SCHOOL OF MEDICINE, NEW ORLEANS

THE SCOOP

2016-2017
# TABLE OF CONTENTS

## INTRODUCTION

3

## THOUGHTS FROM THE SECOND YEAR PRESIDENT

4

## GENERAL ACADEMIC INFORMATION

COURSE SCHEDULE 7

TEST TAKING 8

THE GRADING SYSTEM 9

TEXTBOOKS 9

SERVICE LEARNING ELECTIVE 9

HOUSE SYSTEM

## COURSE INFORMATION

GROSS AND DEVELOPMENTAL ANATOMY 12

BIOCHEMISTRY 16

CLINICAL SKILLS INTEGRATION 18

HISTOLOGY 21

PHYSIOLOGY 24

GENETICS 27

IMMUNOLOGY 29

POPULATION HEALTH 32

HUMAN BEHAVIOR AND DEVELOPMENT 34

## HOW TO STUDY 101: SUPPLEMENTARY MATERIALS

NOTETAKING SERVICE 36

CUTOUTS 37

MEDIASITE 37

SUPPLEMENTAL TEXTBOOKS 38

## ADDITIONAL ACADEMIC PROGRAMS

39

## GENERAL CAMPUS INFORMATION

40

## STUDENT SERVICES

42

## ORGANIZATIONS AND STUDENT PROGRAMS

STUDENT GOVERNMENT ASSOCIATION 43

INTEREST GROUPS 43

CAMP TIGER 44

HOMELESS CLINIC 44

CORE 45

AESCUPLAPIAN SOCIETY 45

NON-TRADITIONAL STUDENTS ADVOCACY COMMITTEE 45

OTHER ORGANIZATIONS 46
INTRODUCTION

This is the 43rd edition of a book conceived by the Student-Staffer Advisory Council and members of the Freshman Class of 1968 and maintained by each class of medical students as they finish their first year. The material contained herein consists of those things that medical students themselves have needed and wanted to know over the years upon entering medical school.

This guide is meant to give you a general overview, not be an exhaustive resource. Any and all important points will be hit on multiple times throughout orientation and the semester. Furthermore, we offer this advice to you as a guide, realizing that it may not apply to all of you all of the time. In this light, we encourage you to come to us with any additional questions that you may have. We are more than willing to help in any way we can.

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THOUGHTS FROM THE SECOND-YEAR PRESIDENT

To the Class of 2020,

Congratulations on your acceptance into the School of Medicine! I’m honored to be one of the first to welcome you to the LSUHSC New Orleans family, and we are incredibly excited to join you on your journey in becoming physicians. You should take immense pride in the achievements that have brought you here and in your choice to train at this phenomenal institution.

Over the next few months, you will hear hundreds of pieces of advice about how to succeed in medical school. For simplicity’s sake, I will only give you three:

You are in medical school for a reason. Honor that reason.

You are going to be a doctor one day. I encourage you to go through medical school with that statement in mind. You were selected from thousands of applicants by a committee that believes you have what it takes to graduate from medical school. Your grades, your MCAT score, your desire to help people, and your courage to save the world – it all has led you to your acceptance and now to this pivotal point.

You are a smart, capable student, and you are here to prove that. For that reason, you should always be the first one answering your own questions. Not your tank mates or the faculty – you. You are an excellent problem solver. You know that because of where you are. Have faith in your own ability to find the answers and succeed in medical school without relying entirely on the people around you. Try not to whine when lectures are hard to understand or when professors aren’t around to ask questions. Pursue the answers and try to solve the problems yourself first. You will be tempted to complain at times, I promise you. But don’t. For your classmates’ sake, for your parents’ sake, and for your own sake, learn how to find answers yourself and trust the process.

However, you are not expected to do this all on your own. And when you need to reach out for help...
Know that you have the resources around you to succeed.

This campus has your back - that’s one of the best qualities of the LSUHSC School of Medicine. Your fellow students, the faculty, and the programs around you all work tirelessly to support you in this journey. Take advantage of those resources. You will hear a lot about them during Orientation and over the next couple of months, but know that they are always available to you: classmates, your big buddy, L2’s, Student Affairs faculty, the House System, CAP, Student Government Association, tutoring programs, etc.

Although medical school can be difficult at times, know that you have the support around you to overcome any challenges you face. If classes begin to overwhelm you, if you get sick, if you become a parent the week before a test, or if you find yourself feeling depressed, there are people here to give you support. There might even be other students who have gone through exactly what you’re experiencing. The LSUHSC family is here to help you; just don’t forget to reach out when you need it.

Learn how to let it all go.

The most important thing you can do for your career (and your sanity) is to learn how to reach a balance. Sometimes, that involves letting go of the little voice in the back of your head telling you to keep working or keep worrying. When it’s necessary, learn how to shut that voice out and enjoy yourself. Everyone has different ways of doing it – exercising, going outdoors, visiting your family, or watching Game of Thrones. Find your way to reach a balance, because letting go of things could save your career.

If you are not emotionally prepared to enter the classroom and focus, you will have a much harder time learning. If you are stressed, overwhelmed, or unhappy, it will be much more difficult to succeed in the classroom or treat your patients in a hospital. But if you learn how to control your stress and manage your time well, you’ll find that there is plenty of room for what makes you happy. Medical school can be stressful, but good time management is what can also make it enjoyable. While it is important to manage your time so that you get all of your studying done, it’s just as important to leave some time to just let it all go.

This coming year will be an incredible journey filled with new friends, long hours of studying, and short weekends exploring the best city in the world. As you transition into being a medical student, never forget what got you here, and don’t lose sight of the ultimate goal of being here:
treating your future patients. In the end, remember that you will be a doctor one day and that you will have the incredible opportunity to improve or even save people’s lives. This is a huge responsibility, but one we trust you will handle with professionalism and compassion. Good luck, and again, welcome to LSUHSC New Orleans!

Congratulations! You’ve earned it.

Hayes Patrick
President, Class of 2019
GENERAL ACADEMIC INFORMATION

COURSE SCHEDULE

FIRST SEMESTER

- Gross and Developmental Anatomy
- Biochemistry
- Clinical Skills Integration

SECOND SEMESTER

- Physiology
- Population Health
- Histology
- Immunology
- Genetics
- Human Behavior and Development
- Clinical Skills Integration

First semester you will take Gross and Developmental Anatomy, Biochemistry, and Clinical Skills Integration (CSI) throughout the semester. Monday, Wednesday, and Friday mornings will mostly be devoted to anatomy, and Tuesday and Thursday mornings will mostly be devoted to biochemistry. Most large lectures will occur in the morning. CSI will mostly be in the afternoons in a small group format.

There will be a two week break between semesters.

You will begin your second semester with a one week preceptorship with a physician of your choice in a field of your choice.

Second semester you will take Histology and Physiology throughout most of the semester. In addition to those two courses, you will always have a third course. That third course will be Genetics in the beginning of the semester and Immunology later in the semester. All of those classes will end with a few weeks remaining in the semester, and those last few weeks will be spent taking Population Health and Human Behavior and Development. You will still have CSI throughout the semester as well.
Your second semester schedule is still being worked on. Because the curriculum underwent major changes last year, there might have to be some adjustments this year. The above information (and the information on the second semester courses found in the following sections) is based on last year’s second semester schedule and what information about your second semester schedule is available at this time.

The biggest change between the first and second semesters is that you will no longer have hours to spend in lab in the second semester. Instead you will be in lecture almost every day from 8-12. In anatomy, you might have 4 new lectures in a week, but in physiology, you might have 8. Lectures and note sets will get longer and information will pile up quickly—you do NOT want to fall behind.

Attendance at most lectures, while highly encouraged, is not mandatory. However, the professors reserve the right to make some lectures mandatory if they are of extra importance, are given by a guest lecturer, etc.

**TEST TAKING**

In the first semester, exams begin at 9 AM and will take place either on a Monday and Tuesday or a Tuesday and Wednesday. The first day will be your biochemistry and CSI exams, and the second day will be your anatomy written exam and your anatomy practical exam.

In the second semester, exams are still in the mornings, but will usually take place on Fridays. You will have all of your exams (sometimes as many as 4 or 5) in one day. (Again, because your second semester schedule is not complete at this time, this is based on last year’s schedule.)

All of your written exams (i.e. everything but anatomy and histology practical exams) will be taken on your computers. On test day, students are required to bring their laptops, charger, and Ethernet cable. You will not be allowed to use WIFI during exams. As exams approach, professors will give ample detail of test design and procedure.

If you encounter any problems on test day (for instance, if you become ill or you are involved in an automobile accident) call the Office of Student Affairs at 504-568-4874.
**THE GRADING SYSTEM**

The grading system recognizes four levels of achievement: Honors, High Pass, Pass, and Fail. Each department determines its grading scale. *GRADING SCALES ARE NOT THE SAME FOR ALL COURSES.*

Students who have received one or more failing grades are reviewed by the Pre-Clinical Sciences Promotions Committee, which is composed of course directors from the first and second years. The Promotions Committee gives every possible consideration to each student under review. Any extenuating circumstances that might have caused a student’s sub-par performance are weighed by the committee. These meetings occur shortly after the end of second semester. Students are also given advocates to help coach and prepare for the meetings.

**TEXTBOOKS**

There are required books listed from the course directors; however, most people choose not to purchase every book. Of course, if a text will help you, by all means buy it, find an electronic copy, or check it out from the library. In the following sections, we will talk about the books and resources most people find the most helpful for each course. You should, however, check out any resource yourself and decide if it will be helpful to you. Just remember, everyone will think they have the best book to use, but that doesn't mean you have to buy them all. At the end of the day, it doesn’t matter what the “best” book is – just pick one or two and stick with them.

You will be overwhelmed by the amount of resources you will inherit and find during your studies – the most effective approach is to figure out what works for you. If you are using a resource that doesn’t seem to be working – stop using it, even if everyone else seems to be using it! You don’t have the time to waste on a resource that isn’t helping you. Once you determine the best way for you to study, stick to those resources.

**SERVICE LEARNING OBJECTIVE**

The mission of the Student Learning Elective (SLE) is to establish an elective program for medical students that will give transcript credit to students who are involved in community service and professional development activities throughout their years of medical school. If you earn the required credits, you will get special recognition in your Dean’s letter that is sent to
Residency Programs.

Do not stress over SLE hours. There will be many opportunities throughout the year, and it is completely optional and not required to graduate (although most people participate in the program and don’t find it difficult to meet the requirements).

There are two types of Service Learning Elective credit – Community Service Elective (CSE) and Professional Development Elective (PDE). Through your four years of medical school, you must acquire 75 CSE hours and 150 points of PDE credit total (not per year).

Examples of Community Service Elective opportunities: your orientation service project, Smart Café, NOARP, Cancer Resource Room, Louisiana Lighthouse, Family Day, Rock ‘n’ Roll marathon, CORE, Camp Tiger (if you participated in Camp Tiger this summer, you already have 20 CSE credits. Congratulations!), etc.

Examples of Professional Development opportunities: setting up mock practicals, tutoring (the Anatomy professors will match students who honored or high passed the first exam with students who struggled, if both parties want), organizing Camp Tiger, admissions tours, submitting articles to the STIM newsletter, being a class officer or officer to an organization, etc.

Don’t stress about what any of these programs are! These lists is just trying to show you that you will have plenty of chances to get your hours; just read your emails for information about different opportunities!

THE HOUSE SYSTEM

The House System was designed to focus down the whole student body into smaller, more intimate communities in which students would be able to form connections in a more personal environment.

The house system is made up of 8 individual houses, each of which is named after a famous street in New Orleans (Magazine, Decatur, Napoleon, Tchoupitoulas, etc.). Each of these houses is made up of two CSI groups. (For example, CSI groups 15 and 16 together make up Carrollton house.) There are about 12 students per class assigned to each CSI group. Students remain in their house for all four years of medical school, and are able to act as mentors for the students in the classes below them within their house as they advance each year. Each house
also has faculty leaders who interact with the students in their house, and are always open to giving advice and getting to know students better.

CSI groups and houses convene frequently for both academic and extracurricular occasions, allowing for more opportunities for students to form bonds with their fellow classmates. These occasions include skills labs, clinical forum discussions, and fun events such as house parties.

During orientation, you will not only meet your classmates and the L2’s in your house, but you will meet your L2 orientation house leaders. The purpose of these house leaders is to foster communication between the L1’s and L2’s in each house in order to ease the transition into medical school for the members of your class. House leaders will also be available after orientation and will offer more opportunities during the school year to offer advice and answer questions for the new members of their house.

In addition, each of you will be assigned a big buddy. This big buddy will be an L2 who may or may not be in your house. This L2 will serve as an additional resource for advice and support, and they will also very likely pass down many textbooks and other study resources to you that they found helpful during their first year of medical school.
COURSE INFORMATION

ANAT 100: GROSS AND DEVELOPMENTAL ANATOMY

FACULTY

Course Directors:
Richard Whitworth, Ph.D. Lisa Campeau, M.D.
Office #6230, Medical Education Building Office #6138, Medical Education Building

Additional faculty:
William Swartz, Ph.D., Jason Mussel, Ph.D., Theodore Weyand, Ph.D., and Guen Rae, Ph. D.

GENERAL COURSE INFORMATION

GRDA is a fusion of two courses that were once separate (Gross Anatomy and Human Prenatal Development). The "Gross" portion of GRDA runs 3-4 days a week, usually from 8 AM until noon, with about an hour of lecture followed by three hours of lab. The “Developmental" portion of GRDA takes place about 1 or 2 times per week, with one Developmental Lab Demo before each exam. These are projected demonstrations led by the anatomy staff. Of the two portions of the GRDA course, Gross is more heavily emphasized.

The course is divided into four blocks of material:
- Back and Thorax
- Head and Neck
- Abdomen and Pelvis
- Upper and Lower Extremities

EXAMS

The exam at the end of each block consists of a lecture-based written exam and laboratory practical. Half of the class will take the written exam first, and half will take the practical first. Which half of the class takes which exam first will alternate exam to exam. The written exam and the practical will each be over 100 questions, and the exam as a whole will probably take about to 4 hours to complete. Bring a snack.
Each exam is weighted 50% written and 50% practical, but the exams themselves are weighted differently – weighting is heavier on the later blocks to help ease you into anatomy.

LAB

There will be four students assigned to a tank.

Be mindful that the lab time allotted to you during the week will not be enough study time for the practical. It is necessary to go into the lab in the afternoon, night, or on the weekends before the exams.

The lab is open 24/7 and students are encouraged to go in groups of 2-4 to pull up multiple cadavers and study from others’ dissections; however, this is a privilege, not a right and can be revoked if people do not take care of the cadavers. Not only is the goal of lab to learn anatomy, but also to care for “your first patient.”

Remember to never dissect on another tank’s cadaver. You can look and study, but be courteous and wet the bodies down before leaving. NEVER leave the cadavers up. (Legend has it that if you misbehave in lab, are disrespectful to the cadavers or the faculty, or leave your tank area messy around the exam time, your practical will be more difficult!)

“Hit lists” for each block can be found on your class Google Drive. They’re just lists of structures and the number of times those structures have appeared on previous exams. Toward the end of a block, bring a “hit list” to lab and make sure you can identify everything on it – on multiple cadavers! Although this isn’t the only studying you should do for the practical, it tends to be pretty high yield.

RESOURCES AND SUPPLIES

1. **Grant’s Dissector**: The dissector offers wonderful introductions and gives you a step-by-step guide of the dissection for each day. Preparing before lab will make lab time more useful and will end up saving you study time in the long run. Although all tanks have at least one copy of Grant’s Dissector, students often find it beneficial to have personal clean copy of the dissector as a study resource outside the lab.

2. **Atlas of Anatomy**: When it comes to gross anatomy, a picture is certainly worth a thousand words. Because all atlases have the same information, just presented slightly
differently, choose an atlas and stick with it. Like the dissectors, there will be an atlas at every tank, but you’ll want a clean copy of your own. Some suggestions:

a) *Atlas of Human Anatomy*, Frank Netter – the most popular illustrated atlas
b) *Thieme Atlas of Anatomy* – the atlas that will be at every tank
c) *Color Atlas of Anatomy*, Johannes Rohen – a photographic (i.e. not illustrated) atlas; many people find Rohen’s helpful in studying the day before an exam (the lab will be closed the day before an exam so that the faculty can set up the practical)

3. **Supplemental Textbooks**: By far, the most popular supplemental book is *Board Review Series Gross Anatomy*. All of the BRS books are written in outline format, and they have wonderful review tests at the end of each chapter. It’s not unheard of for exam questions to look very similar to BRS questions!

4. **Cutouts**: Cutouts are simply old test questions. You can find them on your class Google Drive.

5. **Lab Supplies**: Most dissection tools will be provided for you, but there are a few things that you need to come to lab with. It’s a good idea to coordinate with your tank mates so you’re not collectively buying more supplies than you need to.

a) Scissors – The only tool that will not be provided for you that you may want to purchase are curved Metzenbaum scissors. This is not required, but it’s certainly helpful to have at least one pair at your tank. Dr. Campeau will be sending out a link as your semester nears.

b) Scalpel blades – Again, Dr. Campeau will be sending out a link to you so you know exactly what to purchase. Two or three boxes should be *more* than enough for your tank for the semester.

c) Nitrile or latex gloves – You’ll go through multiple boxes throughout the year!

d) Attire – Scrubs (or any long pants) and closed-toe are required during lab dissection. Because the lab is kept cold, most students wear an old sweatshirt during lab. You will throw away your scrubs, sweatshirt, etc. at the end of the year, so try to buy them cheaply!
ANATOMY ADVICE

While Gross can seem daunting because of its high volume, don’t let it scare you! The best way to approach it is to keep up so you don't find yourself swamped the week before an exam. Nevertheless, each person develops his or her own strategy to do this.

It helps to pay attention and use your class time wisely. Lectures are very helpful in understanding the dissection. Even still, it’s important to be prepared before coming to lab by reading up on the dissection beforehand. Oftentimes, you will progress in lab farther than you have covered in lecture – this is not an excuse to not know the answers when you are being pimped! Reading and understanding the landmarks mentioned in the dissector the night before a lab is a very handy way to avoid getting pimped too hard.

Students usually identify the second block exam (head and neck) as the most difficult of the four blocks because of the level of detail and small size of the structures. Peer tutors are available (free of charge) after the first exam to those students experiencing difficulty. But most importantly, if you find yourself struggling, go to the professors! The GRDA professors are some of the best you’ll have in medical school, and they want to help.

As for the embryologic anatomy, the developmental part of GRDA correlates nicely with what you learn in the gross lectures. Take advantage of this overlap by studying a specific organ’s gross and developmental aspects at the same time. Know your embryological derivations cold—they are popular exam questions! Dr. Whitworth usually gives a developmental review lecture before each exam, and they’re usually pretty representative of the test questions. That’s not to say you shouldn’t look at any other developmental lectures, but the review lecture is definitely a place to start to guide your studying. The lab practical part of the developmental anatomy comes directly from the lab demos Dr. Whitworth, Dr. Swartz, and Dr. Mussel give, so please do not lose those “give-me” points.
**BIOCH 100: BIOCHEMISTRY**

**FACULTY**

Course Director:
David Worthylake, Ph.D.
Office #7152, Medical Education Building

Additional faculty: Sunyoung Kim, Ph.D., Arthur Haas, Ph.D., Shyamal Desai, Ph.D., Edward Wojcik, Ph.D., Suresh Alahari, Ph.D., Andrew Hollenbach, Ph.D., and Judy Crabtree, Ph.D.

**GENERAL COURSE INFORMATION**

You will typically have two biochem lectures 2 days a week (usually Tuesdays and Thursdays).

Biochemistry is designed to be a general survey of biochemistry and, therefore, will probably not be as exhaustive as some undergraduate courses. This does not mean it will not be detailed – all those metabolic pathways you encountered in undergrad will come back to haunt you, but photosynthesis, nitrogen fixation, and other non-human biochemistry topics will not be covered. This is a *medical* biochemistry course, so diseases and any clinical correlations will be big topics.

**EXAMS**

There will be a written exam at the end of each block. The exams are typically 50-70 questions long. Collectively, the block exams are worth 75% of your course grade. The first exam tends to be the easiest, and the third exam tends to be the hardest. Again, this is a medical biochemistry course, so focusing on where metabolic pathways “go wrong” in diseases and what the results of that are will be very high yield.

You will also have a customized NBME Shelf exam at the end of the semester that accounts for 25% of your course grade. The exam will be made of all board-style questions, but the professors get to pick the questions, so there shouldn’t be information on the shelf exam that you’ve never seen before. The exam will be cumulative and will also be longer than you’re used to – typically about 120 questions.
RESOURCES

1. **Recommended Textbook** – By far, the most useful resource for this course is *Lippincott’s Biochemistry*. It’s written in outline form, it’s very easy to read, and many of the professors’ lectures follow the textbook exactly. Even if you don’t normally find textbooks helpful, the Lippincott textbook has great concept map summaries at the end of every chapter.

2. **Cutouts** – There are cutouts for biochem, but because the course was restructured just last year, some of the cutout questions might not accurately represent the material that will be covered on your exams.

3. **Supplemental Textbooks** – Many people used the biochemistry section of *First Aid* to study for the shelf exam. The biochem section is about 50 pages long, and focuses mostly on the big picture points of metabolic pathways and what goes wrong it metabolic diseases, which is very high yield for the shelf exam!

BIOCHEMISTRY ADVICE

Some professors will include clicker questions at the end of each lecture to give you an idea of what type of question could be asked about the topics just covered. While you’re not technically graded on attendance, clicking in on those questions in class can add up to 2 points to your final course grade.
CSI 101 AND 102: Clinical Skills Integration

FACULTY

Course Director:
Robin English, M.D.
Office #618, Lions Building

GENERAL COURSE INFORMATION

Clinical Skills Integrations (CSI) begins to build your foundation in clinical medicine, examining the patient-doctor relationship, communication skills, and medical ethics.

CSI is composed of different parts – lectures, DxR cases, TBL’s, physical exam sessions, clinical forums, skills lab, written exams, and your preceptorship. DxR cases, TBL’s, physical exam sessions, and clinical forums center on a chief complaint. That complaint will correlate with what you are learning about in anatomy.

1) Lectures – Many of your lectures will be concentrated in the one week course introduction before you begin anatomy and biochemistry. There’s usually a sign in sheet at lectures. While attendance at all lectures is not mandatory, you need to attend a certain percentage of the lectures to pass this portion of the class.

2) Diagnostic Reasoning (DxR) Cases: Computer-based DxR cases help you begin to develop clinical problem solving skills. These cases are assigned for each chief complaint you learn about. Each case requires you to interview and examine a patient, develop a differential diagnosis, order pertinent labs, and ultimately make a diagnosis. You will only be graded on your interview and physical exam. Before you start each case, Dr. English will post two Power Point presentations on Moodle to help you with the case; one will be a guide on approaching the interview and physical exam for each chief complaint, and the other will be a list of prototypical illness scripts for that chief complaint (you’ll hear much more about these illness scripts in Dr. English’s lectures at the beginning of the year!).

3) Team Based Learning (TBL) Sessions – After you complete a DxR case, you will have a TBL session focused on the same chief complaint. The TBL consists an individual quiz (IRAT) and a group quiz (GRAT), which are both graded, and an application exercise,
which is not graded. The IRAT and GRAT typically focus on the DxR case and the illness scripts for the chief complaint.

4) **Physical Exam Sessions** – In these sessions, Dr. English will walk you through a typical physical exam focused on the chief complaint you’re learning about. This portion of the course is pass/fail. There is usually a video you need to watch before your session, but as long as you’re in attendance, you’ll pass.

5) **Clinical Forums** – Faculty-led small group sessions will cover a range of topics, such as medical ethics, professionalism, physician-patient communication, social issues, cultural competency, and healthcare policy. Some of the sessions will be centered on the chief complaint that you’re covering in other aspects of the course. At those sessions, you will participate in doctor-patient role plays and complete a patient interview. Just know your illness scripts, and you’ll be fine! This portion of the class is pass/fail; all you need to do to pass is show up and participate.

6) **Skills Lab** – This component of the course provides “hands-on” opportunities to practice the skills of clinical medicine. Several training sessions are conducted in the simulation laboratory. This lab provides supervised practice of basic medical procedures (i.e. taking vital signs, cardiac monitoring, etc.). There is a pre-quiz before each skills lab session. This portion of the class is pass/fail. As long as you get a 70% on the pre-quiz and attend the session, you’ll pass.

7) **Preceptorship** – You will complete a preceptorship with a physician of your choice during the first week of the second semester. This portion of the course is pass/fail. You will hear much more about this toward the end of the first semester.

TBL’s, physical exam sessions, clinical forums, and skills labs will take place in your CSI small groups. Altogether, there are 16 groups, and there are about 12-13 students in each group. You will receive an email with your CSI group assignments before orientation, and your group will be the same all throughout medical school.

CSI 101 and 102 are very similar. The only real differences are that CSI 102 has fewer lectures, no physical exam sessions, and the preceptorship in the first week of the semester. There is also an interview skills practical exam at the end of 102. This will be very similar to the doctor-patient role plays you will have been doing all throughout the semester in the clinical forums, so it will be nothing to stress over by that point!
EXAMS

You will have two CSI exams per semester. They are about 30-50 questions long. The exams cover ALL aspects of CSI—DxR, skills lab, physical exams sessions, clinical forums, and lectures. However, the focus of the exams is typically the illness scripts for the chief complaints. The questions are mostly clinically based, and look very similar to the questions in the TBL application exercise. So while you’re not graded on the TBL application exercise, it’s really helpful in the long run to pay attention and participate. Usually, if you pay attention during all your CSI sections, the only thing you really need to study for the tests are the illness scripts and basic points of the skills labs.

Each CSI exam is cumulative. That means that your final exam in May will include information that goes all the back to August. Don’t just cram these and forget them; not only will you have to remember them for your final at the end of your first year, but you’ll build on your knowledge of these illnesses throughout second year!

In terms of credit hours, CSI carries a LOT of weight, and an honors designation will go a long way toward your overall grade.

SUPPLIES

Although there is no book for the CSI course, you will need to purchase some “real doctor” equipment (stethoscope, otoscope/ophthalmoscope, etc.). During the beginning of your first semester, there will be an equipment sale in which representatives from companies that sell these items will come talk to you and offer these instruments at a discounted price. If money is tight, all that you have to have is a stethoscope. However, these are really good prices, so if you will want equipment in the future, now is the time to get it. Keep in mind that, while this equipment is expensive, it is an investment. Practice using it!
CELL BIO 100: CELL BIOLOGY (a.k.a. Histology)

FACULTY

Course Director:
Paula Gregory, Ph.D.
Office #661, Clinical Sciences Research Building

Additional faculty:
Gregory Casey, Ph.D., Mitzi Glover, Ph.D., and Guen Rae, Ph.D.

GENERAL COURSE INFORMATION

The first week of histology covers the basic concepts of cell biology. After that, the course is going to correlate with physiology as best as possible. You cover more organs and systems in histology than in physiology, so some subjects (bone, blood, eye, ear, etc.) may not correlate with physiology. Often you will be taught the histology and physiology of an organ system in consecutive lectures in the same day.

The course is divided into four blocks of material. Previously, the course was divided into five blocks. Therefore, at this time, we are not sure what organs and systems will be covered on each test. The breakdown for our five blocks last year was as follows:

- Cell Biology, Epithelium, Muscle, Connective Tissue, Cardiovascular System, and Nervous Tissue
- Respiratory System and Blood
- Endocrine System and Bone
- Lymphatics, Integument, and Urinary System
- GI System, Eye, and Ear

EXAMS

There will be four block exams, each with a written and practical component. The written and practical portions of each exam will each account for 50% of the exam grade, and the four exams will be weighted equally. Keep in mind that, unlike in anatomy, the first exam counts for just as much of your course grade as the rest of the exams, so be sure not to blow off histology in the beginning of the semester! This is generally regarded as one of the easiest courses in med school. You don’t want to shoot yourself in the foot on the first test.
The written exam will be taken on the computer and will be multiple choice. For the practical exam, the images will be on the computer, but you will write your answers on an answer sheet. These practicals are much shorter and much less exhaustive than the anatomy practical exams.

(Note that at the time this was written, the histology faculty was considering combining the written and practical exams into one exam. The exam material will still be 50% written questions and 50% practical questions; it will just all be on one exam instead of two. If this change occurs, it will be to your advantage! Often times, a word or phrase in one question will jog your memory and help you with a previous question that you might have been having trouble with, so the more you can move back and forth between written and practical questions before submitting your answers, the better!)

Students commonly find that the Power Point presentations for histology lecture and lab are straightforward and serve as a sufficient study resource.

Your final exam will be an NBME shelf exam. Unlike your biochemistry shelf exam in the first semester, the histology shelf exam is not customized. That means there might be information on the exam that you have never seen before. Don’t let that panic you! If you haven’t seen it, chances are no one in your class has seen it.

In addition to exams, histology will contain TBL sessions. These sessions are identical in format and grading to the TBL’s in CSI (IRAT, GRAT, application exercise, etc.), and will count for 5% of your grade in histology.

LAB

Computer-based slides have replaced traditional slides. You will usually meet for histology lab once a week to go over slides on your computers.

HISTOLOGY ADVICE

For the practical exams, as a general rule, the more images you look at, the better off you will do. The most helpful resource for practicals is “Mark’s Slides,” which should be on your class’s Google Drive. Don’t forget the EM slides!

The class of 2019 was the first class to take a histology shelf exam. We found that the exam focused more heavily on cell biology concepts than our lectures did, so don’t forget to look over those! Also, we found that the shelf focused less on slide identification than did our block
exams, so while it’s important to be able to identify major tissues, don’t get caught up in the nitty gritty details and “look alikes.” Most of the slides you needed to be able to identify on the shelf were not difficult.
PHYSIO 100: PHYSIOLOGY

FACULTY

Course Director:
Michael Levitzky, Ph.D.
Office #7252, Medical Education Building

Additional Faculty:
Kathleen McDonough, Ph.D., Jason Gardner, Ph.D., Patricia Molina, M.D. Ph.D., Lisa Harrison-Bernard, Ph.D., and Barry Potter, Ph.D

GENERAL COURSE INFORMATION

In terms of clinical relevance, physiology is one of the most important courses you will take in medical school. The class is broken up into organ systems, with a different professor lecturing on each system (cardiovascular with Dr. McDonough, pulmonary with Dr. Levitzky, endocrine with Dr. Molina, renal with Dr. Harrison-Bernard, and GI with Dr. Potter). This can make the class a little more daunting because the students are not able to familiarize themselves with a single professor’s lecture/testing style. Every test is like taking the first test.

Like anatomy in the first semester, physiology will be the most grueling course of your second semester. However, unlike anatomy, you will not be spending time in (and you will not be tested on) lab. That means all the time you spent in lab in anatomy will now be spent in additional lecture in physiology. Your first physiology exam will likely cover 20 or more lecture, each of which are packed with detailed information. You really need to be prepared to hit the ground running in this course!

EXAMS

There will be five block exams, one on each organ system. Each block is exam is weighted equally, and together, the block exams account for 75% of your course grade.

You will also take an NBME shelf exam for your final, which is worth the other 25% of your grade. Like the histology shelf, this exam will not be customized. However, unlike the histology exam, there will not be a lot of information on the shelf that you have not encountered in some form throughout the course. That being said, physiology as a course covers an incredible
amount of information, so a cumulative final in this course will be brutal. Don’t let the exam intimidate you, though – there always seems to be a magic curve at the end to make the grades more palatable!

**LAB**

There will be a few labs during the cardiovascular and respiratory blocks where you learn about cardiac monitoring, pulmonary function tests, etc. They require very little preparation and are only graded on attendance and participation.

**RESOURCES**

1. **Recommended Textbooks:** Each block has a recommended text. Drs. Levitsky and Molina wrote the recommended texts for their sections (and their exam questions look suspiciously like the ones in their review sections of the book). Both Dr. Levitzky and Dr. Molina’s books can be accessed on AccessMedicine (an online database of many textbooks and resources to which LSUHSC subscribes all students to). The other professors also have assigned books, most of which are also available through AccessMedicine.

2. **Practice Questions:** Several of your professors (Dr. Levitzky, Dr. Molina, and Dr. Potter) will give you cutout-style practice questions. They are not trying to trick you with these! If these questions are easy for you, the test will likely be easy for you. Additionally, Dr. Harrison-Bernard will give you practice problem sets that will be representative of the calculations you will be expected to perform on her exam.

3. **Supplemental Textbooks:** Like in anatomy, the most popular supplemental text for physiology is BRS. It’s written in outline format, and has pretty good practice questions at the end of each chapter, which is especially helpful for the blocks in which the professors don’t give you practice questions! BRS is also very helpful in preparing for the shelf exam. It’s less than 200 pages, and several people in our class were able to review the book cover-to-cover in the two days we had to prepare for the shelf exam.
**PHYSIOLOGY ADVICE**

Physiology will be the first course you meet in medical school that will really require you to understand and think rather than memorize. If you have attempted to understand a concept and the stars are just not aligning, visit the faculty! (Dr. Levitsky complains that he is lonely.) However, do NOT enter their office without at least trying to figure it out on your own. These are seasoned professors who will draw the answer out of you rather than handing it over on a silver platter. You will have to work for the answer, but you will likely remember it and understand it when it comes time for the exam.

Physiology is often visualized and explained with graphs. While other classes might have used graphs to illustrate a point, there are certain parts of physiology (namely cardiovascular and pulmonary) that require an intimate understanding of the graphs. If a professor *literally* spends 10 minutes on a single graph, you should probably know it! Dr. McDonough’s pressure volume loops may even show up on later exams...
**GENET 100: GENETICS**

**FACULTY**

Course Director:
Paula Gregory, Ph.D.
Office #661, Clinical Sciences Research Building

Additional Faculty:
Michael Marble, M.D. and Fern Tsien, Ph.D.

**GENERAL COURSE INFORMATION**

This is a new stand-alone course that was previously incorporated into biochemistry. It will only last a few weeks at the beginning of the second semester, and consists of only lectures (no labs, TBL’s, etc.).

This course is designed to give medical students an introduction into the genetic information that they will need to know as physicians. Therefore, this course does not cover the in depth biochemical pathways of genetics. There is an overview of genetics biochemistry at the beginning of the class, but it is nothing beyond what you should have seen in your undergraduate classes. As a more clinically directed class, most of the time will be spent on diseases, inheritance, diagnostic tools, and ethical topics within genetics.

**EXAMS**

This course only has two exams, both of which will be multiple choice. The first exam accounts for 40% of your course grade, and the second accounts for 60%. The second exam is weighted more heavily because it is cumulative, and therefore covers more information.

**RESOURCES**

1. **Recommended Textbooks**: There is one recommended text for this class, *Genetics in Medicine* by Thompson and Thompson. However, most students never picked up the book and felt that the lectures and Power Points were sufficient study materials.

2. **Supplemental Textbooks**: Much of the material outlined in this class is covered well in *First Aid*. Many students found this text to be very helpful in figuring out tips and tricks
to help differentiate the many similar genetic disorders.

**GENETICS ADVICE**

This class is relatively straightforward and should not cause too much stress; most of the material can be mastered just by memorization. The diseases covered in class will *absolutely* show up on the exams, so make flashcards and learn the differences among similar genetic disorders. The legal and ethical lectures can be very dense, but the exam questions are focused on “big picture” topics in those fields, which you should discuss in some of your CSI clinical forums.
MICRO 100: IMMUNOLOGY

FACULTY

Course Director:
Alison Quayle, Ph.D.
#6G2, Medical Education Building

Additional faculty:
Joy Sturtevant, Ph.D, Jeff Hoben, Ph.D., Pam Kozlowski, Ph.D., Guoshun Wang, Ph.D., Luke Wall, M.D., Victoria Dimitriades, M.D., Mike Hagensee, M.D., Ph.D., and Seth Pincus, M.D.

GENERAL COURSE INFORMATION

This class gives an overview of medical immunology. It has a reputation for being a difficult course, especially if you did not have an immunology course in undergrad, because it covers a lot of material (focusing on reaction pathways and immune cell types and function) in a short period of time. Of the stand-alone courses in the new curriculum this is by far the most difficult. Expect to spend much more time studying for immunology than you do for either genetics or human behavior and development.

There are also many professors with different styles, making the important details for each lecture harder to pick out. The exam questions are also quite variable, as each lecturer makes the questions for their own lecture material.

There are two exams in this class, with the second being a customized NBME shelf exam.

In addition to the exams, there are also two TBL’s in this class that are collectively worth 20% of your course grade. These TBL’s are identical in format and grading to those in CSI. Rather than being based on information presented in class, the TBL’s in immunology are usually based on a topic covered in a short reading assignment that will be posted on Moodle.

EXAMS

The first exam (called the “quiz”) is worth 35% of the final grade, and the NBME shelf (which serves as the final) is worth 45%. The shelf is customized, so the faculty are able to pick the questions on the exam.
RESOURCES

1. **Recommended Textbooks:** *The Immune System, 4th Edition* by Peter Parham is the immunology course book, and many of your lectures will follow the format of this text. If you liked the Lippincott’s textbook for biochemistry, then you will probably like this textbook also. The figures are very similar to those in the biochemistry book and are easy to follow along with. Many of your lecturers will use these figures in their Power Points. Immunology is an extremely confusing course, so there were a lot more people using this book than normally use textbooks. Many people read the book cover to cover (it’s not that long, don’t worry!) to fully understand the concepts presented in class. All the information needed to do well on the exam is given in lecture Power Points, but the book does a nice job of clearing up confusing topics.

2. **Practice Questions:** The faculty will supply you with a small bank of questions designed to highlight the important topics for each exam and introduce you to their question style. These are extremely helpful in guiding where your strengths and weaknesses lie.

3. **Supplemental Textbooks:**
   a. *Case Studies in Immunology: A Clinical Comparison, 5th Edition* by Raif Geha and Fred Rosen: This book is a good addition to the recommended course textbook. Diseases of the immune system are presented in a clinical case format (which is particularly helpful because some of the exam questions will be in case format), and the figures in this text correspond with those figures in the recommended course text.
   b. *First Aid for the USMLE Step 1*: You will find out that this book is the “Bible” for Step 1. However, many people like to use it as a study aid for first year courses because the material is concise and straightforward. It is a good idea to become familiar with the format of First Aid, but keep in mind that you are responsible for the material presented in class, not the material covered in this book.
   c. *BRS Microbiology and Immunology*: This is also a useful text for the practice questions supplied at the end of each chapter. This text also gives a good alternative perspective to many of the interconnected pathways found in immunology.

**IMMUNOLOGY ADVICE**

Immunology is not an easy course. After genetics, this will seem like a lot of material when taken at the same time as histology and physiology. However, it is not impossible!
Many of the topics in this class will require “connecting the dots” in pathways and in cellular systems. If you find that you are struggling with a concept, talk to the faculty! They are very helpful when describing topics with you one-on-one.

Clicker questions will appear in this class to review the material during a lecture. While these are extremely helpful in figuring out how to answer applied questions in immunology, they have nothing to do with your grade. While attendance in lecture is not mandatory, attendance is taken via a sign in sheet three times during the course. You are awarded up to one percentage point on your course average based on these attendance checks.
MCLIN 110: INTRODUCTION TO HEALTH SYSTEMS AND POPULATION MEDICINE

FACULTY

Course Director:
Richard DiCarlo, M.D.

Additional faculty:
Richard Culbertson, Ph.D., Maria Frontini, Ph.D., John Couk, M.D., Robert Maupin, M.D., Donald Mercante, Ph.D., Angela McLean, M.D., Mary Coleman, M.D., Ph.D., Benjamin Springgate, M.D., Tina Gunaldo, D.P.T., James Diaz, M.D., Nicholas Seeliger, M.D., Emilio Russo, M.D., and Raoult Ratard, M.D.

GENERAL COURSE INFORMATION

Population Health is a diverse class; it covers epidemiology (vaccines, etc.), health systems (health policy, health insurance, etc.), and biostatistics all in one course. Dr. DiCarlo is the most common lecturer and course director, and he takes a relaxed approach to this class (even allowing us to take quizzes for the course in the lecture hall – they only take 15 or so minutes!).

This course (and the quizzes and exams in this course) focuses on big picture and takeaway points, rather than covering topics in detail. After immunology and physiology, this class should seem much easier in comparison.

EXAMS

There are two quizzes in the course; each is worth 10% of the course grade. The first quiz focuses more on epidemiology, and the second focuses more on biostatistics.

There are two TBL’s in population health as well, and each is worth 10% of the course grade. One will cover immunization, and the other will cover screening for cancer and other diseases. The TBL’s will be based on both lecture material and short outside reading or research assignments.

There are also two online informatics quizzes, each of which will be worth 5% of your course grade. These quizzes are only a few questions long, and while you have a few days to complete them, they shouldn’t take you more than 20 minutes or so.
Lastly, there is a final exam that is worth 50% of your course grade. The final is cumulative for all of the information covered in lectures, TBL’s, and the informatics quizzes.

**RESOURCES**

1. **Recommended Textbooks**: *Hi-Yield Biostatistics, Epidemiology, and Public Health, 4th edition* by Anthony Glaser is the recommended textbook for the course. It is a short book that does an amazing job at outlining the biostatistics and epidemiology information covered in this class. Epidemiology and biostatistics tend to be more heavily tested over health systems information, so the book was extremely helpful to many students. Also, the practice questions in the book are similar to what you will see on Dr. DiCarlo’s quizzes and exam.

2. **Supplemental Textbooks**: *Epidemiology in Medicine* by Charles Hennekens and Julie Buring is also suggested by Dr. DiCarlo. It is an older book, but it covers the topics presented in lecture quite well. Yes, it is a 1987 print (30 year old textbook), but some things just never change!

**POPULATION HEALTH ADVICE**

This course will supply you with a lot of very useful clinical information. Not only will you learn about epidemiology, biostatistics, and health systems, but you will learn how to analyze a research paper, learn about the quality of various types of clinical studies, learn about recommendations for screening procedures, etc. This information is going to be relevant to your future as a practicing physician, but it’s also very high yield for the Step 1 exam!

Dr. DiCarlo is also extremely helpful when confusion arises. He is very patient and is very willing to help describe and review topics that are more complicated.
PSYC 100: HUMAN BEHAVIOR AND DEVELOPMENT (a.k.a. HBD)

FACULTY

Course Director:
William Walker, Ph.D
1542 Tulane Ave., Room 231

Additional Faculty:
Erina Rivarde, Course Coordinator

GENERAL COURSE INFORMATION

This is another new standalone class in the new curriculum. It consists of only lectures (no labs, TBL’s, etc.).

The course is designed to be a simple introduction to clinical psychology, behavior, and development. It will cover topics like developmental stages, importance of mental health, cognitive behavior, psychological assessments, etc. – many topics that medical students are not familiar with.

As a caveat, the class has been retooled a fair amount for the new year, so your class may have a much different experience than ours.

EXAMS

There are two exams in this course. The first exam is 30 questions. The second exam is 40 questions. The second exam is cumulative and is weighted slightly more heavily than the first (simply because it is longer).

RESOURCES

Behavioral Science in Medicine, 2nd Edition by Barbara Fadem is the recommended text for this class. Exam questions are covered well in lectures, so many people in our class did not find the text useful or necessary.
**HBD ADVICE**

None of the material covered in this course is very in depth; rather, the course (and exam questions) focus on big picture ideas. Due to the ease of the information presented and exam questions in this course, this class had the lowest attendance of any courses during the first year – use that information how you will.

There are review lectures before each of the exams, and there were *very few* exam questions that were not *directly* covered in the review lectures. Again, use that information how you will.

While attendance at lecture is not required, there will be three random attendance checks during course lectures for bonus points. Each bonus point will essentially act like a correctly answered test question. Because you only have two exams, and each exam is pretty short, each bonus point end up being worth more than 1% of your final course average, so they have a big impact!

However, again, the class is being reworked a fair amount for this coming year, so it is a bit unclear if the ease of this course will continue.
SUPPLEMENTAL MATERIALS: HOW TO STUDY 101

NOTE TAKING SERVICE (NTS)

The Note Taking Service (NTS) is a student-run business that provides notes for paying subscribers and for NTS employees. NTS is not officially affiliated with the school; therefore its existence is dependent upon class subscription.

The cost for various NTS subscriptions is as follows:
- New Notes (printed and digital copies) – $300 per semester (free to employees)
- New Notes (digital copy only) – $200 per semester (free to employees)
- Old Notes (printed copies of the previous year’s notes) – $100 per semester

You can purchase one, none, or more than one of the different subscriptions listed above.

NTS consists of an executive staff and additional staff.
- There are five NTS executive officers – head of operations, head of logistics, and three head reviewers – elected by the class during the first week of school. These officers remain in their positions for two years.
- There are four other types of additional staff positions – recorders, note takers, reviewers, and note stuffers. You sign up for these positions every semester.

At any given lecture, the assigned note taker, reviewer, head reviewer, and recorder must be present. The recorder uses a digital recording device to preserve the lecture.

The note taker takes the recording and/or their own notes taken during the lecture and either updates the previous year’s note set to reflect the changes or creates an original note set if a prior one does not exist. The note taker adds three review questions to the end of the note set and sends the copy to the reviewer.

The reviewer scours the note set and makes necessary corrections as they listen to the digital recording again. The reviewer updates or creates the “Top Points” for the lecture. This is a quick summary of the most important parts of the lecture. There is one page of Top Points for every five pages of lecture notes in the note set. The reviewer adds an additional three review questions and sends the copy to the head reviewer.

The head reviewer is quality control. Some head reviewers prefer to go through the digital recording when checking the note set for the final time, and others have developed another process. The head reviewer also corrects formatting issues with all note sets to ensure continuity and efficient use of space. The head reviewer sends his/her copy to the Head of Operations for printing and stuffing.
For any lecture that has a note set template from the previous year, the above process takes 2 days. If a lecture is new or drastically different than last year’s version, the note taker has an additional day and the subscribers will get notes in 3 days. The week before an exam there is a one day turn around; however, the notes will not be as thoroughly reviewed.

While it may take up to 3 days to get the note set, _DO NOT_ wait until then to start studying. It is an easy trap to fall into and will make it difficult to keep up.

**CUTOUTS**

Cutouts are documents of accumulated old test questions that ideally give you some practice with the _types_ of questions the professors can ask. Most students use these as a way to gauge the effectiveness of their studying as they go along or in the days leading up to an exam. These should be available to you on your class’s Google drive.

Treat these with caution—these are OLD questions for a reason. They are either retired from the question bank because they have been used too often, they are poorly written, the professor who authored them no longer teaches the subject, or the course directors have found a new way to ask the question. They can be a valuable tool, but do not treat them as a carbon copy of what your exam will be.

Remember, though, that the quality of the cut-outs varies between subjects. For example, many people did not find them helpful for anatomy but found them to be extremely helpful for physiology and biochemistry.

**MEDIASITE**

Mediasite is a form of screen capture in which everything on the professor’s computer screen (usually a PowerPoint) as well as audio is recorded. The professors then post this file to Moodle for your future reference. In short, you will have access to a recorded version of the lecture as soon as the day after it was given.

This is a wonderful resource, but do not abuse it. It is a choice for a professor to use Mediasite, and they can revoke the privilege at any time. For example, some of the anatomy professors will not record their lectures if class attendance is low. Additionally, as a whole, the biochemistry department has opted NOT to use Mediasite at all.
Mediasite is a way for you to review or catch things you missed in lecture – it is not meant to be a substitute for going to class, especially on a regular basis.

**SUPPLEMENTAL TEXTBOOKS**

There are many summary books floating around that you may or may not find useful. These were mostly written to help second year students study for the impending Step exam, but they are wonderful reviews of the major points of classes you will take. While they should not be used as a comprehensive and exhaustive text, they are great for a final review before an exam, clearing up a muddy concept from class, or studying for your comprehensive final exams second semester.

The most common of these books are:

1. **Board Review Series (BRS):** This is by far the most popular series for many classes. These are small texts (typically 200-300 pages each) written in outline format. The most valuable part of this series is the set of review questions and answers at the end of each chapter. If you can answer these, you probably have a strong understanding of that material.

2. **High Yield Series:** These books are similar to BRS, but they do not tend to be as popular. (High Yield Embryology is the most popular.)

3. **First Aid:** This is a text that is mostly used by second year students preparing for their Step exam. It includes corresponding pathology and pharmacology information for each organ system, which you will not learn in your first year courses. In recent years, however, this has become a dark horse favorite of the first year students. The graphs and figures are always amazing, and it usually has a mnemonic alongside every topic to help you remember the important points. There are no review questions for this book, but it is great for a final review, especially for the biochemistry shelf exam at the end of the first semester.

4. **Pretest Series:** This text is comprised only of practice questions. Every question has a very detailed explanation and the page numbers in various textbooks for reference, but the questions tend to be very challenging and not very indicative of questions on the block exams.

Keep in mind there are plenty of ways to get your books. Your big buddy will pass some down, you can buy them used from various sources, you can borrow them from the library or from other students, and you can always use Access Medicine through the library.
ADDITIONAL ACADEMIC PROGRAMS

RURAL SCHOLARS TRACK

For more information, please visit http://www.medschool.lsuhsc.edu/family_medicine/rural_scholars.aspx.

MD/MPH

For more information, please visit http://publichealth.lsuhsc.edu/md-mph.html.

MD/PHD

For more information, please call (504) 568-6197 or visit http://graduatestudies.lsuhsc.edu/MD_PhD.htm.
GENERAL CAMPUS INFORMATION

CAMPUS MAP

The colored arrows denote the direction of traffic down one-way streets. Please realize that not all streets are “all-or-nothing” one-way (for example, S. Roman has portions that allow two-way traffic). Also, not all streets are simply one-way in the same direction (for example, in between Tulane and Gravier, S. Derbigny is one-way going NORTH, but in between Gravier and Perdido, S. Derbigny is one-way going SOUTH).
# IMPORTANT LOCATIONS

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bookstore</td>
<td>Resource Center Building, 2nd floor</td>
</tr>
<tr>
<td>Business and Parking Office</td>
<td>Clinical Sciences Research Building, 2nd floor</td>
</tr>
<tr>
<td>Computer Support</td>
<td>Medical Education Building, 4th floor</td>
</tr>
<tr>
<td>Financial Aid</td>
<td>Resource Center Building, 2nd floor</td>
</tr>
<tr>
<td>Gym and Wellness Center</td>
<td>Stanislaus Hall, 3rd floor</td>
</tr>
<tr>
<td>Lecture Halls A and B</td>
<td>Medical Education Building, 1st floor</td>
</tr>
<tr>
<td>Registrar and Student ID Office</td>
<td>Resource Center Building, 3rd floor</td>
</tr>
<tr>
<td>Student Affairs Office</td>
<td>Lions Building, 7th floor</td>
</tr>
<tr>
<td>Student Lounge</td>
<td>Medical Education Building, 4th floor</td>
</tr>
</tbody>
</table>

Please put the LSUHSC police phone number in your phone: (504) 568-8999
STUDENT SERVICES

STUDENT HEALTH CLINIC

The Student Health Clinic is staffed by three to four board-certified internal medicine physicians. Most of the time, students are seen on the same day that they make an appointment. Walk-ins are acceptable, but appointments are strongly encouraged to ensure that you will be seen in a timely fashion. Students will not be charged for the office visit but are responsible for immunizations and any x-rays or labs ordered by the physician. The Student Health Clinic can provide a majority of the immunizations required by LSUHSC School of Medicine.

Clinic Hours: Monday – Friday, 8:00 AM – 4:30 PM
Clinic Locations:
   3700 St. Charles Avenue            Phone: (504) 412-1366
   200 W. Esplanade Avenue, Suite 205 Phone: (504) 412-1705

Office Hours: Monday – Friday, 9:00 AM – 4:30 PM
Office Location:
   Lions Building, 7th Floor            Phone: (504) 525 4839
   2020 Gravier Street                Fax: (866) 814-9706

More information can be found at http://www.lsuhsc.edu/no/organizations/campushealth/studenthealth/.
ORGANIZATIONS AND STUDENT PROGRAMS

STUDENT GOVERNMENT ASSOCIATION (SGA)

The Student Government Association serves as the elected governing body representing all LSU-NO School of Medicine students. We serve as a liaison between the student body and the LSU-NO administration, faculty, and staff. We are dedicated to addressing any and all student concerns, and to working with the faculty, deans, and administration in making strides towards further improvement and innovation on campus. Our goal is to act in the best interest of the school’s students to oversee all student-run organizations, and to plan extracurricular events that foster teamwork and camaraderie. Freshmen peer groups, annual Family Days, and intramural athletics are just a few of the ways we attempt to make life on campus more manageable and enjoyable for our medical students. In addition to our efforts on campus, SGA is rooted in service with a major emphasis on bettering our beloved local community, and this ideal is embodied with activities like Camp Tiger, as well as the local charities that benefit from our many school-sponsored events.

Elections for student body officers and class officers occur during the spring semester of each academic year (usually in the beginning of April). For the L1 class, student government elections for class occur after the first exam of the fall semester. A passing grade in all classes is required to run for a position. The L2 class officers will serve as the L1’s class officers until they elect their own.

More information on SGA can be found at http://www.medschool.lsuhsc.edu/sga.

INTEREST GROUPS

Many (but not all) medical specialties are represented by interest groups. Each interest group allows its members to learn about a specific medical specialty, form relationships with other students who are interested in the same field and with physicians who practice in that field, find mentors, and gain hands-on experience. For example, the surgery interest group offers suture clinics once per semester, the ophthalmology interest group offers the opportunity to dissect an eyeball (which you will not do in anatomy lab), the emergency medicine interest group allows you to shadow in the emergency department at University Medical Center, etc.
CAMP TIGER

Camp Tiger is a one-week summer camp for special needs children in the New Orleans area. It has been the class service project of the first year medical students at LSU for over 30 years. Many of you will have participated in Camp Tiger as counselors this past summer, but you will be able to play a much bigger role in the planning of and fundraising for Camp Tiger this coming year.

Your class’s V.P. Community Service will serve as the director of Camp Tiger. He or she will be elected with the rest of your class’s SGA officers after your first block of tests. Shortly after that, you will be able to apply for the Camp Tiger committee. Although everyone in the class will play a role in some capacity in preparing for Camp Tiger, committee members step up to take on a little more responsibility. The time commitment and level of commitment vary among the specific committee positions, which you will hear much more about as the application process draws nearer.

HOMELESS CLINIC

The Student Run Homeless Clinic organization is a great way to earn valuable clinical experience while giving back to the New Orleans community! The primary objective of the student-run clinics are to serve, to treat, and to educate. Our foremost priority is to provide a foundation of quality healthcare to the underserved and homeless population within the New Orleans community. We operate to offer a myriad of clinical services including TB, HIV, and STD testing, as well as to provide referrals for specialized care within the LSUHSC Healthcare System. We are fully staffed by teams of first and second year medical students under the supervision of third and fourth year medical students, residents, and an attending physician.

There are two student run clinics. The first, Ozanam Inn, is a male-only shelter with 96 beds that provides shelter, hot meals, clothing, counseling, job assistance, etc. This clinic runs on Saturdays from 10 AM to 2 PM. The second, New Orleans Mission, is the largest private provider for the homeless in the city. This clinic runs on Thursdays from 1 PM to 4 PM.

First and second year medical students must apply to become a regular volunteer at the clinics. Once accepted, there is an option to become a certified HIV tester. First year volunteers typically work 1-2 times per semester. Second year volunteers work more often. Volunteers work in teams of 2-3, taking histories, performing physical exams, and administering TB skin tests and flu shots when needed. We also dispense medications from our in-clinic pharmacy.
COMMUNITY OUTREACH REBUILDING AND EDUCATION (CORE)

Community Outreach Rebuilding and Education (CORE) offers students the opportunity to volunteer on service projects within the New Orleans inner city community and to establish a connection with LSU Medical School and the underserved population. CORE provides countless activities in a medical capacity such as health screening and clinics and in a non-medical setting such as assisting with the soup kitchen at the Rebuild Center and Habitat for Humanity. Our goal is to provide opportunities for medical students to form a connection with the surrounding community and to help develop compassionate and caring physicians.

AESCUAPIAN SOCIETY

The Aesculapian Society, named after Aesculapius, the Greek god of medicine and owner of the medical symbol of the serpent and staff, is a student-run organization that reviews all of the class material for each year. They perform these reviews via surveys sent out to students after the conclusion of a course. The results of these surveys are compiled and a report is written for the courses each semester. The reports focus on students’ reception and perception of the class and its material. These reports are published for all to read, given to each course director, and reviewed by faculty and staff at the Curriculum Evaluation Committee meeting. The results of these surveys carry heavy weight for how the class is run the following year.

The Aesculapian Society is made up of 14-20 student representatives, each elected by their own class.

NON-TRADITIONAL STUDENTS ADVOCACY COMMITTEE (NTAC)

NTAC has the mission of fostering a sense of community among those students that have followed a non-traditional path the medical school. It strives to provide a network of support and information exchange and facilitate discussion on issues facing non-traditional students, including relocation, family matters, health insurance options, financial planning, childcare, concerns of career changes, and any other needs not met by traditional outlets.

If you need any assistance with your transition to medical school, would like to start a dialogue on a topic that concerns you, or simply would like to connect with other non-traditional students, contact NTAC at NTAC@lsuhsc.edu.
OTHER ORGANIZATIONS

There is an ever growing list of student organizations, which can be found at http://www.medschool.lsuhs.edu/sga/student-groups/. Note that newer groups may not be listed on the webpage yet.

Don’t get overwhelmed by this list! There will be an activities fair during orientation where you will have the chance to get to know all of the organizations on campus a little better.