list-style-type: none"> 1. Illness 2. Death of a family member or close friend 3. Family emergencies 4. Births 5. Personal emergencies or trauma 	<p><u>Notes:</u></p> <ol style="list-style-type: none"> 1. Notify your class counselor about these emergencies as soon as possible, but no later than 12 noon the day after the quiz closes. The expectation is that if the reason falls into one of the emergency categories listed above, the counselor will automatically approve the deferral. 2. If the emergency arises at night, over a weekend, or on a holiday, send an email to your counselor or leave a voicemail message. Explain the situation and include the information on how to contact you. 3. If the situation is a delicate one, and you're leaving a message or speaking with someone other than a counselor, simply classify your situation as a personal emergency, family emergency, illness, etc. A counselor will contact you for more details.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">ACCEPTABLE</p>	<p><u>Acceptable</u> Reasons:</p> <ol style="list-style-type: none"> 1. Conference attendance 2. MSTP activities 3. Religious holidays and obligations 4. Major personal events (weddings, family reunions, etc.) 	<p><u>Notes:</u></p> <ol style="list-style-type: none"> 1. Submit a deferral request form well in advance, the latest being three days in advance of the opening of the quiz and one week before an exam. Speak with your counselor if there are any unusual circumstances or if your average in a class or sequence is below passing. 2. A counselor may contact you if you haven't spoken with him or her directly. 3. There is a limit to non-emergency pre-approved deferrals, determined on a case-by-case basis.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">UNACCEPTABLE</p>	<p><u>UNACCEPTABLE</u> Reasons:</p> <ol style="list-style-type: none"> 1. Unpreparedness 2. Schedule conflicts due to making travel arrangements prior to knowing the schedule - come talk to your counselor first 	<p><u>Notes:</u></p> <div data-bbox="857 1396 1334 1444" style="background-color: black; color: white; padding: 5px; text-align: center;"> AN UNACCEPTABLE REASON </div> 

Admissions



Student Participation

Medical students can participate in the Admissions process in several ways — as a member of the Admissions Committee, as an Admissions Ambassador, or as a student housing volunteer.

Student Members of the Admissions Committee have full voting responsibility as a committee member and interviewer. Each member is expected to contribute at least three days of their time during the admissions season (September through March) to interview applicants and to participate in Committee meetings. Typically, interviews are held on Friday mornings and the Admissions Committee meets Friday afternoon every couple of weeks. M1 students can participate in a membership selection process at the end of the M1 year, and students who are selected begin serving at the beginning of their M2 year. In the past, three Admissions Committee student members have been chosen from the M1 class at large, and additional members are added to represent several of the student organizations.

The Admissions Office is seeking outgoing, active, current medical students who have a strong desire to help promote and represent the University of Michigan Medical School in a variety of admissions-related activities and events as **Admissions Ambassadors**. This leadership opportunity requires that you be in good standing academically.

Role/Expectations:

- Participate in 4 Interview Days annually
- Participate in at least 2 other admission events annually
- Attend two required orientation sessions

Ambassador Activities:

- Hosting interviewing applicants overnight
- Alternative Day Interview Campus Tour and Lunch Host
- Attending Pizza House Dinners with interviewing applicants
- On-Line Chat sessions with applicants
- Student Bloggers and Tweepsters
- Student hosts, panelists, tour guides for visiting Pre-Med Clubs and Groups
- Participate in off-campus (In and out-of State) recruitment events
- Participate in admission outreach efforts (telephone, e-mail, social media)
- Being an 'Interview Day Ambassador' (IDA)

Students are also needed to offer overnight housing stays for applicants who request this. This may mean a one or two-night visit. **Housing volunteers** are another very important part of the applicant's impression of the school, as they serve as a school ambassador and information source.

Computer Tips

Uniqname

Upon admittance to the University you will be provided with an electronic ID called a uniqname. Your uniqname, in combination with a password, will give you access to various electronic systems at the University including email, computer facilities, and clinical systems. Uniqnames are made up of three to eight alphabetic characters (for example, louislu). Your uniqname will become the first part of your email address at both the University of Michigan Medical School (louislu@med.umich.edu) and the University of Michigan (louislu@umich.edu).

Passwords

Many of the electronic systems that you will use require the use of various passwords in combination with your uniqname. The most common passwords are:

Level-1 (aka Kerberos)

This password is used to access systems provided to the University. For example, you will use your Level-1 password to log into the computers in Histo A/B, access course schedules and resources in the CTools course management system, and manage your financial information in Wolverine Access.

Level-2 (aka hospital/med school email password)

The Level-2 password is only given to individuals associated with the Hospital and Medical Campus. You will use it to access your Hospital email account and various clinical systems such as CareWeb and the Clinical Home Page.

Honor Code

Unique Honor Codes are assigned to each medical student. These codes are used to access online quizzes/exams.



Computer Tips



Email

Medical students are expected to use an email account provided by the University of Michigan Health System (username@med.umich.edu). This account and instructions on how to use it will be provided to you at orientation during the first week of school. Because it is used for important school-related announcements, it is policy that all students check this email account often.

You also receive an email account from the University (username@umich.edu). This is the account given to every U of M student. Treat this as an ancillary email account. Faculty and staff will expect to reach you through your Hospital-provided email account.

**The difference between the two email accounts is that your University of Michigan email account can be accessed through Gmail, while you can only access your UMMS email account through Outlook. Your University of Michigan email account will also give you access to things such as Google Calendar, Google Wiki (class websites), and Maize Pages (club websites).

IFS (Institutional File Space)

As a U of M student you receive 10 GB of online file storage. This space is useful for storing documents, power points, media files, and even hosting your own web pages. The two most common ways of accessing this space is:

- Online @ <http://mfile.umich.edu>
- Or from computers in the computer lab by clicking on the “IFS Home” icon

Medical School Computer Labs

There are three computer labs that provide 24/7 access to medical students and are designated as quiz and exam test taking areas:

- 2710 Med Sci II (“Histo A/B”)
- 2736 Med Sci II (“Cubicle Stations”)
- Furstenberg Student Study Center (“Fursty”)

The computers in these labs are set up with high speed Internet access and a wide range of software (general office, full Adobe suite, statistical software, medical education software, and more), multiple printing options, and scanning.

On site support is available in 2730 Med Sci II or 2742 Med Sci II.

Computer Tips



Printing

Black & White/Color Printing

Each student is allotted \$24.00 total of printing per semester. Black and white printing costs \$0.06 per page side and color printing costs \$0.35 per page side. Beyond the \$24.00, any further printing will be charged to your student account.

Laptop Requirement

You will be required to have a laptop during medical school. Purchasing a laptop is a large expense, so we recommend that if you already have a fairly modern laptop (4 years old or less), bring it to campus and try it. You can purchase a new laptop later if you need to upgrade. A letter is sent out before school starts with specific information on what you need. Additionally, you can purchase software at educational discounts through the Computer Showcase.

Getting Help

If you have questions on any computing, online resource, or just don't know who to ask, the LRC Help Desk can help. There is a dedicated staff of professionals here to assist you. Stop in, send them an email, or give them a call. No, seriously, they want to help you.

Locations: 2730 Med Sci II or 2742 Med Sci II Phone: (734) 936-2239

E-mail: lrc_help@umich.edu

Hours: Typically until 10pm every evening

Some topics the LRC Help Desk can assist with:

- Computer lab assistance
- Laptop and handheld device support
- Wireless computing
- Lecture videos
- Printing
- Scanning
- Software assistance

Student Organizations



American Association for Neurological Surgeons: AANS Medical Student Chapters will provide early support and leadership training to medical students who are exploring a career in neurosurgery. The chapters will provide a forum for students to organize professional, educational and research activities within their medical schools, promote mentorship and facilitate participation at a national level for the next generation of neurosurgical leaders. Examples of past events of UMMS's chapter include monthly meetings with neurosurgeons, brain dissections, shadowing and research opportunities, a Women in Neurosurgery panel, and many others.

American Medical Women's Association: AMWA at the University of Michigan is an organization that seeks to create a diverse community dedicated to women in medicine, both as health care providers and health care recipients, through education, leadership, and advocacy. We are an extremely active group with activities including monthly theme lunches on topics such as HIV/AIDS, Women as Physicians, and Family and Medicine. We participate in many Community Service Events such as AIDS Walk, Relay for Life, Ronald McDonald House, and Safehouse. We match women up with faculty mentors and have group dinners with our mentors. October is a busy month, when we run Domestic Violence Awareness activities. We actively advocate for women in medical school education, admissions, and the curriculum. On a more fun note, we have a monthly book club, sell anatomy scrubs, t-shirts, and candy grams, and have great social events. We also have lots of opportunity for M1 involvement, including the famous M1 run Charity Bash benefit auction, and Women's Health and Fitness Day. And of course we are always open to new ideas. We look forward to having you join us in August!

AWS: The Association for Women Surgeons (AWS) is a national organization that strives to meet the needs of women surgeons throughout their careers. The AWS Student Committee was created to unite medical student leaders across the country and develop shared resources to support and inspire female medical students interested in pursuing a career in surgery. The Michigan Student AWS Chapter links Michigan medical students with female surgical residents and attendings, organizes lunch lectures/talks given by female surgical leaders, and promotes community outreach and mentorship in the realm of surgery.

Student Organizations



Biorhythms: Biorhythms is the student dance company of the University of Michigan Medical School. We perform Fall and Spring recitals each year. This company is for female AND male students who have danced for years as well as for those who have never stepped foot in a dance class or on the stage. Our past performance included a wide variety of dances such as hip hop, Indian folk, belly dancing, ballroom dancing, and jazz dancing. We also encourage different types of performing arts to participate in our show, including singing and bands. Our choreographers include some of our experienced dancers as well as those who have never choreographed before. We are always looking for fellow students to help with our sound, lighting, videography, and photography. No matter how much you participate, there is something for everyone and you're bound to have tons of fun. This is a great way to meet students in your class as well as older students!

Black Medical Student Organization: The primary mission of the Black Medical Association (BMA) is to recruit and retain African American students at the University of Michigan Medical School. Formed in 1972, the BMA serves as an academic, social and professional support network for its members, as well as a service organization for the community. Furthermore, the BMA is a member of the Student National Medical Association (SNMA), the national organization for medical and premedical students of color, organized around similar issues. Here at the University of Michigan the BMA is more than just a student organization. It is a special unique community in which we support, motivate, inspire, encourage and uplift one another as we simultaneously work toward achieving our goals.

Cardiothoracic Interest Group: Cardiothoracic Interest: The goal of our organization is to promote student interest and knowledge of cardiothoracic surgery. Meetings consist of talks by Michigan cardiothoracic surgeons covering topics from daily lifestyle of a surgeon to the application process for residency. Our group provides scholarship and conference opportunities as well as chances to shadow and develop mentorship early on in our careers.

Christian Medical Association: We are a community of Christian medical students fostering Christian growth in all areas of life, emphasizing the integration of faith into medicine, and witnessing to the truth and love of Jesus Christ in our relationships with our friends, our community, and the world. Regular activities: Weekly Bible Study and Prayer; Christian Physician Mentorship Program; Missions Trip; service opportunities; Global Missions Health Conference; CMDA seasonal retreats; guest speakers, panels, etc.

Student Organizations



Community Garden: Our mission is to foster conversations within the UMHS community about the impact of fresh produce and sustainable food systems on both individual and environmental health. We hope to promote a culture within the clinical setting that stimulates curiosity surrounding produce and its origins and that prioritizes the availability of fresh produce to everyone.

Curriculum for Health Disparities: Curriculum for Health Disparities and the Underserved (CHDU) is a group made up of four medical students from each class. CHDU is responsible for seeking out opportunities to incorporate meaningful health disparities education into our ever-changing curriculum. After identifying such opportunities, CHDU members meet with appropriate students, faculty, and administration to identify an action plan and begin working on specific initiatives.

Delonis Clinic: The Delonis Clinic is a free clinic run out of the Robert J. Deloris Center, the largest homeless shelter in Washtenaw County. Located in downtown Ann Arbor, the Delonis Clinic is operated by attending physicians from Packard Health, a local community primary care clinic. At Delonis, medical students not only have the opportunity to take a focused medical history, vital signs, and improve their oral presentation skills, but they also get to learn from seasoned local primary care providers and gain insight from some of the most underserved patients in our community."

Developmental Medicine and Dentistry: The University of Michigan student chapter of the AADMD promotes the mission of the national academy through student leadership, advocacy, and action. The members of this Student Chapter actively encourage their student and resident colleagues to improve and enhance their knowledge in the medical care of individuals with neurodevelopmental disorders and intellectual disabilities (ND/ID). Our chapter holds various discussion forums, health care training sessions and community outreach projects throughout the academic year.

Doctors of Tomorrow: Doctors of Tomorrow (DoT) is a student organization that aims to inspire high school students from underrepresented communities to pursue careers in healthcare and increase diversity among medical students. At the heart of DoT is mentorship between first-year medical students (mentors) at the University of Michigan Medical School and freshman students (mentees) at Cass Technical High School in Detroit. Through our program, mentees have the opportunity to engage in hands-on clinical experiences, collaborative community-health service projects, and activities focused on leadership development.

Student Organizations



Emergency Medicine Interest Group: The Emergency Medicine Interest Group (EMIG) is one of the most active student interest groups at UM, designed to give medical students early exposure to the exciting field of emergency medicine. We run a series of workshops throughout the year covering topics such as suturing, airway, shock/code management, casting/splinting, IV placement, self-defense, Survival Flight, and EMS. In addition we host EM Day in the Fall which gives you a crash course in many of these topics in one day. We also aim to provide venues such as the annual picnic, resident and faculty Q&A sessions, and end-of-year awards ceremony, where students can identify and build relationships with faculty mentors.

Family Medicine Interest Group: Family Med: part of every patient's experience with medical care. The Family Medicine Interest Group (FMIG) strives to educate the student body about Family Medicine's role in our health care system, dispel myths about the field, and demonstrate how Family Medicine is changing to improve its patient-centered model of medical care. Benefits to becoming a member of the FMIG include: hands-on learning activities, Family Medicine mentors, special lunch and dinner seminars and FREE membership in the American Academy of Family Physicians with its own benefits (FREE subscription to The American Family Physician Medical Journal, student representation at academy events and access to family medicine resources.)

Galens Medical Society: Galens Medical Society is the University of Michigan Medical School's largest and longest-running service and social organization. A med school tradition since 1914, Galens members are committed to improving the welfare of local children while making medical school life a little more enjoyable. With the help of its faculty honoraries, Galens holds the annual Tag Days fundraising campaign, organizes community service and social events, sponsors the annual Smoker theater production, and much more.

Health Equity Scholars Program: HESP provides its members with opportunities to learn about and engage with issues in health equity through service-learning projects, seminars led by community leaders, site visits to local organizations, and mentorship. Through these experiences, members cultivate their understanding of health disparities and develop the skills needed to pursue health equity in the future. We also seek to promote the inclusion of such opportunities into the standard medical school curriculum.

Student Organizations



Home Healthcare Program: The Medical Student Home Healthcare Program is an extracurricular opportunity to be conduct home healthcare visits alongside a faculty physician Mentor. The program provides pre-clinical students the opportunity to develop the skills to conduct holistic patient histories in the intimate setting of a patient's home, and learn the importance and impact of the home environment on a patient's health.

Honor Council: The Honor Council is composed of two elected student representatives from each of the four classes. Elections are held at the beginning of the first year to choose M1 representatives for a one-year term and at the end of the first year to choose rising M2s who serve three-year terms. The Honor Council's main role is to support an anonymous peer review of alleged violations of the Honor Code. Honor Council representatives advise classmates on interpretation of the Honor Code and serve as student representatives on the Academic Review Boards. The Associate Dean for Medical Student Education is advisor to the Honor Council and serves as a liaison between the Honor Council and the Medical School Administration.

IHSO: The Interprofessional Health Student Organization (IHSO) is open to all student with an interest in pursuing a career in healthcare. We are currently comprised of students from the Schools of Dentistry, Kinesiology, Medicine, Nursing, Pharmacy, Public Health, and Social Work. Our purpose is to supplement the knowledge of our members with unique experiences from various healthcare professions that students may not otherwise obtain in their studies. This includes improving communication and teamwork across the healthcare professions. We are dedicated to developing and improving Interprofessional Education.

Integrative Medicine Interest Group: We believe that medicine is fundamentally about optimizing wellness and requires a holistic approach to achieve this. To this end, integrative medicine seeks to utilize all evidence based approaches for healing, both conventional and complementary. Our group intends to provide a forum for discussion, learning, and understanding complementary therapies in order to create more informed, better doctors in the future. We also seek to promote wellness within the medical school community. The Integrative Health and Medicine interest group hosts lectures, demonstrations and workshops related to Integrative Medicine and Complementary and Alternative Medicine. We seek to provide faculty networking, research, and experiential opportunities in these areas as well and hope, over time, to create integrative clinical opportunities for our third and fourth year rotations.

Student Organizations



Medical Student Grand Rounds (MSGR): A former student group that is now run by M4s as an elective. It gives medical students across all classes the opportunity to speak for 30-45min about a topic in which they had expertise- they've ranged from talks about working in public health in Louisiana and Thailand to a simple breakdown of healthcare reform in the United States to working with pharmaceutical companies in China. For longer talks, students are nominated by their friends and peers (you!). The group helps nominated students to craft their talks, and first year students are encouraged to help out as much as they want with that process.

Medicine in Spanish: Medicine in Spanish is a component of the Latin American and Native American Medical Association (LANAMA) that aims to train students with various levels of Spanish proficiency to improve their Medical Spanish to serve the Spanish-speaking population in the US and internationally. We offer formal pre-clinical and clinical electives taught by staff that teach the patient history and physical exam in Spanish, as well as skills to work with other Spanish-speaking health care providers. Additionally, we offer student taught introductory courses, an advanced physician-led discussion group, service projects, and a curriculum committee that works to improve our program.

Medical School Meditation: Our goal is to provide a weekly opportunity to meditate in a group setting, which many students feel makes the experience of meditation more easily accessible and meaningful. We would like to encourage people to meditate and feel comfortable expressing themselves in a nonjudgmental, supportive atmosphere.

MedRunners: MedRunners coordinates bi-weekly runs for students of all running speeds and abilities who are interested in having some company on their weekly runs. Each week, we have 2 runs (3-6 miles long), all speeds are accommodated. Members often also use the listserv to find running buddies when training more frequently or for longer races. The group is mainly made up of medical students however pharmacy students, PhD students, etc. have also participated in the past.

Student Organizations



MedStart: Medstart is a child advocacy group composed of students from the schools of Nursing, Medicine, Social Work, Public Health, Dentistry, Law and Business. The students are dedicated to increase awareness about the critical issues that impact children. We oversee four divisions: MedArt, Medbuddies, Project H, and Child Advocacy Seminar.

- MedArt: make art each month with the children and families at Mott Children's Hospital, to be displayed at the end of the year in the annual patient art show.
- MedBuddies: provide ongoing friendship and emotional support to hospitalized children and their families at Mott Children's Hospital.
- Project H: provide care and education to an underserved population through monthly pediatric and adult clinics at the Wayne County Family Shelter transitional home.
- Child Advocacy Seminar: CAS is an outreach program where we plan health seminars at public elementary schools in Detroit, teaching kids about medicine, science, and healthy living as well as discuss school and higher education.

MiHealth: MiHealth empowers teams of medical students to serve as health instructors in high school classrooms teaching relevant, evidence-based health information through authentic dialogue, realistic approaches, and engaging learning activities. Our goals include: improving health literacy, building skills, sharing resources and tools, and influencing risk reduction attitudes and goals. We cover topics such as mental health, tobacco and marijuana, healthy relationships, sexual health, nutrition, and exercise. Medical students may be involved through instruction, lesson planning, and/or leadership.

MMSA: The Muslim Medical Students Association (MMSA) at the University of Michigan is a student organization dedicated to the care of the Muslim patient, and to improving the personal and professional well-being of its members. We work to raise awareness of Muslim patient populations by addressing pertinent religious and cultural issues. The MMSA also serves to build community among members through volunteerism, social activities, and academic/personal support. In addition, our goals include organizing an annual health fair and mentoring undergraduate students.

Student Organizations



MSFC: Medical Students for Choice® (MSFC) is dedicated to ensuring that women receive the full range of reproductive healthcare choices. We would like to emphasize that MSFC is a pro-choice organization, not a pro-abortion group. We support a woman's right to choose what to do with her body. MSFC recognizes that one of the greatest obstacles to safe and legal abortion is the absence of trained providers. As medical students and residents, we work to make reproductive health care, including abortion, a part of standard medical education and residency training. More specifically, these are our goals: to bolster MSFC's grassroots network of support and activism, to reform U of Michigan's curriculum and residency programs to include reproductive health and abortion care, to expand education and training opportunities in abortion and reproductive health, and to support residents seeking reproductive health clinical training after graduating from medical school.

MSMD: The primary mission of Medical Students of Middle-Eastern Descent (MSMD) is to serve the Middle-Eastern population both in this country and in the Middle-East. Founded in 2004 by three first year medical students, MSMD has become an established, recognized student organization in the UMMS, Ann Arbor, and Southeast Michigan communities. The group has three main goals: (1) to raise awareness of Middle-Eastern health among the medical community, (2) to increase medical access for Middle-Easterners living in the United States and the Middle East, and (3) to increase the opportunities in the medical field for students of Middle-Eastern Descent. In addition, MSMD is also affiliated with the National Arab American Medical Association (NAAMA), a national organization with a similar mission, serving both Arab and Arab-American communities. MSMD provides opportunities for service, medical education, health screenings, and mentorship.

OBGYN Interest Group: The purpose of the OB/GYN Interest Group is to offer students the opportunity to explore and appreciate the field of Obstetrics and Gynecology. We aim to provide medical students, at any stage of training, with exposure to this field while also allowing for the chance to meet physicians in general OB/GYN and its subspecialties. The organization is open to any medical student with an interest in learning more about Obstetrics and Gynecology.

Student Organizations



Ophthalmology Interest Group: OpSIG is a student-run organization that allows students of all class years and interest levels to explore the field of ophthalmology, an opportunity medical students do not otherwise get until their fourth year. There are opportunities for research, shadowing, community involvement, and clinical learning with this group. We also help students build connections with faculty and residents at the Kellogg Eye Center.

OutMD: OutMD seeks to create a safe space for LGBTQ-identified persons and Allies within the medical school and bring awareness to the disparities LGBTQ-identified persons face in the health care setting, as both patients and providers. We support these aims by hosting regular meetings, organizing lectures and panels, and sponsoring students to attend conferences related to LGBTQ health disparities. We also participate in outreach activities including health fairs, health system work groups, curriculum projects, and the Queer-Trans Campus Collective. For the medical school, our activities help foster an inclusive atmosphere and provide important knowledge for future physicians when caring for this population.

Pathology Interest Group: The Pathology Medical Student Interest Group (PMSIG) is an organization driven to give medical students exposure to all that pathologists do to impact the health field and patient care. PMSIG matches students with resident mentors, offers shadowing opportunities with attending pathologists including autopsy observation, and holds lunch seminars.

Pediatric Interest Group: The Pediatric Interest Group introduces medical students to the incredible fields of Pediatrics and Medicine-Pediatrics. This group aims to introduce and facilitate mentoring and shadowing opportunities with pediatric residents, fellows, and physicians. We also put on events throughout the year in which you will have the opportunity to engage directly with real live children! We will teach you how to perform exams on pediatric patients, we put on talks on important pediatrics issues, and we hold discussions with M4s who are matching into pediatrics as you continue to evaluate your future in medicine. There are pediatrics specialties in every area of medicine, and if you have any interest in working with children in your future, please join us in the Peds Student Interest Group!

Student Organizations



Project H: Project H is an organization established by the University of Michigan Medical School that works closely with the Wayne County Family Shelter to provide medical and educational services for the adults and children through the Project H clinic and a Project H healthy kids program. The mission of the Project H clinic is twofold. First, the clinic seeks to provide free basic health services to the residents of the Wayne County Family Shelter. Second, the Project H clinic presents an active learning experience for both preclinical and clinical University of Michigan Medical students. Through Project H, University of Michigan Medical School students have an opportunity to gain exposure to a diverse patient population, which is not typically seen within the University of Michigan Health System.

Radiation Oncology Interest Group: Radiation oncology is an exciting and rewarding field that medical students unfortunately have limited opportunities to explore. ROIG is dedicated to promoting awareness and encouraging participation in this unique specialty that combines close clinical care and advanced technologies. Our aim is to increase student involvement by facilitating research and shadowing experiences as well as offering opportunities to interact directly with faculty and residents.

SafeMD: SafeMD promotes an environment in which sexual assault is illuminated, understood, not tolerated and actively combated; in which survivors of sexual assault have access to and are aware of supportive resources; and in which future medical professionals become proficient at working with patients involved in sexual assault with nuance, skill, and care. We work to achieve our mission through two thematic pillars: creating a safe space and educating our community.

SCRUBS: SCRUBS, the Academic Surgeon Development Program at the University of Michigan, is a student-run organization designed to provide a well-informed perspective of the numerous career fields within surgery, the life of a surgeon, and what it takes to become a surgeon. Bimonthly meetings are held at a faculty surgeon's home where participants enjoy dinner and a brief presentation by a physician from a particular field within surgery. Some of these dinners include interesting instructional sessions by the host surgeon that focus on things such as suture tying and medical terminology. Through our support from the Department of Surgery, SCRUBS is able to access the clinical simulation center to offer hands-on instructional sessions that focus on introductory surgical skills,

Student Organizations



and we also host “Intro to the OR” sessions early in the year that serve to prepare students to begin shadowing if they so choose.

SIGN: The Student Interest Group in Neurology (SIGN) is a network of 129 chapters in medical schools across the United States and Canada. SIGN fosters medical student interest in neurology by providing opportunities to participate in clinical, research, and service activities in neurology. The University of Michigan chapter has sponsored neurology exam practice sessions, panel discussions with residents and faculty in Neurology, and hands-on training sessions on EMG. We offer information on research opportunities to interested students and SIGN also provides weekly updates on Neurology department events that are open to medical students.

Small World: Homophily is the tendency for individuals within a community to segregate with others that share similar features such as race, ethnicity, age, sex, gender, title, etc. SmallWorld was started in the fall of 2015 to disrupt homophily within the medical school through randomized bi-weekly pairings with other members of a class. More than 650 pairings were sent out to the 100+ students of the Class of 2019 that participated. Pairs had lunch, went for coffee, discussed the meaning of life, and baked treats. Join SmallWorld and unlock your community.

STATS: The mission of the group is to teach high school students the biological facts about HIV and AIDS, to dispel the stigma and misconceptions that exist about the infection, and to teach our peers how to discuss HIV with future patients.

Student Council: The Medical School Student Council is made up of several representatives. From each class, there are four Class Advocates, five Curriculum Representatives, and two Honor Council Representatives. The Student Council serves to address any and all student questions and concerns, while also devoting efforts to individual class activities. Student Council serves to represent the medical student body to the administration, working on issues such as library changes, student wellness, residency interviewing, financial aid budgets, and curriculum concerns and development. Student Council also strives to unify the classes through programming events, such as Fall Ball and other community building activities. Please visit: <https://sites.google.com/a/umich.edu/medicalstudent-council/home>

Student Organizations



Student Diversity Council: Our member organizations (BMA, MMSA, MSMD, LANAMA, UAAMSA, HESP and others) elect representatives charged with bring their collective voice to the Council. The Student Diversity Council is a forum for promoting diversity at the University of Michigan Medical School and the medical profession. The Council seeks to enhance education and understanding of health disparities, diversity and health equity. The Council is an umbrella organization for student groups pursuing related missions. In this role, it strives to foster an environment of inclusion, collaboration, and sharing of best practices, resources, and knowledge to collectively work more effectively towards these goals. As a united body, we seek to promote education on diversity within the healthcare and disparities-related interests. We strive to give these interests a louder voice and presence within the medical school body through the educational, service, and advocacy projects of member groups.

UMAC: The Asylum Collaborative (UMAC) was conceptualized in 2012 and founded in 2013 by student members of the University of Michigan Medical School chapter of Physicians for Human Rights. In partnership with the University of Michigan Law School, Physicians for Human Rights and community organizations such as Freedom House, this student-led initiative empowers medical professionals and students to advocate for victims and survivors of human rights violations and serve as a voice for those who have limited access to such resources. Our focus is to facilitate inter-professional collaboration between pro bono legal and medical providers to conduct forensic evaluations and medical affidavits for asylum, human trafficking, and other cases that have experienced human rights abuses.

UMSRFC: The UM Student-Run Free Clinic (UMSRFC) is a free clinic located in Pinckney, Michigan that provides primary care services to around 500 uninsured and underinsured adults each year. The UMSRFC is run by a leadership team of 17 first-year medical students and engages more than 200 other medical student volunteers each year. Volunteer roles allow students to practice history-taking and physical exam skills, act as medical interpreters, assist with health insurance registration, and learn first-hand about the impacts of health disparities.

Student Organizations



United Asian American Medical Student Association: The United Asian American Medical Student Association (UAAMSA) was founded in 1992 to support and represent the growing number of Asian American students entering the University of Michigan Medical School. In addition, our organization seeks to promote awareness of Asian American healthcare issues among our colleagues in the medical field and to reach out to the members of the Ann Arbor community and beyond. To this end, we organize health and cultural fairs, volunteer in local clinics, provide physician and student mentors, and organize various social events. We are part of the national Asian Pacific American Medical Student Association (APAMSA). Membership is open to everyone interested in Asian American health regardless of ethnicity. If you are interested, please visit: <http://uaamsa.org>

Wilderness Medicine: The mission of the Wilderness Medicine Student Interest Group is to provide fundamental knowledge and foster interest in wilderness medicine for the University of Michigan medical students. Our activities include multiple talks and workshops throughout the year with topics including: improvised splinting, improvised litters, heat and cold injury treatment, wound care, search & rescue, emergency incident response, and ultrasound in the resource limited environment.

Winding Roads: Winding Roads is a diverse group of non-traditional students including, but not limited to, career changers, non-science majors, post-bac graduates, military veterans, and Peace Corps or AmeriCorps volunteers. Started in 2015, the group aims to create a supportive community for non-traditional students through outreach activities, social events, and peer-led panels and discussions.

Student Organizations



Starting your own organization!

While we have many diverse organizations here at UMMS, there will always be room for more. If you feel that there is a niche that is not filled by the current clubs, you can easily create your own. All it takes is an idea and a little bit of footwork. If you would like to start your own organization, here are a few baseline requirements that will help you get your club off the ground.

1. Have an idea and some people that want to do it with you.

2. Contact the Office of Medical Student Education

- a. They will point you to the person in charge of registering student clubs
- b. It will get you recognized as an org within the medical school

3. Create a MaizePages website

- a. The MaizePages account is how you are recognized by UM
- b. <http://campusinvolvement.umich.edu/content/getting-started>

4. Find funding

- a. Money is big. It lets you do what you need to do and hold activities.
- b. Club funding often comes from departments within the hospital/medical school, grants (campus grants, which you need to find and apply for), and sometimes outside organizations that donate money/choose to sponsor your organization.
- c. Generally, club money is handled by the campus through by Student Organization Account Services (SOAS). Their office is located in the Student Union on the main campus. Through the MaizePages website, you will be able to get reimbursements for money spent on club events.
 - i. How to: <http://soas.umich.edu/article/quick-link-how-videos>
 - ii. The real nitty gritty: <http://campusinvolvement.umich.edu/content/student-organization-accounts-service-soas>

5. Get a Faculty Mentor

- a. Faculty involvement is not required, but having someone on board is definitely helpful for starting up a club

Transportation

AATA MRide

All University of Michigan-Ann Arbor students, faculty and staff can ride any AATA (Ann Arbor Transportation Authority) bus service without paying a fare by swiping a valid MCard ID. The public transit system provides service for the greater Ann Arbor-Ypsilanti area. Go online to look for bus schedule and map.

AATA Park & Ride Program

The AATA Park & Ride program provides free parking and free rides from five parking locations to/from several U-M locations, on weekdays only. Just swipe your Mcard ID when boarding. Park & Ride Locations:

Green Road: Routes 2A/B, 2C, 22

Miller Road: Routes 12B, 18, 609

Pioneer High School: Routes 7, 14, 16

Plymouth Road: Routes 23A/B

State St: Route 62

Ypsilanti Transit Center: Routes 3, 4, 5, 6, 42, 43, 44, 45, 46, 47

Meijer Carpenter: Route 5, 6, 66

Washtenaw County Service Center: Route 4, 24, 66

Cars

83% of M1's from the Class of 2016 reported having a car at school. The majority of students use their cars less than three times per week. For students driving to school, parking in the Ann Street and Zina Pitcher Place lot is free after 5pm on weekdays and parking in the Catherine Street Blue lot and Glen Ave lot is free after 6pm on weekdays. On weekends all three lots are free all day and night. Parking around Ann Arbor is free after 6pm Monday through Saturdays and completely free on Sundays.

Emergency Ride Home

Free taxi rides can be provided in emergency situations for faculty, staff and students to return to their vehicle parked in remote lots or to any location (home, school, daycare provider, etc.). Eligible types of emergencies covered by the program include: personal illness, family illness or injury, un-scheduled overtime or other mandatory work-related holdover, stranded carpool or vanpool riders. The service cannot be used to get to work, for weather-related inconveniences, pre-planned ap-ointments, personal errands or travel between University buildings (including residence halls). The service is available 24 hours a day, 7 days a week. Use of the program is limited to six times per per-mit year. To request a ride, call the Department of Public Safety at (734) 763-1131.

Night Ride

Shared-ride taxi service within Ann Arbor seven days a week - Monday through Friday, 11:00 pm to 6:00 am and Saturday and Sunday, 7:00 pm to 7:30 am Fee is \$5 per person, cash only. Also available on all major holidays. To request a ride, call SafeRide at (734) 647-8000 and select Option 3 or call (734) 528-5432.

Paratransit

Scheduled door-to-door service for students, faculty, and staff with disabilities. To register for the rides, contact Services for Students with Disabilities at (734) 763-3000. After registering, you can request a ride by calling (734) 936-0472 or by email paratransit@umich.edu

Ride Home

Free shared-ride taxi service for students, faculty, and staff to their residence halls, parked vehicles, or local residence. This service is available after University transit buses and shuttles have concluded daily service: from 2:00 am through 7:00 am (1:00 am through 7:00am May-August), seven days a week. Please note you must show the driver your valid U-M ID. To request a ride, call SafeRide at (734) 647-8000 and select Option 2. Rides available from Central Campus at the Shapiro Undergraduate Library, from North Campus at the Duderstadt, and from the Medical Campus at the Maternal and Child Health Center.

S. A. F. E. WALK

Campus accompaniment service that functions as an alternative to walking alone on campus at night. Coordinated by staff at the U-M Police Department (UMPD), this service is free of charge and available to all members of the University community.

During the fall and winter semesters, the service is provided daily from 10:00 pm - 2:00 am. Call SafeRide at (734) 647-8000 and select Option 1 to request an escort. An employee from U-M Transportation Services will come to your campus location and drive you to your requested location (within a one-mile driving radius of Central and North campuses). During non-service hours, alternative service providers will be identified by UMPD.

State Street Ride

Free after-hours taxi service from any U-M building to the South State Street Commuter (Park & Ride) lot after buses have concluded daily service. This service is available Monday through Friday from 10:00 pm to 6:00 am. To request a ride, call Blue Cab directly at (734) 547-2222.

Taxi Services To/From Satellite Offices

The Health System provides free taxi rides for staff needing to travel between the Medical Campus core and designated satellite offices and clinics not otherwise served by bus or shuttle routes. Service is limited to Faculty and Staff with a valid Mcard for trips either starting or ending at the Medical Campus core to and from authorized satellite offices or clinics only. Check with satellite facility managers or administrators for details. During the fall and winter semesters, the service is provided daily from 10:00 p.m.-2:00 a.m. To request a ride, call SafeRide at (734) 647-8000 and select Option 1.

Guide to Ann Arbor

Top 5 Lists



Don't be fooled by the small town mid-west stereotype. The city of Ann Arbor offers a wide variety of activities due to the diversity of its residents. An up-to-date list of local activities, restaurants and news is maintained at www.arborweb.com.

Ann Arbor is full of eateries providing a wide variety of cuisine. For your perusal, we have included some of the very best Ann Arbor has to offer. Currently, the Ann Arbor Observer, and The Michigan Daily (www.themichigandaily.com), all put out extensive annual restaurant guides at the beginning of the fall term.

Ann Arbor boasts a variety of excellent restaurants for your eating pleasure. From high-class, high-price Italian ristorantes to greasy spoon breakfast fare, you can find anything you desire in this small town. Ann Arbor in the summer is a center of activity, all based around the various restaurants of the area. Those restaurants on South Main street usually offer outdoor seating for maximum people-watching ability. This is a list of the most popular places in Ann Arbor, as voted by med students ...

Top five overall restaurants:

- 1) Tomukun
- 2) Isalita
- 3) Aventura
- 4) Frita Batidos
- 5) Zingerman's

Restaurants for a fancy night out:

- 1) Pacific Rim
- 2) Sava's
- 3) Aventura
- 4) Gandy Dancer
- 5) Vinology

Top five "cheap eats" restaurants:

- 1) Frita batidos
- 2) Tmaz Taqueria
- 3) No Thai
- 4) Chipotle
- 5) Jerusalem Garden

Top five bars for a chill evening out:

- 1) The Last Word
- 2) Ashley's
- 3) Mash
- 4) Bill's Beer Garden
- 5) Blue Lep

Top five coffee shops:

- 1) Sweetwaters
- 2) Songbird Cafe
- 3) Starbucks
- 4) RoosRoast Coffee
- 5) Mighty Good Coffee

Top five bars for a crazy night out:

- 1) Rick's
- 2) LIVE
- 3) Rush Street
- 4) Blue Lep
- 5) Study Lounge

Guide to Ann Arbor

Top five restaurants for a romantic evening or special occasion:

- 1) The Earle
- 2) Chop House
- 3) Pacific Rim
- 4) Aventura
- 5) Vinology

Top five Ann Arbor Landmarks:

- 1) The Diag
- 2) Nichols Arboretum
- 3) UMMA
- 4) The Big House
- 5) Bell Tower

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"Or you could just stop lying."

Guide to Ann Arbor



Date Night

These restaurants are on the pricier side, but they have the food, drinks, and ambience that are suitable for a date or special occasion. Bonus: consider these places when your parents are in town.

Main Street Area

State Street Area

South U Area

Other

Aventura, \$\$

*“Tapas, tapas, tapas”
“Great small plates, delicious drinks, nice atmosphere”*

Black Pearl, \$\$

“Fish tacos”

Café Zola, \$\$

Perfect for a breakfast, lunch or dinner date. Brunches here are the bees-knees.

The Earle, \$\$\$

*Super romantic
“The duck is outta sight”*

Gandy Dancer, \$\$\$

Great seafood, located in train station super close to White Coat

Grange, \$\$\$

*Known for using only locally grown ingredients. Very unique menu. Try the fried pig's head.
“Go for dessert and cocktails”*

Gratzi, \$\$\$

Wonderful Italian food

Isalita, \$\$\$

Awesome specialty varieties of guacamole (especially truffle) and the drinks

La Dolce Vita, \$\$

Delicious desserts

Logan, \$\$\$

*“Fancy restaurant with very reasonable prices”
“Duck pasta” – enough said*

Melange, \$\$\$

“Get the duck tacos”

Melting Pot, \$\$\$

Fondue

Pacific Rim, \$\$\$

Just flat-out amazing Asian fusion food. “Great for Restaurant Week.” The tuna is great

Palio, \$\$

*Tuscan-Italian, outdoor seating
“On the expensive side, but the food is delicious!”*

The Ravens Club, \$\$

Upscale place tasty dishes.

Guide to Ann Arbor

Date Night

Real Seafood Company, \$\$\$

Like the name says.

The West End Grill, \$\$\$

Candlelit new American cuisine worth visiting.

The Chop House, \$\$\$\$

“Perfect for their wonderful birthday deal (50% off)”

Vellum, \$\$\$

Food (get the fried beets) and drinks are great. I’ve been impressed with their service.

Vinology, \$\$\$

“One of the best restaurant week offerings!” WINE.



Beef Wellington, The Chop House

Ethnic Food

Take a culinary trip; Ann Arbor is home to quality foods from around the world

Ali Baba’s, \$

Middle Eastern food that fulfills the trifecta – good, cheap, and fast

Pita Kabob Grill, \$

Cheap and fast Middle Eastern food with generous portions

Tios, \$\$

Mexican fare with a wide variety of spicy salsas

Blue Nile, \$\$

Delicious Ethiopian fare

Cardamom, \$\$

*Tasty new Indian restaurant
“Try the goat”
“Get the chicken tikka masala”*

Tmaz Taqueria, \$

A hole in the wall that serves great tacos around \$2 a pop

China Gate, \$\$

Greasy Chinese food, cheap lunch

Sadako Japanese Restaurant, \$\$

Great sushi, not as expensive as Miki. “I’ve always lived on a coast, and this sushi lives up to my standards!”

Madras Masala, \$\$

Excellent Indian food, and the lunch buffet is clutch

Shalimar, \$\$

Amazing (Northern) Indian food

Guide to Ann Arbor

For a Meal with Friends

It's important to maintain your social life while in medical school. Might as well eat good food while you're at it.

Arbor Brewing Company, \$\$

A great place to grab a burger and a beer with friends

Blue Tractor BBQ & Brewery, \$\$

Excellent BBQ food and house-brewed beers

Jolly Pumpkin Café, \$\$

Excellent menu and even better brewery. "Every item I've had is excellent. It's worth the extra \$2 to get the truffle fries. "The outdoor patio upstairs is great when the weather is nice"

Knight's Steak House, \$\$

It's a steakhouse, so you can't go wrong with steak

Mani Osteria, \$\$

Recommendations: Truffle pizza and Caesar salad

The Original Cottage Inn, \$\$

Extensive menu, but the pizza is where it's at

Prickly Pear, \$\$

Solid Tex-Mex food with very good margaritas

Red Hawk, \$\$

Great burgers and bar food

Sava's, \$\$

The shrimp and quinoa salad is one of a past editor's favorite meals in Ann Arbor

Seva, \$\$

Awesome vegetarian cuisine. Order the sweet potato fries

The Wurst Bar, \$\$

This gastropub in Ypsilanti has amazing food. It's worth the drive

Zingerman's, \$\$

*"Great varied menu, great service. Fresh local food"
"Super tasty but pricey"
"#85 all day"
"Best Reubens in town"*



Top: Zingerman's sandwiches

Bottom: Sushi from Sadako

Guide to Ann Arbor

Cheap Eats

On a med student's budget, sometimes you may need to eat out "economically." These places won't break your loan-aided bank accounts, and they're also pretty darn tasty.

Backroom Pizza, \$

Pizza by the slice. Dormant during the day, crazy after midnight

Blimpy Burger, \$

An absolute classic. Currently closed, but they're opening up a new location downtown some time in the near future.

Chipotle, \$

Burritos you already know

Fleetwood Diner, \$

The epitome of a dive. Great greasy food for after you go out on Main Street. Open 24 hours

Frita Batidos, \$\$

The Cuban hamburgers, or "Fritas," are super popular. Their happy hour is also great – rum is a great addition to your Batido" "Get an egg on your burger"



Beef Frita with an egg from Frita Batidos

Jerusalem Garden, \$

Great Middle Eastern Food, the falafel and hummus are top notch "Cheap food, amazing taste"

Jimmy John's, \$

Subs within walking distance of the hospital.

Le Dog, \$

Great hot dog shop!

Maize and Blue Deli, \$

Giant toasted deli sandwiches

Mr. Spot's, \$

Cheese steaks and hot wings galore. Tom Brady's favorite spot in Ann Arbor

The NYPD, \$

A slice of New York pizza in Ann Arbor (you can even fold it)

No Thai, \$

Americanized Thai food/stir fry. Big portions. Multiple locations

Pancho's, \$

The debate for best burritos will never be settled, but Pancho's is in the mix. It's conveniently located close to the South U bars, and gets super busy at 2:00am.

Guide to Ann Arbor

Breakfast and Coffee Spots



These are good places for brunch the morning after a night out or if you're looking for a decent place to study all those lectures.

Angelo's, \$\$

A few steps from the lecture halls, Angelo's is a haven from cafeteria food. Great breakfast and lunch menu, but only open limited hours!

Broken Egg, \$

Good and cheap

Café Verde, \$\$

"Connected to Food Co-Op, friendly people, awesome music, free Wifi"

Comet Coffee, \$\$

"Embrace your inner snob"

Common Cup Coffee House, \$\$

"Quiet place to study in the basement of a church"

The Espresso Bar, \$

Hipster place to drink coffee/study

Espresso Royale, \$

An undergrad favorite, this coffee shop is often crowded with studying students. Multiple locations

Glassbox Coffee & Juice, \$\$

Great place to catch up with a friend, green tea latte is awesome

Lab, \$\$

Besides coffee, Lab has frozen yogurt and cool ambient electronica

Mighty Good Coffee Café, \$\$

A local roaster with good coffee and good people.

Northside Grill, \$

There is usually a line in the mornings for a reason: It's super close to the White Coat Area

Roos Roast Coffee, \$\$

"A little out of the way, but this local roaster has great coffee and is a good place to study"

Songbird Café, \$\$

"The food is wonderful and the drinks whimsical (ed: rose cardamom latte, rosemary sea salt latte). I highly recommend the green tea muffin" "Good food and drinks, though pricey. Great study spot!" "Chai latte is on point"

Starbucks, \$\$

Located all around town. The one on South U is a pretty spacious place to study and usually doesn't have that many people.

Sweetwaters Cafe, \$\$

Plymouth one is often quite busy, but Kerrytown location is great to study on the tables outside

Tim Hortons, \$

Pastries and coffee on the cheap

The Espresso Bar, \$

Hipster place to drink coffee/study A super fun place for drinks and dancing "Good music" "Thursday is Salsa night!!"

Guide to Ann Arbor

Time to Rage

Medical school can be stressful. Hit these places up when you want to cut loose. You would have never guessed that (fill in the blank with unassuming classmate) could dance like that.

LIVE, \$\$

*Big dance floor. Go to The Last Word for a nightcap afterwards.
"Go Thurs/Fri"*

Rush Street, \$\$

Basically Rick's for young professionals on weekends

Scorekeepers, \$

Known as "Skeeps". Has a huge fraternity/sorority presence, especially on Thursdays

Rick's American Café, \$

*Grimy, dark, loud, FUN (especially with a big group). It's an experience, to say the least.
"Shower before and after"
"Get there early if you don't want to wait in line"
"RICKSSSSSS"*

Watering Holes

These are the perfect spots for when you want to go out, sit down, and be able to hear the person across the table.

Alley Bar, \$

"Sounds weird but try the pickle back (a shot of whiskey chased with pickle juice)"

Arena, \$\$

"Great sports bar that's chill and removed from the chaos of South U"

Ashley's, \$\$

Comments include: "Great beer selection", "really good beer", "rotat-taps", "for the beer aficionado"

Bab's Underground Lounge, \$\$

Chill atmosphere, solid drinks, and pool tables

The Bar at 327 Braun Court, \$\$

"Wonderful 'speakeasy' vibe and very chill with good drinks"

Bill's Beer Garden, \$

A fantastic spot to meet up with some classmates and drink some beer or sangria outside



Guide to Ann Arbor

Watering Holes

Brown Jug, \$

An Ann Arbor staple, this joint has solid food and drinks. Items on the menu are named after Michigan sports legends

Old German, \$\$

"Delicious beers, relaxing atmosphere"

Dominick's, \$\$

You know winter is over when Dominick's is open. It's seasonal and isn't open late (10pm), but drinking sangria outside can't be beat. Pro tip: try "Constant Buzz"

Good Time Charley's, \$\$

*"Cheap drinks and good bar food."
"Great if you want to sit outside"
"Trivia Wednesdays"*

Heidelberg, \$\$

Das Boot. Relive the ending to the movie Beerfest here. Also a good spot to play some darts.

The Last Word, \$\$

*"Drinks are delicious"
"Unique cocktails!"
"Half-off whiskey every Wed"*

Mash, \$\$

Live music in a cozy atmosphere. It's below Blue Tractor, so you can grab a drink down there while you wait for a table too.

Raven's Club, \$\$

"Great atmosphere. Mixed non-alcoholic drinks are great (ed: so are the alcoholic drinks). Live jazz music on some nights. Great food too"



A couple of students enjoying Ann Arbor Restaurant week

Guide to Ann Arbor

Groceries



Babo

403 Washington St

Small specialty grocery store in downtown Ann Arbor with an amazing hot and cold bar. Worth a trip just to get a container of one of their freshly made salads.

Busch's Fresh Food Market

2240 South Main St

Fresh produce, good selection of meat and fish, prices are between Kroger and Whole Foods. It has a lot of specialty gourmet items if you're looking for them.

Hiller's Market

3615 Washtenaw Ave

Great meat and produce sections, decent selection of all types of International foods, highly rated bakery section

Hua Xing Asia Market

2867 Washtenaw Ave

One of the best Asian grocery stores around town and worth the 15 minute drive to Ypsilanti. Wide selection of Asian vegetables, spices, sauces, canned goods, and packaged snacks with competitive prices. Overall, slightly better than Way 1 Supermarket on Plymouth Rd.

Knight's Market

420 Miller Ave

Feels like a small neighborhood grocery store. Closest thing Ann Arbor has to a town butcher and stocks some locally made, fun food items.

People's Food Co-Op

216 North 4th Ave, Kerrytown

Great selection of food at the cold and salad bar. Produce can be a bit pricey, but it has a great selection of cheeses.

Kroger Food & Pharmacy

2641 Plymouth Rd

A short drive away from the white coat area, it is another one of the go-to grocery stores in

town. Cheap produce, wide selection of everything and great weekly deals.

Meijer

3145 Ann Arbor Saline Rd

One of the biggest grocery stores in town, although each of its three locations in Ann Arbor is a bit out of the way. Extremely competitive prices, fresh meat, quality produce, and wide selection of grains - your essential one stop grocery store

Plum Market

375 Maple Rd

High-end grocery store. It's great if you're looking for a specialty item. Extremely well organized, very clean, and always has fresh meat and produce.

Trader Joe's

2398 East Stadium Blvd

Just your average Trader Joe's, which makes it one of the best grocery stores in town. Great place to find canned goods, frozen food, yummy snacks, and cheap wine. Produce is pretty good, too.

Way 1 Supermarket

2789 Plymouth Rd

One of the Asian grocery stores around town and right on the Plymouth Rd. Wide selection of Asian vegetables, spices, sauces, canned goods, and packaged snacks.

Whole Foods Market

3135 Washtenaw Ave

Pretty standard Whole Foods with pricey items, but the quality of their meat and produce is always good. Has a top notch hot and cold bar to grab a quick meal.

Guide to Ann Arbor

Movies and Shopping



Michigan Theater

603 E. Liberty St.

The historic theater in downtown Ann Arbor has a variety of classic films, documentaries, foreign, and silent films. The Michigan Theater also hosts many live events throughout the year featuring musical groups and theatrical performances.

State Theater

233 S. State St.

Just down the block from the Michigan Theater, the State Theater features many indie films all year. Their "Midnight Movies" are always a fun chance to see some of your favorite cult classics.

Rave Motion Pictures

4100 Carpenter Rd. (Ypsilanti)

While technically not in Ann Arbor, this large theater shows all current movie releases and features an IMAX screen.

Quality 16

3686 Jackson Rd.

Another larger theater showing current releases on the west side of town

Ford Drive-In Theatre

10400 Ford Rd (Dearborn)

While this theatre is half an hour away, it's worth the trip because you get to see double feature movies for cheap (\$9/two people with a Groupon). Plus it's a drive-in so you can enjoy the movies from the comfort of your own car.

Arbor Hills Shopping Center

Newly built in August 2013 near the junction of Stadium and Washtenaw, Arbor Hills is a semi-upscale strip mall containing stores such as Anthropologie, Brooks Brothers, Madewell, lululemon athletica, Paper Source, The North Face, and Sur La Table. It also contains nice sit-down restaurants such as Bigalora (pizza and pasta at a modern place with reasonable prices), Zola Bistro (great for brunch), and Glassbox Coffee & Juice (nice space great for chatting with a friend).

Arborland

Located at the junction of Washtenaw and US 23, this strip mall has many shops including DSW, Hiller's Market, Marshall's, Michael's, Nordstrom Rack, OfficeMax, Old Navy, and Petco. Places to eat include Potbelly's, Chili's, Five Guys, Noodles & Co., Starbucks, and Cold Stone Creamery.

Briarwood Mall/Adjacent Area

From campus, head south on State St. Briarwood Mall has many classic stores such as American Eagle, the Apple store, Banana Republic, Brookstone, Claire's, Express, Forever 21, Gap, Godiva, H&M, JCPenny, J. Crew, Lids, Lush, Macy's, Papyrus, RadioShack, Sephora, Teavana, and Victoria's Secret. The surrounding area has a number of chains including Plato's Closet, Whole Foods, Target, Chuck E. Cheese's, OfficeMax, Best Buy, Kohl's, Dick's Sporting Goods, and Meijer. It also has a sizable concentration of restaurants such as McDonald's, TGI Fridays, Outback Steakhouse, and Joe's Crab Shack.

Guide to Ann Arbor

Ann Arbor Shopping

Carpenter Road Area

Looking to fix up your apartment or house? Home Depot and Lowe's are located practically side by side on Carpenter Road and can be reached by making a right off of Washtenaw after crossing Route 23. Meijer, Staples and Target are also here. Finally, the only Walmart around is right around the corner.

Kerrytown

Contains a number of local restaurants and shops such as Found (cool vintage store), The People's Food Co-Op, Sparrow Market, TeaHaus (wide variety and selection of teas), and Sweetwater's (staple of Ann Arbor). You will find cute



places to eat such as Kosmo (alternative Korean) and The Lunch Room (yummy vegan food!) in addition to the amazing Zingerman's Deli (best corned beef outside of NYC according to some). A year-round farmer's market is held every Saturday morning with fresh produce from local growers and locally made handicrafts.

Main Street Area

Lots of local shops including many that sell original arts and crafts. Notable shops include Crazy Wisdom Bookstore (secret study spot), Literati Bookstore (cool events happen downstairs), Vault of Midnight

(weekly game nights), and Cherry Republic ("sometimes I come here only for the samples", also a great place to get someone a gift). Most of these stores are out of the average med student's budget, but this is a great place to window shop.

Plymouth Road

Across from the North Campus entrance, there is a plaza with Bookbound (poetry readings happen here from time to time), and a bunch of restaurants such as Wendy's, Cardamom (great Indian food),



Bagel Frangel (bagels for small group), and Seoul Street (Korean fried chicken...Noms). Further up Plymouth is a Kroger Grocery store, The Songbird Cafe (great place to catch up with a friend), Rite Aid, and Way 1 Supermarket (Asian grocery store). A Sweetwater's and a 24-hour CVS is even further up Plymouth right before Route 23.

South University

Oriented towards the undergrads, South U contains stores such as Ulrich's Bookstore, Middle Earth (unique gift shop), Rendez-Vouz Hookah Lounge (cool patio overlooking South U), and the Safe Sex Store. There are many places to eat here of which highlights include Belly

Guide to Ann Arbor

Shopping Outside Ann Arbor

Deli (amazing vietnamese sandwiches), Pancho's, China Gate (greasy chinese takeout can really hit the spot), Maize and Blue Delicatessen (great cold cut sandwiches), and Sadako (pretty good sushi). Of note, you can get your boba fix at MoMo Tea or Bubble Island, which has a \$2 boba deal from 11am-1pm every day.

State and Liberty

One of the main areas of downtown Ann Arbor that includes places to shop such as Urban Outfitters, M-Den (get gifts for family members here!), CVS, and Nickels Arcade, which includes many small gift boutiques. In addition, there are many food options such as Sava's (great burger place), Tomukun Noodle Bar



(amazing ramen) & Korean BBQ (yes, please), Buffalo Wild Wings (the place to watch a game and have a beer) Five Guys, Potbelly, Noodles & Co., and Silvio's (great organic pizza). You can top it off with some dessert from Stuchi's, Ben & Jerry's, or Amer's. Further down Liberty are great places to eat such as Mani Osteria, Jerusalem Garden, Earthen Jar, and Afternoon Delight.

Birch Run

With over 170 outlet stores, 50% discounts, and less than a 1.5 hour drive straight up US 23 exit 136. There are great sales around the holidays, so it's worth the drive. There's a similar outlet in Howell (Kensington Valley)

and Auburn Hills (Great Lakes Crossing), but Birch Run is the king of the hill and the factory outlet store shopper's paradise.

Great Lake Crossing Outlets

The outlet mall in Auburn Hills has over 30 stores and restaurants that can't be found anywhere else in Michigan, including Bass Pro Shops Outdoor World, Disney Store Outlet, Rainforest Café, Saks Fifth Avenue Off 5th, Neiman Marcus, Last Call Clearance Center, and Victoria's Secret Outlet, just to name a few. Take I-75 North to Exit 84B.

Twelve Oaks Mall and Adjacent Area

Two story mall in Novi that is affordable, bigger and better than Briarwood, but not as expensive as Somerset. US 23 to I-96, get out at Exit 162. There are some nice restaurants and a bunch of adjacent strip mall/retail developments can be found in the same area. Fun fact - both Briarwood and Twelve Oaks are owned by A. Alfred Taubman, the same person who donated money for our Taubman Center in the hospital and the Taubman Medical Library!

Somerset Collection

Located in Troy about an hour's drive away, shopping at Somerset is world-class window-shopping experience. Somerset North is the new side, which features Nordstrom and Macy's department store. You can also find an Apple Store, BCBG, Club Monaco, Banana Republic, Sony, and Bose on this side. Somerset South is a completely different story, with a designer store list that includes Gucci, Louis Vuitton, Salvatore Ferragamo, Ralph Lauren, Lacoste, Tiffany's, Cartier and more. This side also features a Saks Fifth Avenue, and the only Neiman Marcus in Michigan. Somerset is widely considered the best mall in Michigan and is definitely worth a visit!

Where to Study (not including Taubman...)

1. Home

I like to study alone, it has a fridge close - what else would you want? I get to stream lectures and study in the PJs

2. Coffee Shops

Good wifi, great coffee, big tables for studying, can be busy so get there early to get a seat! Other coffee place comments: Espresso Royale on Main is a hidden gem, Biggby is smaller than Starbucks and Sweetwaters but is somehow quieter

3. Law Library

801 Monroe St, Central Campus

Open 24/7, reserve a private room with a friend, looks like Hogwarts

4. Palmer Commons

100 Washtenaw Ave, Central Campus

Great place to study but avoid it like the plague during finals, so much sunshine and super close to the med school so it's easy to get back, food availability, computer lab with printing, you can reserve spaces and the board rooms have big, beautiful windows

5. Sweetwaters

407 North 5th Ave, Kerrytown

Lots of Ann Arborites and few students, closes at midnight, nested away in Kerrytown

6. Traverwood Library

3333 Traverwood Dr, North Campus Area

Nice wooden interior, small but nice facility, usually pretty quiet and always has table space, very chill and actually has parking

7. Hatcher Grad Library

913 South University Ave, Central Campus

Cozy and quiet, silent study space, go where the undergrads are not

8. Duderstadt

2281 Bonisteel Boulevard, North Campus

The engineers are spoiled with a much better library and study space! Open 24/7, lots of places to hide out, parking available after 5pm

9. Rackham Graduate School

915 East Washington St, Central Campus

People are respectful about the no-talking rule in Rackham - it is amazing! Super quiet and very comfortable, great reading room, has lots of space and is not as crowded as the other libraries on campus, only open on the weekdays

10. Songbird Cafe

2707 Plymouth Rd, North Campus Area

Ample parking available, good food and large tables for studying

Guide to Ann Arbor

Thrift and Furniture Stores



Ann Arbor PTO Thrift Shop

2280 South Industrial Hwy

Affordable thrift store that contains many gems. Has a decent selection of furniture in addition to clothes, kitchen appliances, and random knickknacks. Has a 25% off discount for students every Saturday.

Garage/Estate Sales

Around Ann Arbor

Lots of garage and estate sales occur every Saturday (except during the winter) between 9am-4pm. Drive around with a friend and find some deals.

Habitat for Humanity ReStore

170 April Dr

Warehouse that contains lots of furniture, cabinets, rugs, even refrigerators. Lots of leftovers from contractors and worth a look for cheap furniture!

IKEA

41640 Ford Rd Canton, MI

Your standard IKEA in nearby Canton. Stop by for that Malm bedroom set, a nice set of lamps, maybe even a desk and two Lack side tables. Drop by the cafeteria afterwards and enjoy the meatball plate and a slice of almond cake.

Kiwanis Thrift Sale

200 South First St

Open every Saturday morning between 9-12pm. Excellent establishment that has three floors of used stuff for sale. You can get anything from jewelry and clothing to board games and kitchen appliances for a fraction of the cost (we're talking stuff for under \$5)

Recycle Ann Arbor's ReUse Center

2420 South Industrial Hwy

Lots of used home appliances, sporting goods, kitchen supplies, and furniture available for very reasonable prices. They even have books, electronics, and antiques.

Salvation Army Thrift Store

1621 South State St

Sizable store that is concentrated around clothing. They have great deals such as 25% off for students on Thursdays and 5 for \$5 Fridays and Saturdays.

University of Michigan Property Disposition

3241 Baxter Road

It's hard to find, has weird hours (only open Mon-Thurs), but is worth the trip for cheap office/home furniture. It's home to old furniture from U of M that needs a new home, but most things are in great shape!

Treasure Mart

529 Detroit Street

Great selection of antique furniture and kitchen supplies. There are so many things packed into this one store that it'll keep you coming back for more!

Ann Arbor Thrift Shop

3530 Washtenaw Ave

Smaller thrift store that carries a lot of female clothing, shoes, and books. Hours of the store are limited.

Guide to Ann Arbor

Athletics and the Outdoors



Ann Arbor is a mecca of culture and the Arts. While we know it definitely has a nightlife, most find it surprising that the sport/exercise fanatic can also find his or her fill of both indoor and outdoor activities in and around Ann Arbor.

U of M Golf Course (*****)
Eagle Crest Golf Club (*****)
Leslie Park (*****)
Stonebridge Golf Club (*****)
Huron Hills (**)
Miles of Golf (Practice Facility)

Bowling

Colonial Lanes – One of the preferred bowling alleys in the area

Bel-Mark Lanes – Your standard bowling alley. Nothing to write home about

Canoeing

Argo Livery – Besides canoes and kayaks, Argo is home to a med school favorite: Rafting. Grab some friends and perhaps some adult beverages and leisurely make your way down the Huron River.

Gallop Livery – The other spot to launch off from. If you always dreamed of driving a boat like a bicycle, Gallop has paddleboats.

Cycling

Biking around Ann Arbor and the surrounding area is a lot of fun. If you're looking to buy a bike, get a tune up, or anything in between, check out these places:

- Midwest Bike & Tandem
- Sic Transit – Super close to White Coat
- Transition Rack
- Two Wheel Tango
- Wheels In Motion

Golfing (rating out of stars)

Ice Skating

Ann Arbor Ice Cube – Three rinks, also home to the USA Hockey National Team Development Program

Buhr Park Ice Arena – Outdoor skating from November to March

Veterans Memorial Indoor Ice Arena – Open from September to May

Yost Ice Arena – Lace 'em up in the same illustrious building where the University's hockey team plays. Open skating year-round, check for days/times

Intramural Sports

Beat undergraduates in a variety of sports including flag football, 3v3 indoor soccer, broomball, innertube water polo, basketball, and volleyball.

Rock Climbing

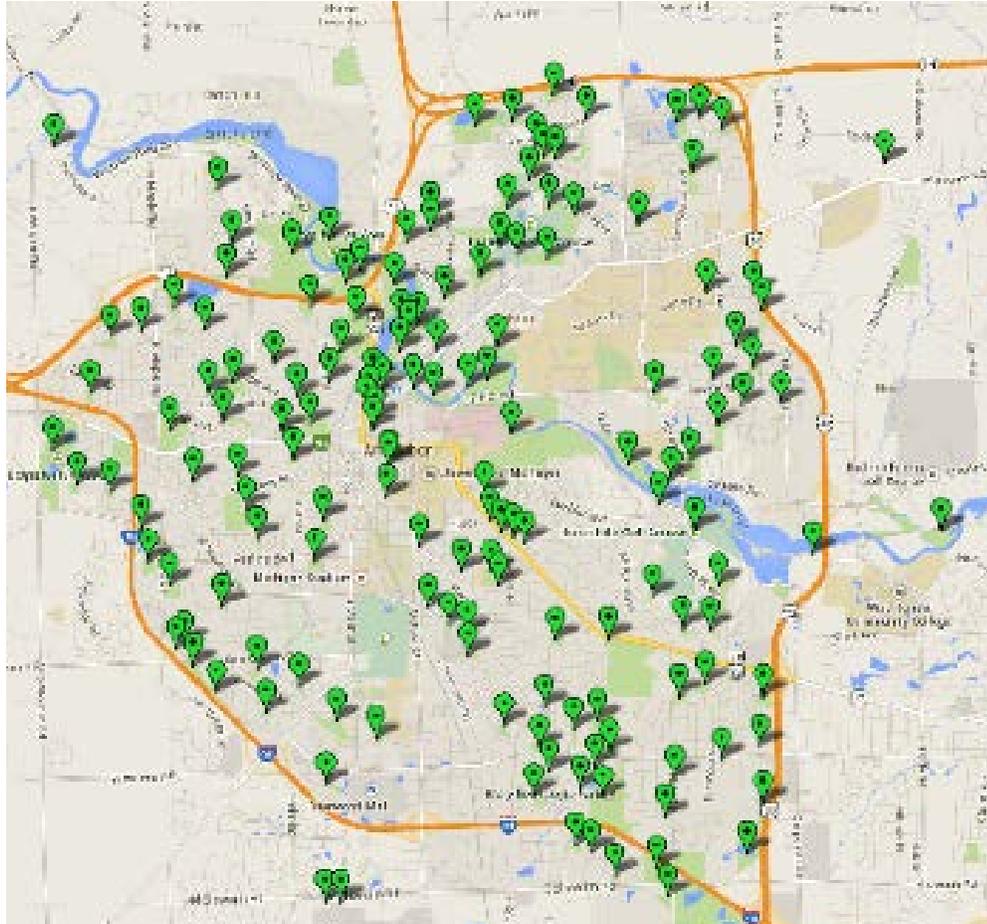
Planet Rock – More expensive than MRock, but definitely more variety and a greater range of course difficulty

MRock Climbing Wall at the Intramural Sports Building – \$5 a day with your M Card, or semester passes for \$65

Guide to Ann Arbor

Athletics and the Outdoors

Ann Arbor Parks:



<http://www.a2gov.org/government/communityservices/Parks-Recreation/parks-places/Pages/default.aspx>

The City of Ann Arbor has a great park system – see the snapshot above of all the parks here. The University also maintains two specialized areas for outdoor enjoyment. The Matthaei Botanical Gardens is located approximately 3 miles east of Domino's Farms. Admission is \$3.00, but free for University students with your university ID card. The gardens offer a number of educational events about plants as well as entertainment (i.e. movies at dusk) programs. The Nichols Arboretum is located just East of the Medical Center. It is a nice place to go and relax or jog, and unlike the Botanical Gardens, permits

picnics. One can also go sledding/traying in the winter (that is, of course, against arboretum regulations). The Arb is also host to the beautiful peony garden and outdoor Shakespeare performances.

In the region, there are 13 metroparks... large areas along the Huron and Clinton rivers in the greater Detroit metropolitan area set aside for recreational use. They offer areas for biking, water sports, winter sports (such as tobogganing and cross-country skiing), hiking, nature study, biking, etc. You can visit www.metroparks.com for much more information

Guide to Ann Arbor

Professional and College Sports



Because sometimes it's more fun to watch other people do activities...

University of Michigan Football

From the pregame tailgating to the actual game watching to the postgame napping, Michigan football games are a blast.



Halftime during the 2013 Michigan vs. Notre Dame Night Game

University of Michigan Basketball

We're good at basketball again, and going to games is always a good time (especially against MSU).

University of Michigan Hockey

Yost is an intimate and awesome venue. Also, tickets are cheaper than football and basketball games.

Other University of Michigan Sports

Volleyball, field hockey, softball, baseball, soccer. Games may have smaller crowds, but they are definitely fun to check out.

Detroit Tigers/Red Wings/Lions/Pistons

Detroit is only 45 minutes away, and it's very easy (and cheap) to go to games.

Guide to Ann Arbor

Gyms

Which Gyms Do Medical Students Most Frequent?

- 1) CCRB
- 2) YMCA
- 3) NCRB
- 4) Planet Fitness
- 5) IMSB

CCRB (Central Campus Recreation Building)

"I know it sucks, but at least you don't have to pay for it"
"It's sufficient"
"It gets crowded in the afternoons, but it's free"
"Come here if you want to play pick up basketball at almost any time."

IMSB (Intramural Sports Building)

"By far the best UMich gym, large and without a frustrating layout"
"M Rock is a lot of fun"

NCRB (North Campus Recreation Building)

"It's pretty gross and really free"
"Small and janky, but has what I need"
"It's pretty old, but it's free and more than adequate"

Lifetime Fitness

"Monthly fee, but not crowded and pretty nice. Free 2 week trial membership for anyone interested!"

Planet Fitness

"Dirt cheap, open 24 hours, always clean, always free and easy parking, never overly crowded, free pizza, unlimited tanning, what else could you ask for?"

Various yoga studios

Ann Arbor has a plethora of yoga studios. Ask around for people's preferences and give one a shot.

Washtenaw Community College – The Health and Fitness Center

"Free classes (yoga, spin, kickbox), 18+, really nice locker rooms - has sauna, steam room and hot tub!"

YMCA

"I Love the Y! Great equipment. Great price. Wonderful community gym feel. Has a pool, classes, weights, machines, gym."
"Worth it! Not too expensive with the student discount, clean facilities, nice to see non-students to give you a sense of normalcy"
"Being a student helps with financial aid - apply for it."
"Best work out equipment in Ann Arbor. The facility is the nicest out of any YMCA I've been to."



Guide to Ann Arbor

Culture



University Music Society

881 N. University Ave

The University Music Society (UMS) offers amazing performances by some world-class artists such as Yo-Yo Ma, Itzhak Perlman, the Alvin Ailey American Dance Theatre, and the San Francisco Symphony. Make sure to take part in an Ann Arbor tradition and catch the Choral Union's presentation of Handel's Messiah every December. While tickets can be expensive, Rush Tickets are available online at ums.org or in person at the League Ticket Office. Additionally, UMS has a half price ticket sale at the beginning of each semester. Make sure to get tickets early for the student discount price because they go fast.

University of Michigan School of Music

1000 S. State St

Come see a wide variety of musical and stage performances by the talented students of the School of Music. Tickets are often free or have a very affordable student price. The annual Halloween Concert is always a fun event with a spooky collection of music and full of costumes. The School of Music's performances are a great way to enjoy a night of the arts on a medical student's budget.

Detroit Opera House

1526 Broadway St, Detroit

The Detroit Opera House is the home of the Michigan Opera Theatre and was recently restored. Catch a new or classic opera, musical, or dance performance in this beautiful theater. Dress rehearsals are a great opportunity to see an opera for an affordable price (student tickets \$10).

University of Michigan's Various Museums

Throughout Ann Arbor

The University of Michigan has a large collection of museums that are scattered throughout Ann Arbor and campus. There is something for everyone at the Kelsey Museum of Archaeology, UM Museum of Natural History and Planetarium, Towsley Sports Museum, and UM Museum of Art. Each of these great collections has free admission.

Detroit Institute of Arts

5200 Woodward Ave, Detroit

The Detroit Institute of Arts (DIA) is one of the largest art museums in the United States and is well worth the drive to Detroit. The museum's collection contains works of art from all around the world spanning from ancient civilizations to contemporary art. See pieces by Rembrandt, Vincent van Gogh, Pablo Picasso, Diego Rivera, Andy Warhol, and many other famous artists contained in their collection of over 60,000 works. Attendance is free for all residents of Wayne, Oakland and Macomb counties (with a piece of mail to your address) or \$5 with your student ID.

Cranbrook Kingswood

39221 Woodward Ave, Bloomfield Hills

Cranbrook is a boarding school outside of Detroit that is a leading center for education, science, and art. Founded in 1904, the school features an Art Museum, Science Institute, and 40 acres of beautiful gardens to explore.

Guide to Ann Arbor

Summer in Ann Arbor



After finishing classes, it is time for a much deserved summer break, and there is never a shortage of things to enjoy throughout Ann Arbor! Campus and downtown will feel like a completely new place once all the undergrads leave for the summer. Take a leisurely stroll downtown and have a sidewalk dinner outside your favorite restaurant. Don't exclusively explore Ann Arbor! Check out a Tiger's game at Comerica Park in Detroit or the shops and restaurants in Depot Town (Ypsilanti).

Ann Arbor Summer Festival/Top of the Park

Hill Auditorium, the Power Center, and outside the Rackham Building

There is something for everyone at the Ann Arbor Summer Festival. You can catch live performances by local bands, outdoor movies, beer/wine tastings, and great local food that all take place outside the Power Center and the Rackham Grad School Building. Every night from mid-June through the first week of July offers a unique opportunity to enjoy the nice weather and listen to local musicians. The best part is that everything is free!

Argo Canoe Livery

1055 Longshore Dr.

Just a short walk from the White Coat Area is Argo Park and the Argo Canoe Livery. During the hot Ann Arbor summers, the Huron River is a great place to cool off while floating down the river. At the Argo Canoe Livery, you can rent canoes, kayaks, and paddleboards for a trip down the river to Gallup Park, where a shuttle will take you back to Argo Park and your car. You can also rent tubes (or bring your own) and leisurely float down the Argo Cascades.

Nichols Arboretum

Summer is a great time to take a walk or run through the Arb. Be sure to take a stroll through the Peony Garden in June and the Gateway Garden of the New World throughout July and August to experience their peak bloom times. Shakespeare in the Arb occurs during June and is a great way to see students and local actors perform one of the Bard's great plays!

Ann Arbor Art Fair

During the third week in July, downtown is taken over by an amazing collection of art from artists all over the world. Over 500,000 people congregate around downtown Ann Arbor and campus to see artist demonstrations, live music, street performers, and of course, buy original pieces of art. Definitely a must-see Ann Arbor tradition! Just don't try to drive anywhere downtown.

Summer Beer Festival

Riverside Park, Ypsilanti

The week after the Art Fair in July is a great opportunity to try hundreds of beers from craft breweries throughout Michigan. Don't miss a great evening with plenty of food, live music, and, of course, beer!

Ann Arbor Housing

M1 Housing



Where to Live, Where to live...?

Things to consider when renting:

- This is the option most med students will choose
- Most leases in Ann Arbor run August through the following August
- Don't forget to ask about utilities!
 - o Some complexes will cover your gas and/or water bill
 - o You will almost invariably have to cover electricity
- Budget for cable/internet
- Majority of M1 students live in the "white coat" area (see below)
- Ask about parking and laundry! (facilities will vary by apartment)
- Consider renter's insurance
- Know your timeframe:
 - o Some options (Kerrytown and Nielsen Court) are snatched up fast
 - o Others (most White Coat complexes) will have available apartments year-round

Things to consider when buying:

- Typically only a popular option for students with a working spouse/family OR MSTP students willing to use the stipend as a down payment
- Buying in white coat area will likely always have rental potential (and fairly high resale potential) after you graduate
- Buying further out in Ann Arbor/surrounding area makes commuting to school tougher
 - o **Driving?** *No parking at the hospital, but you may be able to buy a white coat parking permit from a friend or a parking spot on Craigslist*
 - o **Busing?** *Your student ID gets you free access to all the Ann Arbor buses, so be sure to look at bus stop proximity*

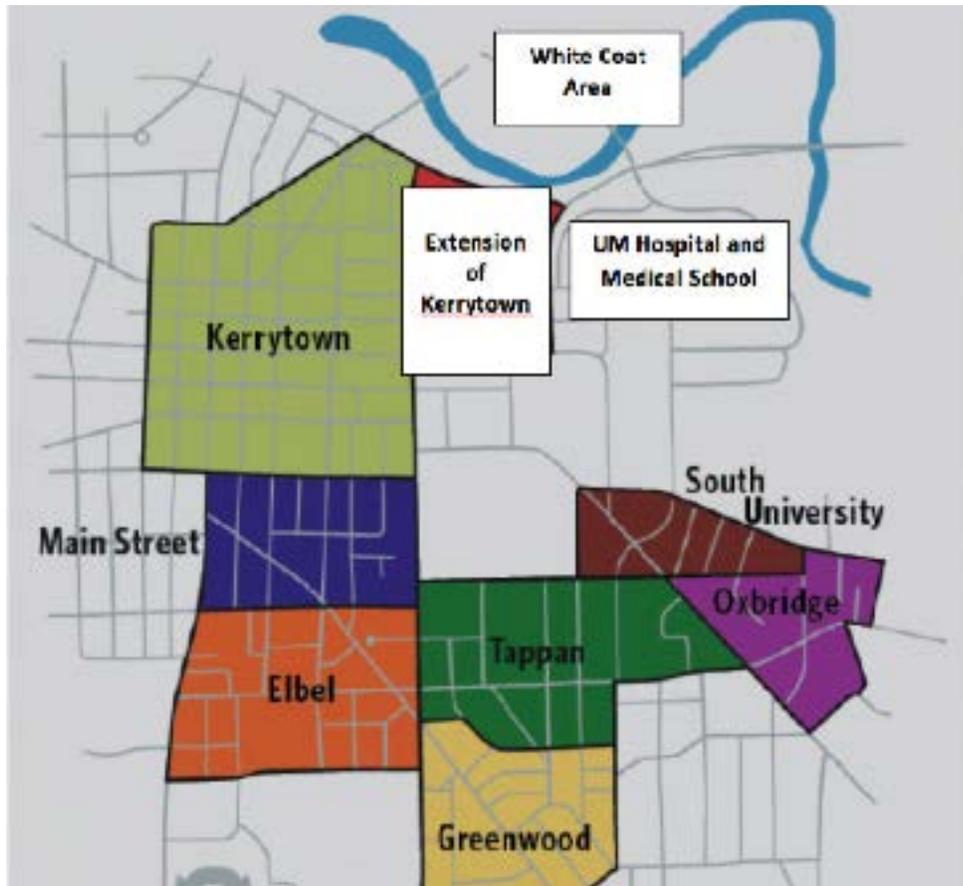
General things to consider:

- Do I need a car?
 - o Not required until 3rd year, but can be a big plus
 - o Lots of fun stuff to do within a short drive
 - o Makes grocery shopping a lot easier.
 - o Having a roommate or close friend with a car can be almost just as good without having to worry about gas prices!

Ann Arbor Housing

Where to Live ... ?

So Tell Me More About All These Neighborhoods...



(Credit: Nolan Loh)

WHITE COAT

This area is composed of several apartment complexes that many medical students (especially first years) and residents live in. In White Coat, you're guaranteed to be living near friends! All apartments are within a 15 minute walk of the med school and have nearby bus stops. Word to the wise: the apartment complex names do NOT match up with the names of the streets they are located on.

Island Drive Apartments

1099 Maiden Lane
Ann Arbor, MI 48105
(734) 665-4331
www.islanddriveapts.com
leasing@islanddriveapts.com

PROs:

- Within walking distance of the hospital
- 1 parking spot available for each bedroom (\$50 refundable deposit)
- Good sized living space
- 3 bedroom, 2 bedroom and studio options

CONs:

- Oldest apartments in the area with fewest nice amenities (no dishwasher)
- AC unit is only in the main living space, not in bedrooms
- Heat is controlled by the central office, not individual units
- Maintenance can be slow

Ann Arbor Housing

Where to Live ... ?



River House

For rent by owners of condos – best to show up to an open house!

PROs:

- Great central pool for a community feel within the condos!
- Most students have had very positive experiences renting
- Many condos are more recently updated (but varies based on owner)
- Toilet/shower is in a separate room from sink/vanity – ideal for roommates!
- Bedrooms are bigger than others

CONs:

- Although Dwayne the maintenance guy is friendly and typically responsive during normal business hours, he can be hard to reach on weekends
- Relatively small kitchens
- Walls are thinner than in other complexes, which means you can hear your upstairs neighbors
- Parking spaces are not guaranteed, but may be available based on your unit

Medical Center Court Apartments

1005 Maiden Lane

Ann Arbor, MI 48105

(734) 662-2950

<http://www.mckinley.com/apartments/michigan/ann-arbor/medical-center-court-apartments#.U8w1NfldV8E>

PROs:

- Every double unit has 2 parking spaces for no extra charge
- Pets are allowed! (costs an extra \$20 per month)
- Maintenance is very fast and responsive!

CONs:

- Small, outdated kitchens
- Smaller bedroom does not have an AC unit (but the bigger one does!)
- Single/studio options can be expensive

Riverside Condos

<https://riversideparkplace.managebuilding.com/Resident/PublicPages/Home.aspx?ReturnUrl=%2fResident%2fdefault.aspx>

PROs:

- Pets allowed!
- Large floor plans – big bedrooms, common space, and kitchens
- Typically nicely updated with shiny new appliances
- Each apartment gets two parking spots (uncovered) and one car port

CONs:

- Condos are for purchase only from the landlord, and renting is only an option if you know someone who owns the condo
- More expensive option than other white coat choices
- Few medical students and mostly older adults live in this building, which can sometimes make it difficult to entertain

Nielsen Court

Freesia Ct.

Ann Arbor, Michigan 48105

<http://www.bouma.com/condo/nielsen-square-ann-arbor>

(734) 761-3060

info@bouma.com

**Also rented directly by owners

PROs:

- Nicest, newest and biggest condos in the White Coat Area
- Great outdoor common areas (grills, gazebos, green spaces)
- Covered garage and parking lot spaces
- Washer and dryer in unit

CONs:

- More expensive than other White Coat options
- Parking is “tandem” spots, so you have to coordinate with your roommates
- Difficult to get – these condos go quick!

Ann Arbor Housing

Where to Live ... ?



KERRYTOWN

The Kerrytown neighborhood of Ann Arbor is a young, hip, welcoming community with many older, unique apartments and houses available for rent. Rental options range from 10 – 20 min walk away from the hospital. This neighborhood is much closer to downtown Ann Arbor than White Coat and is known for its great food, farmer's market and slight hipster vibe. Although most options are more expensive than White Coat, with some snooping a good deal can be found! Many medical students, especially in their later years, choose to live here.

PROs:

- Easily walkable to downtown Ann Arbor: both Main Street (often the area of choice for grad students and yo-pros) and South University (the undergrad's stomping ground)
- Unique, beautiful and often older homes/ apartments for rent
- Helps you feel less in the "med school bubble" because you will have neighbors who are not in the medical field
- Easy access to medical school

CONs:

- Generally a pricier option, often for less space (you pay for the prime location)
- Quality of the facilities and maintenance vary based on landlord
- Apartments go quick! Start looking early if you have your eyes on Kerrytown

LIVING FAR ENOUGH AWAY TO COMMUTE TO SCHOOL

Ann Arbor is a bigger city than most students realize, and there are great options beyond the immediate med school and hospital campus. Especially if you have a family or a significant other with a job outside of Ann Arbor, this is an option to consider!

PROs:

- Cheaper options with more updated amenities and larger floor plans
- Living further away from school can help you avoid getting swept up in the "med school bubble"
- Many newly built/renovated condo complexes in the neighborhood of Ann Arbor surrounding the medical campus

CONs:

- The commute can be tough – especially in the winter!
- Public buses are free, but can be unreliable and driving is a challenge because the hospital won't provide parking, so your best bet is to get an Island Drive parking permit from a friend
- Less sense of community with your fellow classmates

MEDICAL SCHOOL FRATERNITIES

Medical school fraternities are another popular option. These houses offer affordable, cooperative living with other medical students (most are co-ed). You can contact each fraternity for their special requirements and housing options.

Phi Chi Medical Fraternity

2250 Fuller Road
(734) 761-8353

PROs:

- Individual apartments within the complex (one/two bedrooms) with a central clubhouse
- Utilities, cable, internet and parking are all included in monthly rent
- Great bus access and maintenance team

CONs:

- Longer walk (20ish min) to school, may require bus use in winter

Ann Arbor Housing

Where to Live ... ?



Phi Rho Sigma

220 N. Ingalls Street
(734) 761-6515

PROs:

- Great community of medical and grad students living in one complex
- Annual Halloween party is always a hit!
- Chef cooks 3 meals per day!
- Meals, internet, utilities, cable all included in rent

CONs:

- Accommodations are dorm-style, not individual apartments

Rental Companies in Ann Arbor

Kingsley Post Apartments
809 E. Kingsley
(734) 668-2913

Bradford House Apartments
1010 Catherine
(734) 662-5500

Fuller Apartments
800-802 Fuller Road
(734) 769-7520

Huron Towers Apartments
2200 Fuller Court
(734) 665-9161

Huron River Plaza Apartments
2232 Fuller Court #101
(734) 996-4992
The Crossings of Michigan
560 Kellogg
(734) 761-8481

Shoreview Apartments
420 Kellogg
(734) 761-3404

Brookside Apartments
1516 Plymouth Road
(734) 668-8367

Arbor Valley Apartments
1550 Plymouth Road
(734) 668-6686

Ann Arbor Apartment Association
179 Little Lake Drive
(734) 663-1200
Village Green of Ann Arbor
459 Village Green
(734) 995-9111

Geddes Lake Townhouses
3000 Lakehaven Drive
(734) 663-1530

Lake Village of Ann Arbor
101 Lake Village
(734) 662-6440

Woodland Meadows Apartments and Townhouses

275 Fieldcrest
(734) 995-1000

Briar Cove
650 Waymarket

(734) 995-3300

Valley Ranch Apartments
1315 Oak Valley

(734) 747-9050

Ann Arbor Realty, Inc.
616 Church Street
(734) 663-7444

Ann Arbor Housing

Where to Live ... ?



Rental Companies in Ann Arbor

Arbor Properties
PO. Box 7967, Ann Arbor, MI, 48107
(734) 994-3157

Grey House Properties
P.O. Box 3739, Ann Arbor, MI, 48106
(734) 994-5284

Broadview Apartments
1723 Broadview Lane #306
(734) 741-9300

Keystone Properties, Inc.
608 Packard, Ann Arbor, MI, 48104
(734) 663-2284

Cappo Management
318 E. Jefferson St., #6B
(734) 996-1991

Michigan Realty Management
1155 Rosewood, Suite B
(734) 662-5500

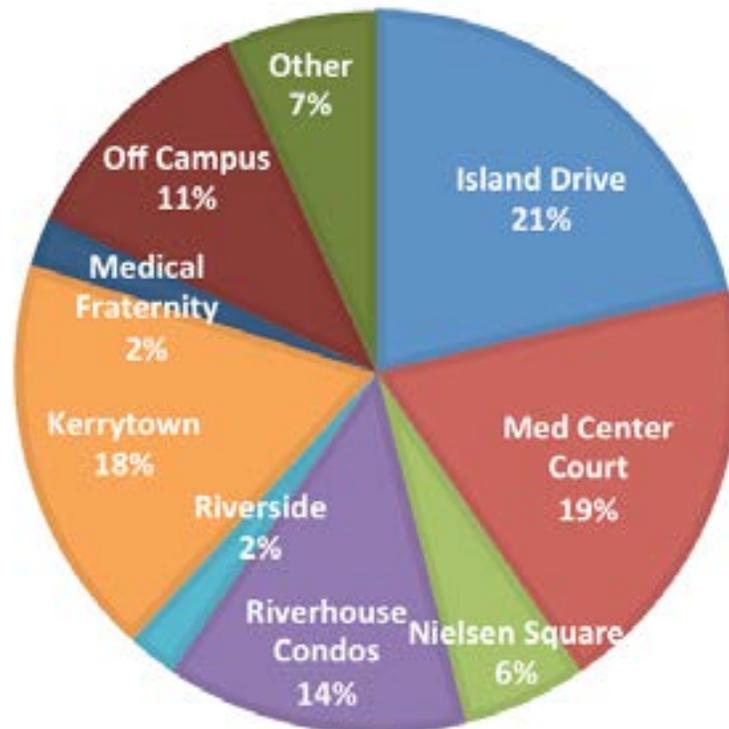
CMB Property Management
1700 Geddes Ave
(734) 741-9300

Oakland Management
416 E. Huron, Suite #1
(734) 761-7491

Where have med students chosen to live?

Now that you have some background on each of the housing options, take a look at where med students have chosen to spend their 4 years in Ann Arbor.

WHERE DO MED STUDENTS LIVE?



The End. Thanks for Reading.