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INTRODUCTION

This is the 42nd 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.

REMEMBER: You have made it this far, so you can make it the rest of the way. Medical School is a test of your endurance – if you work hard, study hard, and play hard, you will succeed!
THOUGHTS FROM THE SECOND-YEAR PRESIDENT

To The Class of 2019,

After decades of education, a grueling MCAT, and a nerve-wracking interview, you have been accepted to medical school – an achievement sought by many and attained by few. In fact, you have proven to be in the top 6% as you were hand-selected from over 3,500 applicants. Congratulations! Surely it has not always been easy, but your hard work and sacrifice has brought you here. You will be a doctor. You should be immeasurably proud of yourself and rightfully so.

I think it is important for you to realize that students with 4.0 GPAs and 35+ on the MCAT do not get accepted every year. You were selected for your character as much as you were for your academics. You are entering a profession for which society has the upmost respect. People will entrust you with the life of a loved one. People will divulge their most embarrassing secrets; they will take off their clothes for you to heal their bodies.

With these privileges, comes a great responsibility. You are entering a profession for which society also has the upmost expectations. I cannot think of another profession in which the consumer considers 99% success a failure. But when the 1% chance of complication arises, as it statistically must, and a life is lost; can we blame them for such accusations? While we will never achieve perfection, this does not mean we have failed. We only fail when we stop striving for it.

In August you will begin a journey that grants you a behind the scenes pass to the world of medicine. Through your insider’s view you will begin to realize the humanistic nature of medicine. You will hear doctors speak candidly about their own shortcomings, and you will become desensitized to the sympathetic response you once had in the presence of white coats. Soon you will likely realize that a white coat and stethoscope does not confer infallibility. After all, physicians are human too. But this should not discourage you; instead it should drive you!

When I was in your shoes, exactly one year ago, my largest fear was, “What if I turn out to be an incompetent physician?” Well, I would like to share some strategies I have adopted to avoid this at all costs.

Learn to understand, do not memorize!

Cramming will no longer suffice as the volume of material is too large and the long-term retention too poor. For example, upon completion of your Biochemistry course, this is likely the most familiar you will ever be with biochemical pathways! Truly understanding the foundational concepts will allow you to think critically about a complex problem. The things you learn today will determine the caliber of physician you become!

In a few weeks you will be in Basic Life Support (BLS) learning CPR. If you memorize the steps of resuscitation, you will pass the test and become certified. However, if you do not understand the sequence of CPR, in 5 years when a middle-aged mother falls out at a baseball game, will you pass the test? The things you learn today will save lives!

Proper planning prevents poor performance.
Practice the 5 P’s. Grades are absolutely effort-dependent. This is good news! If you study hard you will excel. The material presented to you will not be particularly perplexing, but the amount of material presented to you will be overwhelming. Some liken medical school to drinking water from a fire hose. I prefer the pancake anecdote: Medical school is like pancakes. If you eat three a day, life is great. But if you save all your pancakes for the end of the month, you’re gonna have a bad time.

This supports the old adage that “tomorrow you will wish you had started today.” I have no doubt that you got here through hard work and dedication. These same virtues will grant you success moving forward. Don’t compare yourself to others: run your own race! Medical school is a marathon and not a sprint.

Don’t complain.

It’s too easy! It is boring, it does not solve anything, and you will likely be left feeling sorry for yourself. Remember there are 3,300 applicants that would do just about anything for your spot. When someone asks you how your day is going, I challenge you to smile and say, “Great!” If done right, you will likely convince yourself that you’re having a great day; but more importantly, you just may convince them that today is actually great and life is not so bad. I’m not suggesting you be fake. I’m only suggesting you be selfless – to radiate a little happiness for the sake of those around you. Is not our job to improve the quality of life of those around us?

“Every man I meet is my superior in some way. In that, I learn of him.” - Ralph Waldo Emerson

Each of your classmates was also selected under the same rigorous criteria – you’re now among the best and the brightest. Hereafter, this is the only type of student you’ll meet. Let this be to your advantage! You will find that a number of your classmates are teachers, geniuses, or have Master’s degrees in various studies. This makes them invaluable resources! Do not be afraid to reach out. Even the greatest neurosurgeon once learned the difference between anterior and posterior.

In August you will take your first step on the same journey walked by every doctor before you - your potential is limitless. You will be afforded a wealth of knowledge. Knowledge that will help people understand why their belly hurts or why they are dying of cancer. You will be pushed to new heights. You will discover the amazing capabilities of the human body, and I think you will discover your own capabilities.

In closing, I would like to share that today my largest fear is still “What if I turn out to be an incompetent physician?” I encourage you to be driven not by an “A” on the test but by the opportunity to better the lives of those around you.

You will be a doctor. Congratulations!

John P. Miller
President, Class of 2018
### FIRST SEMESTER

So you have worked yourself into the ground for years, everyone and their mother has congratulated you, and you have finally gotten to the summer before you start medical school---now what?

Perhaps the most important thing that we can tell you is that your class will be the first class with the new curriculum. The goal of the new curriculum is to better integrate clinical skills into the basic sciences. Luckily, there aren’t many major changes for your first semester. The biggest difference is biochemistry will now be in your first semester and histology in your second. The big changes will come into play second year where it will be entirely systems based, but you don’t need to worry about that right now.

First semester you will take Gross and Developmental Anatomy, Biochemistry, and Clinical Skills Integration. Your mornings will consist of Anatomy lectures, Biochemistry lectures, and Anatomy lab. Clinical Skills Integration will be in the afternoons.

You will be given an overwhelming number of resources from your big buddy and your classmates. Pick one or two and stick with them. If you are given old notes, it is very important to realize that with the curriculum changes the old notes may be out of order, and, in the case of
Anatomy, two lectures from previous year’s notes may now be one lecture for you. Old notes may prove to be more trouble than they are worth for certain classes.

Attendance is mandatory in anatomy for both the lecture and lab. The Anatomy faculty strongly believe attendance is a necessity for learning the material, and will not record the lectures if attendance is low. On the other hand, the course director for Biochemistry has said in the past that he realizes that going to class isn’t the most effective way to learn for some people; however, if you don’t go to biochemistry, you forfeit attendance points.

SECOND SEMESTER

There are more curriculum changes introduced into second semester. Histology has been moved to the spring semester to better correspond with physiology. Two new courses, Genetics and Human Behavior & Development, have been added, and Immunology has been moved from the second year to the end of your first year. You will still have Clinical Skills Integration as well.

You will no longer have hours to spend in lab. Instead you will be in the lecture hall almost everyday from 8-12. Lectures will last an hour with a 15 minute break between lectures. Often you will be introduced to a topic in histology in the first hour and the second hour will be physiology of the same organ system.

Notesets will get longer and information will pile up quickly—you do NOT want to fall behind. Keep in mind Cadaver Ball and the Camp Tiger Auction both occur in the spring, so try to stay up on your studies so you have time for these amazing activities.

CSI is pretty active in the spring and you will usually have something in the afternoon once every week or so—either a DxR discussion, a clinical/ethical forum day, skills lab, or a lecture.

TEST-TAKING

Exams are generally in the mornings and will take place on a Anatomy Monday and Tuesday. The first day will be Biochemistry and CSI, and the second day will be Gross Lecture and Anatomy Practical. On the second day, half of the class will start with the practical and half will start with the written exam.
Computer-based testing is the standard through LSU School of Medicine. **On test day, students are required to bring their laptops, charger and Ethernet cable.** 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 Student Affairs office at (504) 568-4874.

**THE GRADING SYSTEM**

The grading system recognizes four levels of achievement: Honors, High Pass, Pass, and Fail. These grades primarily reflect the knowledge and application of course material during the first year. Each department determines its grading scale. **GRADING SCALES ARE NOT THE SAME FOR ALL COURSES.** All of this information is included in the syllabus for each course and can be accessed through Moodle.

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.

**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. 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. Once you determine the best way for you to study, stick to those resources. Do not feel the need to read every textbook, use NTS notes, work the cutouts, read over BRS, watch Acland videos, make Anki flashcards, and read First Aid.

**SLE—Service Learning Elective**

The mission of the **Student Learning Elective** 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:** All projects from CORE Interest Group, your orientation service project, Smart Café, NOARP, Cancer Resource Room, Louisiana Lighthouse, Family Day, Rock ‘n’ Roll marathon, and many more… including Camp Tiger (if you participated in Camp Tiger, you already have 20 CSE credits. Congratulations)!

**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, Admission Tours, submitting articles to the STIM newsletter, being a class officer or officer to an organization, and many more...

Don’t stress about what any of these programs are! The list 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.
FIRST SEMESTER COURSES

ANAT 100: GROSS AND DEVELOPMENTAL ANATOMY

Richard Whitworth, Ph.D., Co-Course Director
Office #6230, Medical Education Building

Lisa Campeau, M.D., Co-Course Director
Office #6138, Medical Education Building

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

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 a.m. until noon, with about an hour of lecture followed by lab. The “Developmental” portion of GRDA takes place about 1-2 times per week, with an occasional Developmental Lab Demo before block exams. Of the two portions of the GRDA course, Gross is more heavily emphasized.

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/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).

Grant’s Dissector offers wonderful introductions and gives you step-by-step guide of the dissection for the day. If you prefer a more thorough introduction, Acland’s videos are wonderful. Preparing before lab will make lab time useful and will end up saving you study time in the long run.

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 at 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 tanks 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. **Also, 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.

The course is divided into four blocks of material:

- Back and Upper Extremity
- Head and Neck
- Thorax and Abdomen
- Pelvis, Perineum, and Lower Extremity

The exams are weighted differently with it being heavier on the later blocks to help ease you into medical school.

The exam at the end of each block consists of lecture-based exams and laboratory practicals. 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 serious difficulty. But most importantly, if you find yourself struggling, go to the professors! The GRDA professors are some of the best you’ll have at medical school, and they want to help.

There will be four students assigned to a tank. Although all tanks have at least one atlas and one Grant’s Dissectors, students often find it beneficial to have personal clean copies of the Dissector and Atlas as a study resource outside the lab. Towards the end of a block, bring a “hit list” to lab (a list of structures and the number of times it has appeared on previous exams) and make sure you can identify everything on it—on multiple cadavers.

What do I need for anatomy?

1. **Atlas of Anatomy:** When it comes to gross anatomy, a picture is certainly worth a thousand words. Because they all have the same information just presented slightly differently, choose an atlas and **stick with it.** Some suggestions:
   a) Netter
   b) Grant
   c) Gilroy, et. al, (Thieme Anatomy)
   d) Rohen & Yokochi
      i) Note that Rohen’s Atlas contains photos of actual cadaveric specimen rather than illustrations. It can be really helpful with a difficult dissection or when wanting to study structures outside of lab.

2. **Lab Supplies:**
   The only things that you need to worry about before the semester starts are gloves, scalpel blades, long pants (usually scrubs), and close-toed shoes.
   a) Scissors: The only tool you may want to purchase are curved Metzenbaum scissors. Dr. Campeau will be sending out a link as your semester nears.
   b) Nitrile gloves or latex gloves: You will go through multiple boxes, so it may be a good idea to coordinate with your tank mates.
   c) Scrubs and Sweatshirt: Scrubs (or any long pants) are required during lab dissection. Because the lab is kept cold, most students wear an old sweatshirt during lab that they keep under their tank and throw away at the end of the semester. You will throw away your scrubs at the end of the year, so try to buy them cheaply—Goodwill is great for that.

As for learning the embryologic anatomy, the Developmental part of GRDA correlates nicely with what you learn in the Gross lectures. Take advantage of this overlap. One way to do this is by studying a specific organ’s gross and developmental aspects at the same time. **Know your embryological derivations cold—they are popular exam questions, especially for the pelvis.** 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
David Worthylake, Ph.D., Course Director
Office #7152, Medical Education Building

Additional faculty: Dr. Arthur Haas, Ph.D. and Dr. Edward Wojcik, Ph.D.

Medical 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 (insulin and glucagon will have about 6 lectures) will be big topics.

The course is divided into four block exams, the easiest of which is the first. Blocks two, three, and four tend to be more challenging, with the second block often cited as the most difficult block exam in biochemistry. (Note: The hardest blocks for both anatomy and biochemistry are given at the same time. So try very hard to not fall behind this block). While the course exams may seem challenging, they are an extremely good representation of the final exam, which is National Board of Medical Examiners (NBME) Subject Exam for Biochemistry, composed of retired Step 1 Biochemistry questions.

Note: As part of the curriculum changes, biochemistry is now in your first semester instead of your second.

How do I study for biochem?

1) Block exams (evenly weighted ~75%) - Students found both the text and the PowerPoint presentations extremely useful for this course. The figures from the PowerPoints come directly out of the Lippincott’s textbook. If reading is not your thing, at least look at the concept map at the end of every chapter—if you get it, you can probably safely skip the heavy reading. Cutouts are helpful.
   a. Certain 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. The clicker questions will serve as bonus points in some form at the end of the year. On days when attendance is abysmally low, Dr. Haas often gave little hints about what topics he would ask about. So go to class and get rewarded for it.

2) NBME Subject Exam (~25%) – This is your final exam. A few students found First Aid helpful in studying for this, but most used the Lippincott’s textbook. Do NOT forget to look over the two “Inborn Errors of Metabolism” lectures and Vedeckis’s Shelf Review powerpoint that will be added to the M: Drive closer to the exam. If you know these resources, the SHELF will be cake.
CSI 100: Clinical Skills Integration
Robin English, M.D., Course Director
Office #618, Lions Building

Clinical Skills Integrations (previously known as Science and Practice of Medicine) has been slightly altered from the previous years’ curriculum. It has been changed to further emphasize clinical skills.

This course is a graded course like the others (pass, high pass, honors), but it spans 2 semesters. Because it is a year-long course, you will receive your final grade at the end of the school year rather than after each semester. CSI begins to build your foundation in clinical medicine, examining the patient-doctor relationship, communication skills, and medical ethics.

CSI is composed of different sections—DxR cases, clinical forums, ethical forums, skills lab, written exams, and your preceptorship.

Components of CSI:

1) **DxR Computer-Based Cases**: Computer-based cases are assigned nearly every week. These cases help students begin to develop clinical problem solving skills. Each case requires the student to interview and examine a patient, develop a differential diagnosis, order pertinent labs, and ultimately make a diagnosis. In an effort to prepare you for DxR cases, L2s will come work through a group case during your first Clinical Forum. Upon completion of each case, the class meets for a discussion led by both a clinician and a basic scientist. Some of the basic science exam questions are derived from these cases.
   - While many students are easily frustrated by this tool because of the grading system it uses, just be patient and keep working at it. While no one can reasonably expect a bunch of type-A, high strung first year medical students to “not focus on the grade”, you should really TRY to learn the process it is trying to teach you rather than how to beat the DxR game. It is teaching you methodology and thoroughness which are great skills to learn.

2) **Clinical Forums**: Medical ethics, professionalism, physician-patient communication, human development, social issues, cultural competency, special populations, and healthcare policy lend themselves to discussion in a small group format. Groups are limited to 10-12 students and meet regularly throughout both semesters and are led by a handful of dedicated faculty and third and fourth-year students. Students are graded on this portion of CSI based on participation and preparedness.

3) **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. Physical examination skills are taught in small groups, and students are expected to practice on one another in the presence of an instructor.

4) **Written Exams**: These are about 20-30 question exams that cover ALL aspects of CSI—DxR, skills lab, ethical forums, and any other lectures they give. Usually, if you pay attention during all your CSI sections, you do not need to do any real studying for the test—reviewing the illness scripts and basic points of your skills labs is usually sufficient. For the more ethical questions, when in doubt, think WWDED (What Would Dr. English
Do?) and that is usually the correct answer. Exams are usually curved a few points, but do not rely on this. In terms of credit hours, CSI carries a LOT of weight—and an honors designation will go a long way toward your overall grade.

You will also need to purchase some “real doctor” equipment (stethoscope, ophthalmoscope, etc.) during your first semester. 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!
SECOND SEMESTER COURSES

CELLBIO 100: CELL BIOLOGY a.k.a. Histology
Paula Gregory, Ph.D., Course Director
Office #661, Clinical Sciences Research Building

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

Note: This course was previously in first semester.

The first week of second semester covers the basic concepts of cell biology. After that, it is going to correlate with physiology as best as possible. Often you will be given the histology of an organ system in the first hour and then be lectured on the physiology in the second hour.

Computer-based slides replaced traditional slides in 2006. You will meet for Histology Lab once a week to go over slides you should know. Lab exams will build as you go along, requiring you remember how to identify specific things to move on to more difficult concepts. Additionally, your lab final is cumulative.

Team based learning (TBLs) accounts for ~5% of the total course grade and covered topics based on the previous week’s lectures. TBLs include an individual test, a group test, and discussion period with the purpose of increasing participation in lab exercises, providing students with an idea of typical exam questions, and providing students with an incentive to work together in active learning. TBLs will be altered slightly from previous years with the new curriculum.

There will be five block exams with a written and practical component and the NBME Shelf exam.

Student Recommendations for Histology:
1) Lecture exams – Students commonly find that the PowerPoint presentations for Histology are straightforward and serve as an excellent study resource.
   - Histo starts off VERY basic—but it picks up speed pretty quickly. Respect the course and do not push it until the last minute. You will feel silly if you only barely pass what is considered the easiest class in medical school.
2) 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, but don’t forget the EM slides as well from lab.
3) NBME Exam – This is the first year that Histology at LSUHSC will have a Shelf Exam.

PHYSIO 100: PHYSIOLOGY
Michael Levitzky, Ph.D., Course Director
Office #7252, Medical Education Building

Additional Faculty—Dr. Kathleen McDonough, Ph.D., Dr. Jimmy Cairo, Ph.D., Dr. Patricia Molina, M.D. Ph.D., Dr. Lisa Harrison-Bernard, Ph.D., and Dr. Barry Potter, Ph.D.
In terms of clinical relevance, Medical Physiology is one of the most important courses you will take in medical school. The class is broken up into systems, with a different professor lecturing on each system (Cardiovascular Physiology with Dr. McDonough, Pulmonary Physiology with Dr. Levitzky, Endocrine Physiology with Dr. Molina, Exercise Physiology with Dr. Cairo, Renal Physiology with Dr. Harrison-Bernard and GI Physiology 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.

There will be five block exams and the NBME Shelf exam.

**How do I study for Phys?**

**Student Recommendations for Physiology:**

1) **Block exams** –
   a. 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 that site.
      i) BRS: Physiology can also be used to supplement each block exam. Some students also preferred a comprehensive phys text to the little ones—most popular were Medical Phys (by Levitsky) and Physiology (by Guyton & Hall).

2) **NBME subject exam** – This is the final exam. Many students find the Board Review Series (BRS) book to be helpful for review. This is exam is going to be brutal, but there is always a magic curve that makes the grade more palatable.

**Professor Recommendations for Physiology:**

Physiology will be the first course you meet in medical school that will require you to THINK over memorize.

1. If you have attempted to understand a concept and the stars are just not aligning, please visit your 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.

2. **Look at the graphs**—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.
Note: The following courses are all new courses. As such, we have not taken them and information for them is still in the planning phase. Although we can’t provide much information here, by the time you get to these classes you will have an entire semester under your belt. You know how to study and what works for you.

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

Additional Professors: Dr. Michael Marble, M.D.

This is a new stand-alone course. Previously, it was incorporated into biochemistry. It will be more clinically directed with many TBLs focusing on clinical cases. The conditions and diseases that are stressed are chosen from those stressed in First Aid.

This course will only last the first four weeks of second semester with two non-cumulative exams.

**Human Behavior and Development**  
William Walker, Ph.D., Course Director

This is an entirely new course for the middle six weeks of second semester following genetics.

At the time of writing this, the logistics for this course are still being planned and currently there is not much information available.

**Immunology**  
Alison Quayle, Ph.D., Course Director

This course was previously in the second year. It will now be following Human Behavior and Development and last 5 weeks. We have not had this course yet, so all information provided comes almost directly from the L2 scoop:

**Primary Resources**—
- **The Immune System, 3rd Edition** by P. Parham
  - This 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 book also. The figures are very similar and easy to follow along with. Many of your lecturers will use these figures in their PowerPoints.
  - 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, but the book does a nice job of clearing up confusing topics.

Secondary Resources—

- **Case Studies in Immunology: A Clinical Comparison, 5th edition by Raif Geha and Fred Rosen**
  - This book is a good addition to the immunology course book. Diseases of Immunology are presented in case format and the figures in this text correspond with those figures in the immunology course book.
  - This book is not essential, but it can be of help as some of your test questions will be in case format

- **First Aid for the USMLE Step 1**
  - You will find out that this book is the Bible for Step 1. Many people like to use it as a study aid 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.

**Intro to Health System and Population Medicine**

Richard DiCarlo, M.D., Course Director

This is an entirely new course that will be your only course for the last three weeks of first year. It will emphasize epidemiology, biostatistics, population medicine, disease prevention, the structure and finance of our healthcare system, and quality improvement.
NOTE TAKING SERVICE (NTS)

The Note Taking Service (NTS) is a student-run business that provides notes for paying members and for employees. NTS is NOT OFFICIALLY AFFILIATED WITH THE SCHOOL therefore its existence is dependent upon class subscription.

Cost:
- New Notes (printed and digital)-- $300 per semester (free to employees)
- New Notes (digital 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 note types listed above

Note: Old notes will not be as helpful as the have in the past. Both major and minor curriculum changes have rendered them less helpful overall. If you think using NTS would be beneficial to you, it would probably be best to get the new notes.

How NTS works:
- Executive Staff-- There are 5 NTS officers (head of operations, head of logistics and 3 head reviewers) elected by the class during the first week of school
- Staff Members-- 4 other types of positions: Recorders, Notetakers, Reviewers, and Stuffers. You sign up for these positions every semester.

On any given lecture, the NT, RV, HRV, and recorder assigned to that lecture MUST be present
Recorder uses a digital recording device to preserve the lecture

The notetaker takes the recording and/or their own revisions made during the lecture itself to either update the previous year’s noteshet to reflect the changes or draft an original noteshet if a prior one does not exist.
Notetaker adds 3 review questions to the end of the noteshet and sends the copy to the the RV

The reviewer scours the noteshet and makes necessary corrections as they listen to the digital recording again.
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 5 pages of lecture
Reviewer adds an additional 3 questions and sends the copy to the HRV

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

It may take up to 3 days to get the noteset, do NOT wait until then to start studying. It is an easy trap to fall into and will make it difficult to keep up.

**CUT-OUTS**

These 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 gage the effectiveness of their studying as they go along or in the days leading up to an exam. These are most often handed down from your big buddy through the years, but they can be officially purchased from the Asian Pacific-American Medical Student Association (APAMSA).

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**

This is a relatively new resource to the School of Medicine. This 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. Currently, it is a choice for a professor to use this feature and they can revoke the privilege at any time. For example, Dr. Mussell refused to record his Histology lecture (one of the most difficult you will have all year) because only 40% of the class attended. Additionally, if attendance is low, the Anatomy faculty will turn off Mediasite for that lecture, and as a whole, the Biochemistry department as of the spring 2015 has NOT opted to use this feature.

**This is a way for you to review or catch things you missed—it is not meant to be a substitute for going to lecture,** 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 every class 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)**
   a. This is by far the most popular series. 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**
   a. Same idea as BRS, but they do not tend to be as popular for whatever reason. High Yield Embryology is the most popular.

3. **First Aid**
   a. This is a text that is usually only used by second year students preparing for their Step exam because it includes corresponding pathology and pharmacology information. 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 your Shelf exams at the end of the year.

4. **Pretest Series**
   a) This text is comprised only of test questions— but they tend to be very challenging and not indicative questions for the block exams. Every question has a very detailed explanation and the page numbers in various textbooks for reference. If you can answer these, you will be golden for any question the professors can throw your way and the Shelf exam will be much easier for you.

Keep in mind there are plenty of ways to get your books. Your Big Buddy will pass down some, you can buy them used from other sources, you can borrow them from other students, and you can always use *AccessMedicine* through the library. There are some books of which most students prefer to have a personal copy in the most recent edition—these are usually an anatomy atlas, First Aid, and a Bates Guide to Physical Examination (you may not use this one for CSI, but you WILL use it in clinic).
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
Additional information can be obtained by calling (504) 568-6197 or by visiting the website at http://graduatestudies.lsuhsc.edu/MD_PhD.htm

GENERAL INFORMATION

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Location Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bookstore</td>
<td>Resource Center Building, 2nd floor</td>
</tr>
<tr>
<td>Business &amp; 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/Wellness Center</td>
<td>Stanislaus Hall, 3rd floor</td>
</tr>
<tr>
<td>Lecture Hall A &amp; B</td>
<td>Medical Education Building, 1st floor</td>
</tr>
<tr>
<td>Registrar/Student ID tags</td>
<td>Resource Center Building, 3rd floor</td>
</tr>
<tr>
<td>Office of Student Affairs</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 number in your cell phone, **(504) 568-8999**.

STUDENT HEALTH

Student Health Clinic [http://www.lsuhsc.edu/no/organizations/campushealth/studenthealth/](http://www.lsuhsc.edu/no/organizations/campushealth/studenthealth/)

The clinic is staffed by three to four board-certified Internal Medicine physicians. Most of the time, students are seen on the same day. 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/labs ordered by the physician. The Student Health Clinic can provide a majority of the immunizations required by LSUHSC School of Medicine. Hours are Monday to Friday 8:00 am-4:30 pm.

Student Health Clinics are located at:
3700 St. Charles Ave.
(504) 412-1366

200 W. Esplanade Ave.,
Suite 205
(504) 412-1705

The location of the OFFICE (not the clinic) is:
7th floor of the Lions Building
2020 Gravier Street, New Orleans, LA 70112
Hours are 9:00 to 4:30 p.m.
Monday - Friday
Phone: (504) 525-4839
Fax: 866-814-9706
ORGANIZATIONS AND STUDENT PROGRAMS

STUDENT COUNCIL/STUDENT GOVERNMENT ASSOCIATION (SGA)

Elections for student body officers and class officers occur during the spring semester of each academic year (usually the beginning of April). For the L1 class, student government elections for their class occur after the first exam of the fall semester. A passing grade in all classes is required to run. The SGA website is http://www.medschool.lsuhsc.edu/sga

There is an ever growing list of student organizations. The list can be found at http://www.medschool.lsuhsc.edu/sga/student-groups/. Newer groups are not listed on the webpage yet. However, don’t get overwhelmed - there will be an activities fair during orientation where you will have the chance to see all of the organizations on campus and most groups will email you during the year.

STEP 1
This is an exam you take following your second year of medical school. It is comprehensive and brutal, requiring a strong grasp of every topic covered during your first two years of medical school. This is the first “step” on your way to Board certification. You take STEP 2 during your fourth year (or a little later, it depends). These scores are VITAL to your successful matching to the residency program of your dreams. There are many resources to help out—most popular are First Aid and the Board Review Series (BRS) books.

Do not worry too much about Step 1 your first year. You will hear plenty about it through your first two years and you will have adequate time to prepare.