



LETTERS

TO A CLERKSHIP STUDENT

FROM THE CLASS OF 2023
SCHOOL OF MEDICINE

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FOREWORD

I love stories, and I am guessing that if you are reading this, you probably love stories, too. Most humans do. Story telling is one of the most ancient traditions, and some social scientists argue that story telling is one of the few characteristics that is unique to humans among all animals. Stories entertain. Stories teach lessons, values, or morals. Stories can help build relationships. Stories help maintain culture. Even identity is easiest to understand as the story we tell ourselves about ourselves, as individuals and as groups. Identities in draft form are counter-intuitively more mature than rigid self-stories because they can be updated as we learn and develop. Sometimes, I worry that I think too much about the purpose and process of stories. Then I remember, I am a psychiatrist, so it is in my job description.

The story is not the event. This is my favorite phrase commonly used in Acceptance and Commitment Therapy (ACT). In my daily life, I say those words to myself repeatedly. They are my mantra. They remind me that stories are created by people, and that each person's version of the story may not exactly match reality. My version might be slightly inconsistent with another individual's memories, and it might be so different as to be an unrecognizable description of the same shared experience. Sometimes, many of us want to control the story that others have of us to match the self-story that we want. This is a power we can never have. Some stories are more accurate to reality than others. Yet, every person's story is likely to have some details altered or even missing. Memories for each brain are flawed. In other words, perspective still matters. My story is not the event. Neither is yours.

The idea is so simple as to be cliché, and yet the lesson is so often forgotten. Many of us can get anchored to the first story we hear, and we might use belief in that story to justify our own bad behavior before we have all the information. Sometimes, we might get attached to the belief that our story is the only true version. If I believe all my stories to be true, I might spend a lot of energy trying to convince other people that they need to interpret the world the same way I do. As one of my therapeutic supervisors taught, the energy we spend trying to convince other minds that our view is correct would be better spent trying to understand those minds. Their stories are the best tool we have to try to understand.

A story does not have to be perfectly true to be valuable, and the value of the story does not come from believing it. In fact, belief is the opposite of curiosity. Some students are shocked when I tell them that I don't fully believe any story, including my own. I want to stay curious about other people and about myself. The number of times that I have had to learn this lesson over the years treating patients and families is staggering. The number of times that I have had to learn this lesson in my life outside of medicine is embarrassing. Maintaining curiosity leaves room for multiple interpretations, which are themselves also stories. The interpretations, lessons, and morals we ascribe to a specific story often change as we grow. Which brings us back to this collection of stories.

As you read stories from your peers, you are likely to see bits of yourself. You are likely to feel a range of emotions. You are likely to learn lessons without having to have made a painful mistake. Remember though, *the story is not the event*. The lessons you glean may not match what the author intended. You may even find that when you come back to these stories in the coming weeks, months, and even years, that you have changed the way you see their story completely. That is fantastic. That shows that your brain is working. That shows that you are maturing and updating your self-story because it is always in draft form. To that end, I hope you find pearls of wisdom that your peers did not know they were sharing. It will be good practice for staying curious about the stories of your patients, peers, residents, nurses, social workers, attendings, and yourself in the coming year and beyond.

Austin Butterfield, MD
Psychiatric Emergency Service,
Pediatric Mental Health Institute,
Children's Hospital Colorado
Associate Director of Medical Student Education,
Department of Psychiatry,
School of Medicine, University of Colorado

INTRODUCTION

From 1903 to 1908, Czechoslovakian poet, Rainer Maria Rilke, wrote a series of letters to a young, would-be writer about surviving as a sensitive observer in a harsh world. Rilke wrote about taking risks not only to succeed but also to fail: "Always trust yourself and your own feeling; if it turns out that you were wrong, then the natural growth of your inner life will eventually guide you to other insights." He wrote about being impatient to know everything but being comfortable with knowing nothing: "Try to love the questions themselves as if they were locked rooms or books written in a very foreign language." And he wrote about being aware of yourself in the world but being cautious about taking yourself too seriously: "Don't be too quick to draw conclusions from what happens to you: simply let it happen."

That book, *Letters to a Young Poet*, has inspired many subsequent writers and teachers to share their own observations and insights, their own words of wisdom and warning, with other young readers embarking on a life in the arts, in religious and public service, or in the professions of law and medicine. These individual works are now part of a series called *The Art of Mentoring* and include such titles as *Letters to a Young Jazz Musician* by Wynton Marsalis, *Letters to a Young Conservative* by Dinesh D'Souza, *Letters to a Young Contrarian* by the late Christopher Hitchens, and *Letters to a Young Lawyer* by Alan Dershowitz.

The first collection of *Letters to a Young Doctor* was in 1996 by surgeon and writer Richard Selzer and meant to be, in his own words, "pedagogical and comradely--a reaching out to share." The goal of the second, Perri Klass' 2007 volume, *Treatment Kind and Fair*, was "a combination of maternal and medical wisdom." Her letters are addressed to her son in medical school--the very child born during her own education at Harvard in the 1980s, where she was one of only four women in her medical school class. Writing about and across their respective lifetimes, both Selzer and Klass not only reveal the compelling mysteries of the world of medicine but also represent the tedious challenges of the job of medicine.

Members of the Class of 2023 are now part of this long and respected literary tradition by giving you practical advice, helpful suggestions, and personal reflections on the year ahead of you in this collection, *Letters to a Clerkship Student*. Since I launched this project a number of years ago, I, like all of the readers of all of such letters, have been given the opportunity to learn along with you, to marvel at your courage and creativity, to applaud your stamina and resourcefulness, and to bear witness to your pain and your joy. Just as these letters provide a mirror of your own experiences and emotions in the clinical year, they also provide a window for those of us looking in at you and looking out for you as you make this journey, so please share them with your partners, your family members, your friends and your teachers.

I will close, appropriately enough, with another passage from one of Rilke's letters in which he encourages that very first reader to experience and express all that is happening around him, to him, and because of him: "Turn to what your everyday life affords; depict your sorrows and desires, your passing thoughts and beliefs in some kind of beauty. Depict all that with heartfelt, quiet, humble sincerity." If you follow such advice, just imagine what letters you yourselves will write . . . same time, next year. I can't wait to read them!

Therese (Tess) Jones, PhD
Arts and Humanities in Healthcare Program
Center for Bioethics and Humanities

FOREWORD FROM THE GOLD HUMANISM HONOR SOCIETY

You made it to your clinical years, congratulations! All your efforts over the past 12 months have put you one step closer to earning your M.D. and becoming a physician. That's an achievement we, the members of the Gold Humanism Honor Society, hope you take a moment to celebrate. Soon, you'll begin the next chapter of medical school. For many, the excitement and anxiety leading up to this new chapter are immense.

Let us be the first to welcome you into what can only be described as a wild ride. The clinical year can feel disjointed and filled with moments ranging from sheer joy to true sadness and everything in between. It is the time for you to discover what specialties you enjoy (or do not enjoy), which residents you hope to emulate, and where to find the best food in each hospital. And along the way, you will meet excellent mentors, new friends, and the best of our fellow healthcare professionals. The clinical year is a time for exponential growth, though it may feel completely stagnant at times. It will challenge you personally, professionally, and emotionally. The Gold Humanism Honor Society (GHHS) has a "responsibility to model, support, and advocate for compassionate, patient-centered care throughout their careers." A piece of that responsibility is also responsibility to self: that we remember to give ourselves grace through our challenges, ask for support when we need it, and offer it to others when they do.

To help welcome you into this experience, we have put together a collection of stories and advice from your near peers who have gone through the same thing not long ago:

From Missy Johnson:

On my very first day of my clinical year, I learned that you have to be speedy with the scrubs machines, that the laundry room staff will always help you out when you are too slow with said scrubs machine, and that once you finally get those new scrubs, you may be swiftly humbled yet again by setting off all of the building security alarms at Denver Health. Fast forward to OB/GYN and General Surgery, I may hold the record for most times almost fainting in an OR. The best time was when I almost fainted, felt I should give it another go, then not five minutes later almost fainted again. While I can laugh at these stories now, there are some stories that stayed with me because of the sadness I felt. I watched a young adult die alone in the SICU from necrotizing fasciitis. I lost multiple patients to whom I grew close as I cared for them throughout the year. These are the patients I will never forget, and my patients continue to be my greatest teachers.

I think experiences like these along with the many character traits you continue to hone will help shape who you are as a doctor. You will become more resilient by working to master presentations on rounds and by still choosing to talk to that family even though the parents yelled at you earlier. You will learn from mistakes and try to not repeat them. You will see that humanism and compassion sometimes heal better than medicine. And finally, you will become more adaptable as you jump among different clinics and hospitals throughout the front range.

My hope in your reading of this letter is that you will enter the clinical year with whatever excitement, anxiety, fear, relief, etc. that you may have and know that 1) someone who came before you had those same feelings, 2) someone who came before you made that mistake, too, and 3) someone who came before you is rooting for you. Never be afraid to ask for help. Take great care of your patients and look out for each other on this wild ride. I believe in you all!

From Maggie McGing:

Given the disjointed nature of my thoughts, I thought I'd write a list of insights I picked up along the way and an anecdote or two of misadventures. I hope they help you feel better (and do better, too!).

1. People expect you to know very, very little. What's more important than knowing everything is showing up with an eagerness to learn, being coachable and approachable, and taking feedback to heart and incorporating it into the next day. Be accountable and stick to your word.
2. Sometimes the clinical year straight up sucks. You'll be disappointed with your performance, feeling like more of a burden than useful, or missing that hernia question yet again in the OR. One of my preceptors made me feel better about this by saying, "I hated third year. It was the worst, but I love my job and it only gets better." So, if you don't love it, that doesn't mean you're not going to love your career. It's okay.
3. You will embarrass yourself and if you're me, multiple times over. Remember every embarrassing moment as it will be a funny story later.
4. An age-old truth of being a medical student: the patient will tell the attending something completely different from what they told you.

5. Stay open minded! I hated my surgery rotation (LIC) for the entire first half of my clinical year (a quote from my journal literally says, "I hate surgery"). It wasn't until the end of the year that I made a pivot from EM to general surgery, a switch that surprised me (and most people around me). Even though I decided late, the match still worked out in my favor, and that's pretty cool.
6. Keep in mind the Law of Diminishing returns. Take breaks, make time for yourself. It may feel like you're missing out on valuable productivity hours, but it is worth it.
7. Along those lines, find your relaxation vice. Mine was TV. How much TV? All seasons of Breaking Bad, The Great British Bake Off, Better Call Saul, Ozarks, Ted Lasso, and The Wilds, to name a few...
8. The attitude of "Well, I didn't do as well as I wanted today, but now I know things that I can do tomorrow to be better," will get you far.
9. This is the best year of your career to not know anything. Take advantage of the opportunity to ask all the "dumb" questions (see point 1).
10. NEVER LIE. If you forgot to do a physical exam maneuver, just say so. No one really cares if you forgot something, they *will* care if you lie.

Of course, there's more, and each person copes and manages their clinical year differently. Find what works for you. You can do this. It may not always feel like it, but you can. Good luck on this new chapter, I'm rooting for you!

As you will continue to read, the coming year will be full of memorable experiences and emotional extremes. That is not only okay, but it is completely normal. Lean in, do your best, and welcome to the clinical year.

Gold Humanism Honor Society (GHHS)
Class of 2022

LETTERS
TO A CLERKSHIP STUDENT

Dear Clerkship Students,

Congratulations on making it this far in your journey towards physician-ship! This process has by no means been an easy one for you all. Take time to look back and see all that you have accomplished to reach this point. Now look forward and realize the deepest potentials that you have to become the most knowledgeable, compassionate, and motivated baby doctors who you can possibly be. One of the most difficult parts of clerkships arises the moment you set foot onto your first rotation. Where do I go? Who do I talk to? What is expected of me? Is everyone watching me?

As you progress through your rotation and the rest of your time in medical school, you will find yourself constantly worrying about your adequacy. Am I doing enough? Do I seem interested? How am I doing compared to the students before and after me? When the time comes to open those evaluations at the end of long, hard-fought months, some of you may be surprised, overjoyed, disappointed, frustrated, sad, or any number of other emotions that come to mind and more. I am here to tell you that it is okay to have those feelings, and no one can blame you for having these thoughts and feelings. It is normal and all a part of this wacky experience of a medical student caught between having more medical knowledge than most of the human population but not knowing/practicing enough to apply it just yet. You are arguably the most motivated you will ever be to want to make an impact for your patients and to possess the densest and most diverse knowledge base (who here has learned the Krebs's cycle for the 4th time?) yet will only be able to "pend" your orders. So, all in all, being a medical student is...weird, yet this purgatory is one in which you will find out so much about yourself.

At the end of the day, what is most important is what you have learned and how it can be applied, so that you can be the best version of yourself as a student, patient advocate, mentor, and aspiring physician.

Even though I have probably not met most of you, I would love to be the first to offer you your first unofficially official (and unsolicited) clerkship evaluation:

1. Summary and Formative Comments

Evaluator: Tran, Wesley Site: University of Colorado School of Medicine

Summary Comments: *Insert Student Name* was a phenomenal medical student and the best that I have ever worked with. Their attitude towards learning and effortless integration into the healthcare team was far superior to any student whom I taught up to this point. They consistently asked insightful questions, anticipated team needs, and was a huge advocate for the patients they were responsible for, serving as their primary provider. On one specific instance, *Insert heartwarming, detailed example of how student did amazing work*. Not to mention, their presentation skills were well-organized with consistently accurate assessments and plans for the patient. On various instances when questions came up on rounds, they took it upon themselves to read up and present an article the very next day which demonstrated their strong dedication and autonomy. To say that *Insert Student Name* functioned at the level of an intern would be an understatement. *Insert Student name* has far surpassed my expectations for a medical student at his/her/their level.

Formative Comments: Continue to read... ;)

Thank you for taking the time to read this and for humoring me ☺ I wish you all the best of luck on whatever endeavors that you may undergo, medicine and otherwise.

Best,
Wesley Tran
GHHS

To the Class of 2025:

You've finally graduated from the classroom. After a year of didactic lectures, Q-banks, and flashcards, you have transitioned to learning the clinical art of medicine. As you enter this upcoming year full of curiosity, anxiety, and a hunger for knowledge, my advice to you is to keep this flame alive and do not let it die. Reflect on all those hours of studying, working, completing applications, test-taking, volunteering, and interviewing that it took to get to this point. Think back to that late night in undergrad studying for a physics exam, with the depiction of yourself in a white coat as your sole motivation to continue working into the early morning.

After enduring the grueling path to medical school, only to first complete some of the densest coursework of any graduate program, the day has finally come to do what you have been dreaming of for so long. You will no longer be glued to a laptop screen or a question bank; you will be at the bedside of your patient listening to their stories and examining them firsthand. You deserve to feel excited, anxious, curious, and occasionally clueless. My advice to you is to hold onto these emotions as you complete your clerkships because they are ultimately what will form you into a well-rounded and enthusiastic physician.

That being said, your clinical clerkships will be emotionally, cognitively, and physically challenging. There will be times when you feel underutilized and ignored, and other times when you feel overwhelmed and underprepared. You may also feel frustrated or confused by comments, critiques, evaluations, or the grading system in general. In the midst of these times, know that you will also be validated and reinvigorated by the praise and support you receive from your patients and team, no matter how sparsely it may seem to occur. A number or a grade does not define your capabilities as a physician. In fact, the most impactful traits that you demonstrate through your patient care and teamwork are often the ones that cannot be quantified into a grading system anyway.

Therefore, cherish those little moments. Hold onto that phone call with a patient's daughter while she expresses how grateful she is to have *you* as the care provider for her dying father. Recall the time your attending complimented your idea in front of the team on rounds. Remember the handshake from your elderly patient as they thank you for your dedication to healing them, so they can return home to their worried family.

Most of all, remember this: you have the unique ability to provide someone with a level of care they may have never encountered before. You have a fresh perspective, recent clinical education, and the hunger and drive to go beyond the standard level of care. Never in the future will you have so much time to dedicate to your assigned patients. Make use of this. Get to know them and their families, their likes and dislikes, their goals and aspirations, their morals and beliefs. You will be the only person on your team with this depth of knowledge, an element often overlooked yet so influential when the time comes to make difficult decisions with your patient.

Finally, if none of this resonates with you, just know that the worst day on the wards is still often much better than the average day of studying for midterms or boards. So, get your rest when you can, don't skip breakfast, and take advantage of your days off to do something fun!

Colin Malaska

Dear Student,

Congratulations! You've made it to your clinical year. After months of studying for exams, I would like to officially welcome you into a year that is *less* focused on exams. I mean, exams are still around, but they only happen a few times a year. It's almost like a reward.

But more importantly, I'm excited to welcome you to a year when you can finally feel like a physician—your chance to shine as a student doc. This is when you get to showcase the people skills you've picked up throughout life and the H&P skills you've picked up throughout CAPE (which is almost like real-life is what they tell me). A balance of both will be crucial to succeeding clinically.

Obviously, there are plenty of ways to succeed in the clinical years, but for those who are interested, here are *my* crash survival tips for navigating through this exciting time. I fancy them to be universal advice, but every experience is different and so is every student. So please, take these with a grain of salt (and possibly with a shot of tequila right before if that is who you are).

1) Come prepared and ask questions.

But only ask the smart questions. Don't ask the obvious questions. Don't ask questions when people are busy. Avoid asking questions before rounds, before lunch, before sign off, after sign off, during codes, or when your senior resident is having a bad day.

If you have a *really interesting* question, be prepared to answer your own question in a form of a chalk talk. So, I guess just don't ask questions.

Just kidding. Ask your questions. Your learning is just as important as anybody's time, and you **are** a valued member of the team.

2) Food is fuel. Free food is gold. EAT!

You will quickly learn when and where all the free lunch lectures are. Shamelessly power-walk over and grab that turkey sandwich before they run out. Stay for the lecture! Your clinic notes can wait, and it's a free Shelf review.

(5 bucks says they're reviewing the 4 types of shocks again).

3) Bring snacks.

The days are long, and you are resilient, capable, and smart. But you will also be happier after some snacks.

4) Sleep. Nap whenever and wherever you can.

Options include, but are not limited to:

- Your bed
- Your couch—because sometimes the bedroom is too far away.
- Your apartment floor—whenever your scrubs are too soiled for the couch and a shower is just too much to ask for right now.
- At your study nook—after finishing 6 Uworld questions and telling yourself that you deserve a quick “15 minute” nap (*you do!!*).
- Your car—after pushing aside the 4 empty coffee cups and reparked to the shady corner of the lot you most *definitely* are allowed to park in. 🚗

5) Keep your phone on you.

You won't be the first medical student to be locked inside the stairway. You won't be the last. It helps to be able to let your team know exactly where you've let them down.

6) But don't play on your phone the entire shift.

Seems sort of self-explanatory, but there is a reason I am writing it here.

7) Hydrate and take the bathroom breaks you are too afraid to take.

Water is your best friend. Coffee is your friend who hypes you up right before going out but is 100% ready to ditch you at the party the minute you're slowing them down and will make you feel bad for the rest of the night.

But hydrate with whatever fluid of choice as long as you hydrate. We have a strict **no AKI policy here on the wards.**

8) Study for your shelves early.

They sneak up on you. Do what you need to do to find energy and momentum at the end of your shifts, but then also trust yourself and the knowledge you've built over the last few years. You'll be amazed by

how much you still remember and how cool it is to be able to apply your textbook learning to the patients you see.

9) **Equally important, don't let your studying impact your clinical work.**

This year is about your clinical performance, and these clinical skills will matter more anyways in your future career.

10) **Have fun.**

Find out the kind of physician you want to be.

"Have fun" is too cheesy. Not all of clinical year will be fun, but it will 100% be meaningful. This is where you'll learn how to take criticism, figure out your preferences for inpatient vs. outpatient care, and try your hand at procedural-based specialties. You won't love everything, but you'll find yourself gravitating to some things more than others. Listen to yourself. If you have significant others or really honest roommates, listen to *them* because you'll complain significantly more on rotations you do not like. I hope somewhere along the way, you'll have a better idea of where you're supposed to fit in.

Whoever you are, I am incredibly excited for you to start your clinical training. These 10 tips may be helpful, or they may be a regurgitation of things you've heard a million times. (It's not exactly ground-breaking advice. I know my creative limitations). Regardless, I hope it is a small reminder that while this upcoming year feels daunting, the people who have walked those steps before you are thinking of you, willing to support you, and rooting for you every step of the way. If you should need any help, we are only one email away.

Good luck with everything,
Linh K Nguyen
GHHS

Dear Soon-to-be (or newly becoming) Clerkship Student:

I've been doing my best to think of what I could tell you that might actually be useful. I feel a little like the man who, after surviving an airplane crash, is interviewed and asked what advice he has for the people in the next one. Getting through it feels like mostly a combination of luck and desperate effort of the moment. The truth is that this year is both thrilling and terrifying. By the end, you're just glad to have made it out alive.

The trouble with offering you advice is that I don't know what your year will look like. I don't know whom your preceptors and classmates will be, what kinds of patients you will care for, or even where you will care for them. I can't tell you where you should park or which stairwells to avoid. Without knowing these details, I worry that any advice I give won't really apply to your situation. However, I will offer some thoughts on a few principles that might be helpful to you. I believe in principles, in the sense that they are truths that consistently yield similar results when applied across varied situations. The ones I will talk about are simple and obvious, but powerful.

1. **Be honest.** This includes being honest with those you work with, with your patients, and with yourself. Be honest with your preceptors and residents. If they ask you if you checked your patient for lower extremity edema and you didn't, admit the truth. If they ask you to use horizontal mattress stitches to close your patient's chainsaw wound and you don't know how, tell them the truth! It can be embarrassing to admit to lack of knowledge or failure to complete some tasks, but that discomfort is much better than being found out as a liar. You will often be tempted to be dishonest in seemingly innocuous situations. It is never worth the risk. If you are consistently honest, the trust you develop with those you work with will never be in danger of catastrophic failure. Your reputation will be solid, regardless of how well you feel you performed. As the saying goes, Honesty is the best policy.
2. **Be kind.** The time you spend interacting with the people who determine your grades will sometimes be quite limited. However, you will undoubtedly spend a large amount of time interacting with nurses, techs, residents, and other medical students. How you treat these people usually finds its way back to those who supervise you. Deliberate kindness when you talk to or interact with others costs you nothing but can positively benefit you in fantastic ways. The unfortunate truth is that a good deal of your grade is dependent on the subjective perception of you by other people. There is relatively little you can do to control that perception, but being kind gives you some positive control. Don't be manipulative or insincere, but consistently seek out ways to be kind.
3. **Be grateful.** This one has mostly to do with your mental health, but it's very important! During this year, if you haven't already, you will find many things to complain about. If you don't find them, you will most likely hear about them from people around you. Situations will happen that are unfair, out of your control, or unjust. I'm not suggesting you ignore those things, but if you value your own happiness, then I suggest that you strive to devote an equal amount of time to gratitude as you devote to complaining, worrying, or despairing. It *will* make you feel better. Just try it! Even if the whole world is falling down around you, you can at least be grateful that you won't have to worry about it happening tomorrow. It can take effort, but you can always find something to be grateful for.

There you have it, three simple tips from a simple medical student. I hope they are as useful to you as they have been to me. There are many more principles like this to be found if you look for them.

You can do this! Your dreams can come true! This year will not be an easy one, but you will make it through, and everything will turn out wonderfully in the end.

Sincerely,
Boston Gubler

The Cusp

Dear Student,

Welcome to your clinical year. You finally finished the bulk of your bookwork and are headed into the clinic to meet patients. Patients at their worst, their best, the midst of their diagnosis, and most of all, patients looking for your help. All your bookwork taught you well; you are ready to confront disease. You are ready to struggle and grow through history taking, physical exams, management plans. But there is something you will encounter this year that your lessons have not covered enough.

It will come without warning. It will come on a Thursday Morning that seemed just like every other. It will come amidst a cloud of concentration, studying, fatigue. You will be met unexpectedly with a patient, presumably new to you. New to clinic maybe. A patient who has just received news, results, a phone call informing them to seek a doctor. A patient on the cusp of a new diagnosis, on the cusp of the rest of their life. It will come out of nowhere. It will appear in front of you, asking you to be the one. The one, the student, the provider to walk them through this change, diagnosis, and the series of emotions.

Before now, you have been taught to work up symptoms, laboratory values, history findings, and to create a comprehensive diagnosis of disease. Conditioned to use pearls to select the disease from a list A-E on exams. Today, you will be asked to reach further than A-E. What happens after you deliver a diagnosis? How do you sit with a patient after those words are shared?

This year you will be challenged, fatigued, enraged, enlightened, and invested in your patients. You will find connection between the diseases you have studied and the human experience. This is why you came to medicine. This year, you will be pushed past the pages of a textbook and into the nebulous world of human disease. There will be patients whom you will never know the etiology of their symptoms, and others who just need to be heard.

You hold a special role this year. Don't let your role limit the impact you may have on patient lives. You can be the one to sit with the patient, on the cusp of a new diagnosis, unknowing of what lies ahead. You can own their care, sit through their emotions, and take hold of their plans. This is the time to practice and expand your skills in the human experience of disease.

This year will be long. It will try you in ways you have not experienced before. But this year will bring you fulfillment, compassion, and experience in the complexities of your community and patients. This is what you have been waiting for. You have every tool you need to succeed, the tools to create the change in lives that patients deserve, the tools to employ with patients on the cusp of disease, and the tools to grow into the best physician you can be. You got this. Welcome to your clinical year.

Matthew Genelín

Dear Student,

Welcome to the clinical stage of your training! This time will be filled with so much personal and professional growth and learning. I have included some notes below (bullet point format because time is precious). This advice isn't perhaps the most important or monumental, because I think you will get that elsewhere, but rather they are things that I wish I would have realized sooner in my clinical training.

A few notes:

- Get a good pen. At the start of rotations, I thought this meant a smooth glide and a thick tip. At the end of rotations, I placed much more value on a fine point tip because it lets you write super tiny and on different colors because that allows you to organize and edit. Smooth glide remains important.
- Obtain multiple of above said pens, you will lose some along the way.
- Don't take things personally. It's quite often not about you.
- Chocolate-covered coffee beans—they don't sound good now, but at 3AM on a night shift they will keep you going.
- Don't be afraid to change things up early if they aren't working. Try different ways to take notes and organize your workflow. If something doesn't work, change it.
- Always accept an offer for free food and/or free coffee and/or free advice.
- Try to ingrain lessons learned into your personal knowledge fund. This might mean keeping a running google document of tips or writing notes in a notebook.
- Every now and then, try to take a zoomed-out view of where you are. Do you have balance in your life? What are you enjoying? What do you hope to work on before your year comes to an end?
- Shame and being wrong are not the same thing. Figure out how to be wrong and be okay with it. Being able to admit that you're wrong is a highly important skill. Learn it now.
- A great piece of advice from a resident: "Think about the job you're applying for (intern), and work on doing that job. It will only make you better and help you progress."
- Take three slow deep breaths before and after your shift.
- Write down the things you see being practiced by the providers whom you like.
- Fanny packs are in right now. I don't know if they will stand the test of time, but it's a good way to carry around supplies on a rotation.
- Start practicing being the physician you want to be. Building that foundation starts now, and it can be empowering. If you don't like the way something was done, then you can start that change in your practice.
- You really aren't alone. Everyone says that. Then, our internal beasts of insecurity and imposter syndrome argue against it, but it really is true. You are not alone. Reach out to your buddies. Reach out to your colleagues.

Good luck and enjoy the adventure!

Sincerely,
Ilsa Hale

Dear Student,

I spent most of my first day on the wards lying on the floor of a workroom at the VA with my feet up after a near syncopal event on rounds. Alternating between waves of nausea and tunnel vision, my inadequately perfused brain wondered if I was cut out for a career in medicine and if I had wasted \$200k and two years of my life in pre-clinicals. Thankfully, it turns out that almost every physician has had a vagal response in the hospital before, and they will readily share their best stories when they find you lying on the floor. They will offer you some Zofran and an IV from the nurse with the best stick on the unit. They will be tremendously kind. All of that is to say that even the worst possible start to clinicals can quickly turn into a funny story. Know that no matter how nervous you might be, you are going to be okay.

This year of medical school is commonly described as one of the most defining years of your training, often a close second behind internship. Your knowledge moves from theoretical to practical, and you quickly learn that people are not textbooks or UWorld questions. Your clinical knowledge will grow exponentially without you even realizing it. You are evaluated constantly and sometimes you might think unfairly. But remember, the goal of your clinical years is to learn how to take the best possible care of patients. You will be forming your professional identity and deciding what type of physician you want to be (and I am not just talking about what specialty).

This year will be hard, but also filled with tremendous joy, new skills, and increasing responsibilities. Seeing your resident's pride when you beautifully close the skin on a surgical incision using the tips that she taught you will feel incredible. You will be tempted to jump for joy after helping a patient overcome their fear of needles to learn to successfully self-inject insulin. And you will likely get teary as you help bring life into this world for the first time and hear the cries of tiny lungs. These small moments of joy will keep you going when you've gone ten hours without eating, drinking, emptying your bladder, or sitting down.

This year will also likely bring your first patient death. It might be a patient you know well or someone you first meet in the ED while performing compressions on their chest. Lean on those around you in these moments. Your residents and attendings all remember the complex emotions that surround these first deaths. Don't be afraid to ask for their help to process your emotions, and don't be surprised if these emotions pop up unexpectedly in the weeks and months that follow. This is all so very normal.

Finally, remember to make time for the things and the people whom you love outside of the hospital. The time you spend on a run out in the sunshine or coffee with a friend will make all the difference in your happiness and outlook. And a parting word on your fundamental steps for success: eat when you can, drink when you can, and always wear compression socks. You will do great.

Best,
Caroline Vance

Dear Student,

A brief comment on your first clinical year: I found this year to be the best one yet. It is fun. It is rewarding. It is hard work. If you are kind, caring and intentional, you will flourish. It is a unique time to contribute meaningfully to patient care and learn as much as you can. We are privileged to impact and bear witness to the most intimate moments of people's lives and deaths. When the days get long, acknowledge the struggle. Be assured, you will be amazing. The below advice is an attempt to validate all of that. Congratulations!

Tips for Day 1

- Be enthusiastic—wherever you are! A new first day and a first impression are always around the corner.
- Get there early. Allot an extra 30 minutes minimum. Note: time warps such that everything takes longer at 5 AM.
- Ask for directions. You're a medical student. Everyone knows you're lost. It's okay.
- Listen well on day 1. Identify the structure/patterns your team uses to present.
- Introduce yourself—time to dust off those social skills, champ!
- Act interested.

Tips for All Days

- Keep acting interested.
- Be a team player. Teams change often—be flexible!
- VA badging is an opportunity for you to practice patience.
- Eat when you can! Scrub pockets are the same size as applesauce squeeze pouches. Coincidence?
- Put effort into your presentations, especially early on. Practice and take notes.
- Shaking while suturing or retracting? Relax your shoulders.
- Calling a consult? Ask a clear question.
- Don't assume your patient knows the plan. Communicate with them!
- Patients want to be heard, and you have more time than anyone else on the team.
- Everyone has scrubs. Everyone says not to steal scrubs. Take from that what you will.
- Sleep as much as you can. Does this contradict previous statements? Sure!
- Look up an article every night—briefly. Any paper relevant to your patient will do. On rounds, give a chalk-talk or say fun little things like, "Last night I was reading about..."
- Negative comments and embarrassing moments happen. Let them roll off you like water off a duck's back.
- Brain fog will also happen. See above tips re: eating and sleeping.
- Cry. A recent study found that crying can take the sad out of you (peer-reviewed).
- Ask for feedback. The desire and effort to improve will always serve you well.
- Everyone will tell you to study early. Sure. Just don't forget to allow yourself a few days to get your footing. You will pass the exams.
- Discover the type of physician you want to become. It is a joy.

Tips for Life

- Take care of yourself! Read that again.
- Reach out to your family and friends. Never underestimate the power of camaraderie and love—it is needed.
- Make time for the things that bring you joy. They are important.
- Give yourself grace when you don't have time for it all.
- Drink water? I guess?

Cliché but True One-Liners

- Say, "Thank you."
- Embrace your empathy.

- Know your power.
- Practice gratitude.
- Ask for help.
- Nobody really knows what they are doing.
- Be confident.
- Be humble. (If you are struggling with this, review hyponatremia. That should do it.)
- Love will always win.
- Fight the good fight.
- It's going to be okay.
- **Be kind to yourself. Be kind to your patients. Be kind to your team. As the most wonderful mentor will tell you, *kindness is easy to administer and exceptionally well tolerated.***

Sophie Sugar

Dear Reader,

I spent six summers as a camp counselor at a rugged outdoor adventure camp in the Rockies before medical school. We'd take small groups of campers on excursions every other week (think backpacking, biking, climbing, kayaking). Before sending us out into the wilderness, the camp director would give a variation of the same speech. The speech started like this:

"In the coming week, you're going to experience some incredible highs and some incredible lows..."

It became a running joke among campers and staff, especially because we could all recite those words as they were delivered on the Sunday of each tripping week. However, it always served as an anchoring sort of prologue to whatever adventures we found out in the woods before coming back together at base camp.

Your clinical year is a little like a first backpacking trip. You probably have all the right equipment: tri-color pens, Cloves, at least one set of FIGS, a stack of hospital ID badges, your folding clipboard, UpToDate downloaded on your phone, and (perhaps most importantly) your CU Patagonia fleece. You've gone over how the hospital works a dozen times: in the CAPE, watching episodes of your favorite medical TV show, reading through Reddit posts late at night, attending sessions about what to expect from those of us on the other side. You've surely prepared for every possibility.

Even still, you're not completely ready for what happens next. You're going to be exhausted at the end of each day, and you're going to wonder why. You're going to be asked questions that you have no hope of answering. Some will be asked while you're scrubbed in, so you can't even look the answers up right away. You're going to end up on a team with the one person in your class you've never spoken to, but you just know is much smarter than you. You'll get lost in the hospital and locked in stairwells. You'll lose your team on rounds because of your own bladder or a patient's. You're going to get someone else's body fluid on you. You might end up in the ED with a needlestick and wonder if you're the only idiot who's ever managed to make that mistake. You'll make someone angry one day. Even though you'll try to avoid them, you're going to end up having to speak to them again, and it's going to be awkward. At some point, you'll get 20% on a question set, and you're going to be positive you're going to fail the shelf in four weeks (this will lead to more late-night Reddit reads). You're going to forget that the cafeteria has weird hours on the weekend, and you'll make a meal out of vending machine snacks and stolen patient pudding. You're going to try to convince a patient to stay because you're worried about them, and they'll still leave AMA. You might log in one morning and find out that a patient who was joking with you yesterday coded overnight and is now intubated in the MICU. You'll wonder what you missed, how you could have done better. There's a chance you're going to have to hear the sound a parent makes when their child dies, and you'll remember it forever. You'll see death. You'll watch people waste away waiting for placement at another facility. You're going to cry, whether it's from exhaustion, or anger, or grief. You're going to question whether medicine was even the right choice.

So yes, you're going to experience incredible lows. But, as I mentioned, there are also incredible highs. You're going to get to see babies enter the world. You'll see ailments cured, and cancer cut out of the body. You're going to get to help give good news to patients and families. You'll see a patient who came in impossibly sick leave the hospital a few weeks later on their own feet. You'll have a patient who is miserable because they can't sleep in the hospital, and you're going to find a face mask and ear plugs in the volunteer office to give them. Or a patient who has nothing with them will smile and perk up a bit when you offer to get them a book or magazine to help the time pass. You might get lucky and receive thank-you notes from patients; make sure you keep them someplace safe to read on a rainy day. You're going to be told that you're doing great work and that you're going to be an amazing doctor. The person who says that might be a patient who has just been diagnosed with a terrible cancer and who has accepted your offer to spend time with them, so they don't have to be alone. The things you do are going to matter this year. You are going to get in your car after some days and just bask in how cool it is that you're going to get to be a *doctor*.

When you summit an 8,000-foot peak on day four of five of your first backpacking trip, you're tired and sore, and you almost can't believe the hard part is over. And then you get to enjoy the view. When you finish this year, you're going to look back and be in awe. You'll have learned so much about medicine but also about humanity and about yourself. Look, you're going to want to sleep for a week and then sit around in sweats and watch trashy TV for a week after that. But you're going to be so excited to get back to a lecture hall with your classmates to exchange war stories, especially once you realize that the people who love and support you but work in accounting might not get it like we do.

Anyway, welcome to your clinical year. You're in for a wild ride. We'll be here waiting to hear all about it when you get back.

Jo

Clerkships are about transformation, when students move from reading about medicine to applying their knowledge to real life individuals and problems. It is a wonderful time to explore your strengths and weaknesses and to learn what type of career you want. You will encounter a wide variety of personalities, attitudes, and practice styles, which creates opportunities to decide what you want to incorporate into or exclude from your own patient care in the future. In my opinion, the medical student's top priority should always be to show respect to patients and colleagues, learn as much as possible, put in a solid effort, and always try to put the patient first.

Use this year to handcraft your "human touch." I have met providers whom I view as personal role models. I see qualities in them that resonate with my core values and that I want to mirror when I am taking care of patients. I want to be present in the moment, offer an ear before a treatment, put myself in my patient's shoes, and give patients the time and attention that they deserve. I have also encountered providers whose attitudes don't resonate as well with me. They offer another great learning opportunity. I learned not to rush patient care and to be respectful toward and grateful for all healthcare team members.

Always take the time to reflect on your experiences and remind yourself who you are at your core and where you came from. In Ghana, there is a proverbial symbol called Sankofa. It is an image of a bird reaching around and using its mouth to lift an egg from its back. Sankofa translates to: "It is not taboo to fetch what is at risk of being left behind." It more loosely translates to "go back to your roots." The Akan people believe that the past should serve to guide the future. This concept is passed from one generation to the next as one of life's most important lessons. Never forget where you came from, even when you have come a long, long way. Remember, every attending was once a medical student.

One of my most memorable experiences as an MS3 was assuming a high degree of autonomy in managing patients on my psychiatry rotation at the VA hospital. One week into my rotation, the resident on our team switched to a new site. This provided a two-week period to work closely with my attending physician as I was the only helper available to him at that time. I learned how to serve as the primary provider for my patients, even as a medical student. Those two weeks were a golden glimpse into my future as a resident, or a fellow, or an attending.

During my clerkships I got better at listening more carefully to my patients who know their own bodies best. When a patient tells me they are concerned, or a parent tells me there is something wrong with their child, I always take them seriously, even if a lab test or imaging study does not confirm my expected finding. I think one of the worst things I can do as a future doctor is to miss something medically important because I did not listen well enough to my patient.

The best advice I can give you is to enjoy and embrace the process. Reflect on your interactions with patients and team members, especially ones that went well, or maybe didn't go so well. Don't let failures get you down. Use them as opportunities to learn and try again. Remember that you are here to learn from mistakes, after all you wouldn't be here if you were already an attending.

Make time for yourself, for your loved ones, and for your passions outside of medicine. Because if you can't take care of yourself, how can you take care of others? Try to compare yourself less to your peers. I find it is seldom productive or helpful because every person is unique. Most importantly, use this year to grow, develop, and nurture your medical knowledge and key interpersonal skills that will carry you for the rest of your life.

Justin Fichtner



SANKOFA

Dear Medical Student,
When your resident or attending says you can leave,
Don't walk out.
Run out!

On your drive to and from the hospital,
You can either listen to medical podcasts or classic rock music.
Your surgery attending will pimp you on both topics.
And he/she/they will respect you more if you correctly answer the latter.

Invest in shoes with good cushioning.
Hospital medicine rounds can go on forever.
Forever.
Literally forever.
Forever and ever.
Still forever.
Forever (are you still reading this?)
For...
Wait for it.
...Ever.

Kids are great. Infants are even better.
If they are crying, just stick your finger in their mouth.
They'll start sucking (it's a reflex, and they can't help it!)
I wish adults similarly had off-switch like infants do.

If you are manipulating the uterus during gynecology surgery,
You can skip the gym for that day.
Your attending will tell you to push the uterus in harder
Even though you are pushing with all your might for hours.
And you can't even tell if it's moving, or if you are doing anything.

You tell me the rotation; I'll tell you what you need to know.
Psychiatry? Delirium precautions.
Ophthalmology? Dry eyes.
Urology? BPH.
Pediatrics? Well child check.
Family Medicine? Reassurance.
Obgyn? Pregnant.
Emergency Medicine? Can't we just admit them to medicine?
Hospital Medicine? Is there an app for that? No, but there is definitely a research trial on that.
Surgery? Don't care. Just tell me "cut" or "no cut" for this patient.

BUT MOST IMPORTANTLY:
Cherish your team and cherish your classmates.
You have a built-in community by being a part of medical school.
That is rare. It is unlike ANY other industry.
Times will be tough, and people will become irritating. Things will be unfair.
BUT you have this shared experience no one else in the world can understand.
Have each other's backs. That pays dividends beyond any attempts to look "impressive."

Go out there and get 'em!
Here is where the real learning begins! (sorry @preclinicals)
We can't wait for you to join us in the world of medicine.

Much love,
Richie Tran

P.S. Are hospital medicine rounds over yet??

Dear Student Doctor,

As you enter a world of patients, no longer just multiple-choice questions, but real people with actual problems, I encourage you to remember the distinction between abstract medical knowledge and the tangible work of being of use to the person before you. The point of medical training is not to impress your peers, or your attending, but to impress upon the patient that they are cared for.

In reaching out to you just now, I feel there is a slight distance between us. You are about to start the most engaging learning you've ever done, and I am approaching the end of this first leg. But all the same, there are things shared amongst us that few others will ever know: we can both place our hands on an abdomen and assess for a specific ailment, we can shine a light into someone's eyes and screen for pathology, we can listen for that percussive life force of another human being.

We have the extraordinary privilege to know the inner workings of our fellow humans with a level of intimacy unthinkable in any other profession. In speaking with patients, we hold eye contact and talk about the most personal decisions anyone could ever have to make. And in that way, we know people very deeply.

But then we cross paths with other people—the old high school acquaintance, the cousin at a barbecue. They may ask about what rotation you're on or how things are going, but it can be very hard to explain the sheer scale of suffering we see. And when they discuss the drama in their office or some new insurance plan, it feels like I don't know people at all—at least not in that early summer afternoon, pleasantries, and banter kind of way.

During training, we exist between two worlds. We have one foot through the door into the resident's lounge (though your badge does not) and one foot still in the realm of a life before medicine. It can feel in some ways appositional, with your nervous presentations a reminder that you are *not* yet a doctor while unable to meaningfully communicate your experience with those not on the path to becoming doctors.

Is the solution then to indulge in self-congratulatory isolation and emphasize what separates us from others? Hopefully not. The most extraordinary thing about all this anatomy and physiology we learn, especially when overlaid onto a person rather than a test question, is its ability to show us the thousands of things we share in common with each other person. We must remember that this knowledge and training should bring us closer though at times it feels like it wants to push us apart.

You'll do fine.

Evan Cornish
GHHS

Dear Student,

It's normal to have some very abnormal experiences during this year as a student doctor.

You may find yourself eating, sleeping, or exercising at atypical hours. Use whatever time you have, to take care of yourself. Always.

You may find yourself listening to unusually loud music, crime podcasts, or what-have-you in the wee hours as you drive to pump yourself up for the possibility of suturing during this shift. Normal or abnormal?

You may find yourself having odd "medical" questions in the shower. Which specialty would be the best to answer your questions?

- "What are the vermillion border genes that make lips different than skin?"
- "If a sneeze is a reflex, and reflexes are all-or-none, what are those little fake sneezes right before a big sneeze?"
- "In an apocalypse, if there were no more veterinarians, what specialty would translate best to taking care of animals?"
- "Why aren't there viral UTIs?"

You may find yourself having strange new feelings towards a specialty you were sure you wanted nothing to do with, just a few short months ago. After the teenage years...are strange feelings normal?

You may almost certainly find yourself surprised when you feel like you've been stagnant in your learning, but all the sudden you're confidently communicating the options for medication-assisted treatment for addiction, delivering a baby without your attending's hands over yours this time, or calling out "2+ dorsalis pedis pulses bilaterally" in the trauma bay.

You are in a very abnormal position, but how else do you find the extraordinary?

Best,

Amelia Barber

Dear Student Doctor,

I always hated that title. If the field of medicine is touted as being a career of lifelong learning, then aren't we all student doctors? Regardless, congratulations on making it this far into your medical career! Now is a great time to look back and reflect on how far you have come and thank (even if just to yourself) all of the people who helped you come this far. What lies ahead is a beast. A long hike up a mountain. A marathon. But I promise that the view from the top is (at least mostly) worth the effort and hard work.

Your clinical years will likely be the hardest years you will go through. You will be required to learn vast amounts of information from the pathophysiology of hepatorenal syndrome to the difference between q12h and BID. During this time, you will also learn a lot about yourself: your likes, your dislikes, what you want to spend the rest of your days in medicine doing, and what qualities you want in the colleagues that you will be practicing and learning medicine alongside. You will meet many personalities along the way, some of which you will never want to interact with again and others you wish you could spend an entire year with.

One of the most important things you can do in preparation for this year and your career is to surround yourself with people you love. I mean truly love. People you can turn to when you are at your lowest. People you can vent to after your attending belittled you even though you ended up being right. People you can celebrate with after getting to do your first closure. During this year you may experience the death of a patient for the first time. You may have to talk to a patient about the abuse they faced as a child or console a family who has lost a loved one. When you are drowning in emotions, it helps to have someone you can talk to whether that's a family member, partner, friend, mentor, or therapist. So long as they understand that the job (as it is right now) demands that you show up in the morning the next day. I also strongly encourage you to set clear boundaries between your work life and personal life. If you tell your team you are going to take Saturdays off, take Saturdays off, even if one of your patients is scheduled for an operation or will be extubated. Once you have drawn your boundaries, you need to enforce them in order to keep yourself going. Keep in mind that your life outside of medicine is still happening: your friends are getting married, your parents are growing older, your kids are growing up. Life, unfortunately, does not have a pause button.

You have chosen a career where you are expected to advocate for others. Just like how you cannot pour from an empty cup, you must advocate for yourself before you can advocate for others. No one else will do it for you. Not the deans, not the block directors, not your upperclassmen, and likely not your interns, residents, or attendings. This applies to taking time off when you need it, asking if you can do certain procedures if the opportunity arises, and fighting for the grades you feel you deserve. You will almost assuredly receive grades that disappoint you. As long as you contest and fight for the grade you deserve, you will move on with no regrets. You are not "just the medical student." You are a key member of the care team. Once you have advocated for yourself, you can advocate on the behalf of the patient. Fight for them like you would for a loved one. You are blessed to get to spend extra time with them and to actually get to know them without having to worry about another ten patients on your list. During these next few years, you can change the lives of those around you. You may encounter a situation where you know more about patient's needs than your resident or attending. Apply your knowledge, teach your seniors, help your patients. After these years, look back and reflect on how far you have come, how much you have learned, and how many lives you have changed. You will realize that you have undergone tremendous growth, and (hopefully) be eager for what lies ahead.

I wish you all the best. You are knowledgeable, intelligent, resourceful, compassionate, and more than capable to get through these next few years. You just have to prove it to those around you.

Sincerely,

Someone who has already walked the path that lies ahead

Dear Student,

Congrats! You are about to enter clerkships, which will likely be some of the most exciting and challenging years of your medical education. This is the letter I wish I would have read a year ago when I started clerkships.

You are probably feeling excited, anxious, and if you're anything like me, maybe a little annoyed that you have to leave your neurotic yet comfortable preclinical year. Everyone around you may be excited, but do not feel odd if you do not feel the same way. There are a lot of unknowns. The honest truth is that clerkships have much higher highs and much lower lows compared to your preclinical year, so get ready to ride the rollercoaster.

The highs will be high. Seeing the birth of a child. Nailing a diagnosis. Telling a patient that their ovarian tumor is benign. Being thanked by name by a grateful family of a sick child. Seeing someone enter the hospital critically ill and leave healed.

But the lows will be low. Telling a patient that they have stage IV pancreatic cancer. Doing compressions in a code and cracking ribs. An unexpected maternal death. Watching a 20-something-year-old die slowly and painfully of cancer, despite modern medicine's best efforts.

It's okay to not be okay. It's okay to grieve and carry pain with you wherever you go. But it's also okay to feel nothing at all. It's okay to leave the suffering at the door of the hospital and enjoy your life outside of it. It's okay to feel joy and gratitude for the things that your patients may not get to experience.

Your clerkship time will want to change you; let it. Let it make you stronger, more courageous, and more resilient. But don't forget how tired, tiny, and humble it made you feel too.

Ultimately, this will be one of the most transformative years of your life. You will find where you don't fit in, but you will also find exactly where you belong. Trust yourself.

Good luck and remember to ask for help if you need it. Have fun and keep your eyes wide open.

Sincerely,
Kylan Nelson

Dear Student,

Congratulations on surviving the pre-clinical year! Whether you're aware of it or not, your pre-clinical classes and foundations of doctoring precepting has been setting you up well for this moment. After all, you are one of the first classes ushering forth a brand new and revised clinical curriculum that incorporates all *our* feedback (yay!).

I. Am. Jealous.

Let me start by saying that nervous feeling you are starting to have in your stomach is **not** unique to you. Here are 3 tips that'll ease your transition to the clinical space:

1. **Be kind.**

To your patients. To your colleagues. To your mentors. But most importantly, to yourself. It's easy to beat yourself up over not knowing certain things or getting questions wrong on the wards. Remind yourself that until you graduate from residency, you are and will be a learner. Learning will happen with time. The expectations for a newly minted clinical student are simply not the same as those of a resident. It is counterproductive to be discouraged by these things early in your clinical experience; if you continue to have concerns as time goes on, then maybe it's time to reevaluate how you are approaching things. For now, give yourself a few months to settle into this new way of learning and just try your best to help the team function.

2. **Be curious.**

Really try to engage all the specialties as much as you can. Not only will it serve you well in your board examinations, but there are always lessons you can carry into your chosen field. Some of the best advice I received was from my OB/GYN preceptor, and I am not applying to that field or anything closely resembling it. Ask, Ask, Ask questions! Not just clinical content, but also about lifestyle, about training, or any number of things that might factor into your decision-making when application season comes around. Just make sure questions are thoughtful, appropriately timed, and not just for the sake of asking.

3. **Keep an open mind and be flexible.**

Many students enter clinical years with an idea of what specialty they may apply to, yet over half of students change their specialty choice at some point in medical school. For many, the clinical years are the first real chance to explore a lot of different fields in a significant enough way to truly understand them. Though it feels difficult, do not be afraid to let go of what you thought you initially wanted, especially if all the signs point to a better fit in a different specialty. If you know early that you're considering a few super competitive specialties, set yourself up with research that you can complete by application season. It's not as important that the research is in the field you ultimately decide, but it is typically important that you showcase tangible productivity.

Sincerely,
Someone on a Research Year
(Arman Saeedi)

Dear Student,

When I started my clinical year, I was excited but very afraid of what people would think of me. I really had no concept of what kind of knowledge base or skills I was expected to have. I was so worried that I knew nothing in comparison to my classmates. I was petrified of saying or doing the wrong thing. On the flip side, I was very concerned about not getting enough opportunities to show my team what I had to offer. I tried to be the best “medical student” I could be but lost myself in the process. I was pretending to be someone I wasn’t because I was so worried about someone not liking me that I became a muted version of myself. Nobody would be able to find something they didn’t like about me because there was nothing to dislike... but there was also nothing in particular *to* like. I wasn’t unique, and I didn’t stand out at all. It wasn’t until someone finally told me to stop worrying so much and just be myself that I started actually succeeding during my third year of medical school. Clinicals are exhausting because you are trying so hard all of time. You have to “show up” every hour that you are at the hospital: learn, listen, and be respectful. However, you have to still be yourself because if you try to be exactly what you think they want you to be, you will inevitably blunt your individuality. Yes, you have to try your best, but you do not have to actively impress people every second of every day. The only thing you are expected to do is learn and be interested. That’s it! If someone asks you a question and you don’t know the answer, ask them more questions about the topic. If you don’t know how to do something, be proactive and tell them that you would like to learn about that thing before anyone actually asks you about it. Just be interested and be yourself. When I realized this, it changed my entire approach to this year, and it led to an extreme improvement.

Lauren Pitzer

Dear Student,

I'm so glad you are about to start a very special year of your life. I said special instead of best because I'm sure you've heard from a lot of people about how clinic years are the best, but I want to give you a heads-up. Clinical years can be hard, especially when you are just stepping out of lectures and classrooms and into hospitals, starting to actually interact and take care of patients, starting to work as a team while trying to learn. I want to assure you ahead of time that it is totally okay to feel overwhelmed and lost the first week on a new service. It is totally okay to rehearse for five minutes before going to talk to nurses to get an update of your patient. It is totally okay to feel awkward and ashamed when you don't know the answer to a pinging question on rounds in front of a group of people. It is totally okay to wonder the three most important philosophical questions of who I am, where I am, and what I'm doing every now and then throughout the year; it is totally okay to even doubt your decision of going into medicine for a second because I have had all those feelings when I was going through my clinical year. And I will assure you that most people have had similar feelings too.

I start the letter with this not to scare you or undermine the excitement of the clinical year to any degree, but to give you more readiness and confidence before you start one of the best years of your life. During the clinical year, you are going to learn so much that you would be surprised looking back at the end of the year. You are going to have so many moments of joy and tears while interacting with patients and families. You are going to be so proud of yourself when you patient calls you "doctor," and you walk out of the room feeling amazed that you are actually becoming a doctor even though you feel like you know nothing. You are going to feel so happy and accomplished when the patient whom you take care of gets better and is ready to go home. There are so many those little precious moments that you will remember forever. At the end of the day, when you finally get home feeling exhausted and could pass out right away, your heart is full and sweet, and your life is meaningful.

So please, look forward to the clinical year. Stay curious, humble, eager, ready to help, and embrace everything life has to offer. I'm so excited for you and cannot wait to see all the great things ahead of you.

Zihan Feng

Dear Clerkship Student,

I pray you don't let the numbness consume you. With the upcoming year, we are forced onto this pendulum of good and bad. There will be days where you feel like you're on top of the world. You nailed the diagnosis. You confidently delivered a diagnostic test that was well received. You obtained a pertinent medical history that only a handful of people on this earth know. And yet, there will be days where it seems like gray skies and torrential downpours will never end. You will hear a patient say they hate you. You will frustrate an attending physician. You will forget about your own hobbies and ask yourself, "Why am I doing this?"

EXIST in these moments.

This year is a time in your life when you will question everything and still feel like you've created a home with the decisions you have made that brought you to this very moment. Very little matters, yet everything you do for a patient is important. The pendulum you are about to embark on will make you latch on tightly to the experience, but I beg you to loosen your grip just enough to experience the emotions that will follow. Drown in the laughter and smiles of your loved ones. Absorb the discomfort of your patients and their families. FEEL their relief. FEEL their hurt. I hope this anecdote from my surgery clerkship will show what I mean:

Some of us will have the privilege of cutting through various dermal layers as commonplace in our careers, similar to eating a bowl of cereal each morning. For others, it may only be when our sky has entered a triple retrograde position while Venus hides behind our parallel universe. I saw seemingly lifeless bodies with expanding lungs and beating hearts on the OR table wondering...

"I hope it doesn't hurt."

It MUST hurt. I rounded out my last day of surgery clerkship with a bizarre moment. I began my day just like you. I woke up to pour my coffee into my thermos, drove to the hospital, and was told to join an organ procurement as part of the Transplant Team. After just four sips of coffee, I arrived at the organ donor procurement sight where teams from prestigious medical programs took turns hovering over someone in their 40s on pressors and ventilatory support.

The plan was simple. Cross clamp so the heart can be removed, extract the liver with portal vessels intact, and finish by removing both kidneys with full ureters attached. With a knot in my stomach, I wondered as I watched this selfless stranger be picked apart...

"Does this hurt?"

When it was our turn, the transplant fellow gingerly tugged on structures, moved organs to foreign locations, and delicately dissected connective tissue.

"Want to close the body?" In that moment, the fellow snapped me out of my hypnosis and regrounded me into reality. A seemingly complicated procedure ended with what felt like the snap of a finger. Imagine peering over the edge of the Grand Canyon wondering how long it would take to walk to the bottom. This was my Grand Canyon. Empty. So confusingly empty.

"I hope it didn't hurt."

So, I'll plead one more time, don't let the numbness consume you. This year will ask you to be tough, but more importantly, it will also ask you to be vulnerable. Appease both sides of the game. Be mindful of yourself as much as you are of others and remember that the pendulum will slow down sooner than you think.

Sincerely,
Josué Estrella

Dear Class of 2025,

Congratulations on making it to this special point in your medicine journey! You've worked so hard to get here, and it's a powerful feeling to finally begin the clinical work we all imagined ourselves doing when we started at CU. This new chapter in your journey brings a lot of excitement, but it also brings uncertainty. Uncertainty regarding confidence in your own abilities, regarding evaluations, regarding the fate of your own patients. There are no magic words to prepare you for the adventure that lies ahead, so I'd like to encourage you to remain open to anything this wild ride might throw your way.

This year is this special limbo between real and make believe. For the first time, you have the opportunity to truly take ownership of your patients and influence their care. It can feel scary, but take comfort in knowing you have older, wiser folks on your team to guide you along the way. What really makes this year special though, is the time. While you might feel stressed and rushed trying to round on all your patients and finish progress notes at a reasonable hour, try to remind yourself that this is the phase in your career when you'll have the most time to dedicate to your patients. Years from now, we'll look back through the haze of our overworked brains and miss the days when we could wander the wards in the afternoon and sit down with our patients with no other agenda but to get to know them.

As such, I challenge you to make the most of it. Use this time to lose yourself in the work and indulge the opportunities to explore the person behind the patient. I don't mean lose yourself in a never go home to sleep kind of way, but in an opening yourself up to new experiences way. Learn your patients' grandkids names. Go to care management rounds and find out what the heck the difference is between an AR, an LTAC, and a SAR. Get to know your team pharmacists and nurses, they'll save your behind more than you realize. Find out where the water cups are stored and become the best darn patient-water-getter this side of the Rockies. Sit in on a palliative care meeting and practice holding yourself together (i.e., don't cry first and don't cry loudest).

The truth is, while it is exciting to be direct participants in our patients' care, teams of excellent providers care for those patients before we start on a service, and they'll continue caring for them after we inevitably move on to our next rotation. The medicine piece will be taken care of. But that time we spend truly getting to know our patients, serving them by working to better understand that healthcare system that supports them, those are the areas that we can really make a difference. It's a privilege to bear such intimate witness to the journeys our patients take. These journeys might take unexpected turns. You may find out that your terminally ill cancer patient's priority is not to be pain-free, but to marry his long-time girlfriend, so she can inherit the home they've shared for decades. You may cry when you're asked to serve as the witness for their hospital room wedding, but not as much as you'll lose it when you find out on your drive home a week later that he passed away.

Therein lies the beautiful, painful journey of this year. Though this year is only freshly out my rear-view mirror, I recognize that it is an honor to have formed these connections, to have the privilege to care this much. This year will be hard, but it will be so much more. In the shadows of those long days, those heartbreaking losses, that's where the true potential of this year lies. You'll grow exponentially over these next months. You'll be pushed to the limit of what you think you can stand (emotionally, physically—you name it). And you'll continue to surprise yourself when you realize you're still standing. You've made it this far, and I promise you that the best still lies ahead. So, open up your heart, be curious, and dive headfirst into the deep end.

Lexie Ross
GHHS

Dear Rising Clinical Students,

Imagine you are a newly minted doctor flying home for the holidays, and you hear the infamous announcement by the captain that there is a medical emergency on board and if there are any doctors present to please report to the incident. What factors determine whether you stand up, or whether you look out the window saying, “Nope! I’m an accountant today.”?

For many of us, responding is outside of our comfort zone! It is easy to stay quiet. After all, who will be the wiser? During clinical years, there is an endless river of new tasks and expectations for students that are outside our comfort zone. And in a busy hospital with plenty of better prepared team members, it is easy to stay quiet and let someone else complete the task. However, my advice for clinical rotations, is not to stay quiet on the “plane.”

Clinical years are all about learning to manage and interact with patients, perform physical exams, make plans, sign orders, and so forth. This can only be learned by doing. You have the unique opportunity to have attendings and residents by your side for a whole year to help you practice these tasks. However, the attendings and residents are also very busy and may not have time to police your learning. So, if you fade into the background of the room during every new task, you will miss out on learning. These learning objectives cannot be accomplished by reading the textbook at home, so stand up and get to the front of the “plane” every time something new is happening that you could learn! It is important to take responsibility in your education during clinicals. You will be so happy you did!

A simple example from my own rotations was in the Emergency Department when a patient came in with a subungual hematoma of their right third digit. Our attending explained to me and to the residents how to perform nail trephination to release the pressure under the nail and then asked who wanted to try. When the task is unfamiliar and you have an audience, it is easy to let a resident volunteer instead. However, it turns out that procedure is quite fun. I am happy I spoke up and got some practice!

By remembering to speak up on the “plane,” you will find that you end clinical rotations feeling prepared for acting internships and prepared to eventually begin intern year.

A final word of advice that I feel strongly about is that some days you will get home too exhausted to study. On these days, please take a nap. You can study tomorrow!

Good luck and have fun!

Jordan Coburn

Dear Clerkship Student,

Congratulations on finishing your didactic year. Take a moment to breath and recognize that you've come so far since orientation. You're about to start an intense rollercoaster of a year, so I'd like to share some things that I've learned:

- ***You'll feel like you know absolutely nothing about everything.*** I'm wrapping up this year, and I still feel that way sometimes. The important thing to remember is that that's okay. You will not be alone in that feeling, and at times, it's even expected. When you're standing in front of attendings and fellows and residents, when you're being pimped on something you've never even heard of, when you're scrubbing into a new surgery for the first time, remind yourself that you're a student, you're there to learn, and no one expects you to be perfect. It's okay to be wrong. Keep a good attitude and take it as an opportunity to show your team your enthusiasm to learn and to grow.
- ***You are among peers.*** Take advantage of your classmates and vent. Odds are they're thinking the same things. Vent about the food. Vent about the difficult patient who had so many medical problems that you felt like you were rambling on for hours during rounds. Vent about how you don't even have time to pee. A good venting session and the knowledge that you're all in the same boat can be cathartic.
- ***Your health matters.*** Whether it be your physical or mental health, make sure you prioritize yourself. After a long day when you have no left energy to think and want to do anything other than school, do it. Obviously, you can't let it become a daily thing. But when you've had a particularly hard day/week, ask yourself: is an extra hour or two of studying going to make a huge difference, or is that time better spent going for a walk, or cooking, or hanging out with your family?

This is an exciting time, but it's also a scary time. Know that there are lots of people who are invested in your success. You're meant to be here, and you're going to do great.

Linh Le

Dear Student,

You have made it. You labored over anatomy dissections until you couldn't take it anymore. You learned enough to write your own medical textbook. You stressed over enough exams to send even the toughest adrenal glands packing. And now, you have reached your reward: clinicals, the true crux of medical education, and really what everyone tells you will be the most formative period of time for you in medical school. They are right, but you will really only believe this when you are on the other side. Trust me on that.

I remember so much of this whole concept being obfuscated—the details remaining murky on the horizon, waiting to catch you by surprise when you finally show up for your rotations. This will get a little better. Gradually you will learn things. You will learn how to comport yourself as a medical student—painfully slowly—but you will get there. The subtle expectations from your supervisors, the dynamics of being on a team, even just learning what in the world these people are doing in the hospital every day—you will gain an appreciation for what it takes to be in this profession.

But remember, this will all take time—too much time, in fact. The thing is that you will never have enough time in the clinical year. Your mind and body will be pulled in more directions than you ever thought possible. That shelf exam, the chalk talk you're scheduled for, and a particularly pesky thing known as actually learning what you need to succeed, will not wait.

And neither will you. You've made it this far after all. You already have the skills you need to get the most out of this year. You are driven, you are curious, and above all else, you care.

In all fairness though, I am not here to tell you how to excel this year. Or, at least not in the sense that you probably want me to. There is no recipe for success to earn Honors on every rotation. The same approach that may work for you in the operating room is not going to work in the inpatient psychiatric unit, my friend; let's just get that straight now. Maybe even more importantly though, depending on how you look at things, is what I'd like to share about how you are going to stay sane throughout all of this. I'll even point out where this wisdom comes from, so you know what to expect. Buckle up:

- **Surgery: Above all else, stay true to yourself.**

Granted, a cliché, but it's important. Remember the reason you are here. Remember why you are doing all of this. At some point this year, your character will be tested—probably more than once to be realistic. Make the decisions in patient care that you will reflect proudly upon. Double check your work, ensure your patients' safety, and sleep soundly at night.

- **Medicine: You can never go wrong by keeping the patient first.**

This can be simultaneously more simple and more complicated than you think. Simple in the sense that when you do not know what to do next, when you are stuck on a clinical problem, there is often a forthcoming solution: talk to your patient, re-examine them, and consider their wants and needs. This will more often than not help lead you to the right answer. Complicated, however, because people are complicated, patients are not always their best selves in the hospital, and because you will be juggling so many other competing interests. Just remember, attendings will love it when you correctly recall all the little details of your patients' lives.

- **OB/Gyn: Your peers are more important than ever.**

There is no one (NO ONE) who will understand what you are going through quite like the folks you have met in your class already. Share that story that made you bust out laughing on rounds today; maybe you will brighten someone's bad day. Confide in them when you are scared, when you are overwhelmed, and when you simply just need to vent. There is strength in solidarity. Be the supportive one who lifts others up and enables everyone to do their best. Offer to write that note while they grab snacks for you both. They are here for you, and you are here for them.

- **Primary Care: Keep things in perspective.**

This too shall pass. This year will end, and you will have the experience you need to get out there and be the best Sub-I you can be. Grades matter—don't get me wrong, but what matters more is what you take

away from this year. What skills do you want to foster? What lessons will shape you the most as a physician? Take the time to reflect, and you will be all the wiser for it.

- **Pediatrics: Hang on to what makes you happy.**

I cannot tell you how many hours I spent with my drum set for stress relief this past year, nor am I willing to tell you how much candy I went through. But I will tell you that those moments in clinic that shine the brightest in your mind, that make you want to come back the next day and do it all again, hang on to them.

You'll need to remember them soon enough as you choose what comes next.

I'll leave you with this: you are undertaking nothing short of a daunting task, plain and simple. There is work to be done, learning to be had, trials and tribulations abound before you. You will never feel like you are ready—I certainly still don't most days—but you are. The moment is yours; all that's left to do is to get out there and try your best. That is all anyone will ask of you.

Yours always,

Jackson Fein

May it be known that he survived, and so will you

Dear Student,

You are about to fail. You will be entering patients' rooms as the least experienced person on their care team with a thousand ideas swirling around in your head, less sure about what day it is and even less sure about diagnoses, assessments, and plans for your patients. You may feel like an imposter, a wolf in sheep's clothing, and you may refocus your goals to simply not look like a fool in front of others.

Here's the good news: you are meant to fail. Failure is part of the process. Being the least experienced person on your team means there is plenty of room for you to make mistakes without sacrificing high-quality patient care. The thousands of ideas swirling around will eventually become more clear, more focused, and less anxiety-inducing. And you can't be an imposter because everyone knows you are at the beginning of your clinical career. This is where you are meant to be.

And you won't be this way forever. With each passing month you will get more comfortable in the clinical setting, collecting knowledge and skills that will make you an asset on patient care teams in the months and years to come. The growth you will see and feel over the next year is exponential, so long as you are eager to learn.

Here's the even better news: you get to choose how you approach this failure. Failure is not a common trait among students entering medical school, yet it is shared by all in this clinical year. You can be frustrated by this: at yourself—at the school, at your patients, or your attendings. Or you can take comfort in knowing you are going to fail and choose how you do so. You can commit to compassion, to learning from every patient (no matter how frustrating), to showing up with energy and enthusiasm every day, even the hard ones. You can be the person whom patients and medical staff say, "I want that person on my team." The failure ahead of you is inevitable, but it isn't permanent. And how you decide to approach this failure will have implications for who you become as a future doctor. So, how will you show up on your first day? And every day after?

Yours in failure,
Daniel Owens
GHHS

Dear Fellow Student Doctor,

Congratulations on making it to clinical rotations! Allow us to take a moment to acknowledge everything it took to get here. The journey, I am very sure, has been validating at times and humbling at other times, *and* you just did that. Take a moment to deeply inhale for yourself. As you exhale, know that this is only the beginning of incredible things that are about to come in this next clinical phase. I have a million things I want to share about clinical year such as the newfound ability to catch 5AM sunrises or giving hugs when warranted. I can't wait to hear about your million things as you embark on this next phase of your amazing journey. For now, here are ten nuggets that I've picked up along the way:

1. Always keep these in your pocket: snacks, tissues, light source, marking pen, and a joke or two.
2. Keep your white coat close by. You may never need it. But that one time that you leave it behind will naturally be the time you'll need it.
3. At one point or another, you will ask a patient if they've eaten, drunk, walked, peed, pooped. Ask this of yourself daily.
4. PSA: docusate works wonders.
5. Embrace "I don't know." It's okay not to know. That's why we're here. No better time to admit not knowing something than now...and then perhaps remember to go read up on it later.
6. Keep your stethoscope close to your heart as a reminder that listening to someone's heart, including your own, may be the most important job in life...and perhaps you may catch a murmur or two.
7. Unless you're on surgery, in which case, ditch the stethoscope.
8. One day, we might be too busy. But not today. Today, we have time. We have time to sit with our patients and to ask, "What else?"
9. The classic "When they say go home, you go home." No ifs, ands, or buts.
10. Breathe. No matter what, remember that you are human which means that you can feel, falter, and fear. And what more could we ask for when truly trying to understand our patients who will be looking us straight in the eyes with these core human qualities.

Stay curious. Stay humble. Stay human.

Brenda La
GHHS

How to Get More Sleep Through Medical Training

Dear Student,

There will be many nights of lost sleep. Some from the dreaded trauma overnight shifts (future primary doc speaking), some from worrying about a patient or thinking through a particularly complex constellation of symptoms and social factors. It is the price we pay for pursuing this career.

And this I knew. What I did not know would be the sleepless nights spent thinking about an interaction when I could have been more kind instead of efficient, a hand I did not hold, or a joke an attending made about the "insufferable patient," who was actually just suffering. These nights are particularly hard because losing our humanity is too high a price no matter the career.

So, my advice for you this year is, yes, run through UWorld questions to ace that shelf exam, practice your oral presentation with your resident, and practice tying surgical knots with both hands. But do not get so sucked into the importance of training that you forget the importance of kindness, integrity, hope, and human spirit. Aim to always recognize the light in another person no matter how small or how insignificant that interaction might seem. I promise you; you will sleep a little more and a little better.

Warmly,
Medha Gudavalli

Dear Clerkship Student,

Congratulations on making it to your clinical year! I pondered whether I should write some practical advice on how to succeed during this year or on how to have a balanced life outside of medicine. Instead, I am going to tell you Mr. B's story, and how he taught me the most important lesson of clerkship year.

I was three weeks into my Internal Medicine rotation when I met Mr. B, a jovial 60-year-old, slightly jaundiced gentleman who was hospitalized due to intractable vomiting and severe abdominal pain. "Do you think we can hurry this admission? I had dinner plans tonight!" He jokingly said this when I introduced myself as the medical student on his team. Part of his work-up during the hospitalization included a CT abdominal scan, that showed a large liver mass that radiology suspected was a hepatocellular carcinoma. My team broke the bad news to him, gave him fluids and pain medication until he felt better, and scheduled an outpatient liver biopsy follow-up. Mr. B was shocked by the news but was also ready to go home and get his affairs in order so he could come back to Denver and beat the cancer. As I thought I would never see him again since I wouldn't be rotating on the oncology service, I wished him luck for the future.

Two mornings later, I saw Mr. B on our list again. He was mailing packages at the postal office and had a syncopal episode. I said "Hello" to him that morning. By late afternoon, he was barely arousable. His labs showed high creatinine, hypercalcemia, and hyperphosphatemia. His fall had precipitated tumor lysis syndrome, and his cancer cells were now wreaking havoc on his body. There was nothing my hospital team could do but provide comfort care as he went into acute kidney failure and became encephalopathic. He passed away without any of his family and friends around him.

I was one of the last people Mr. B saw before he passed away. I rushed my last encounter with him because I wanted to check his lab values before rounds. Even though I had free time, I didn't stop by in the afternoon to see him. To this day, I am upset that I didn't spend more time getting to know him as a person. He had so many stories to tell in his final days of life, but I wasn't around to hear them. I am sorry, Mr. B.

During this overwhelming clinical year, it can be easy to forget how fragile life is. You will see patients deteriorate over the span of a few hours, never to resume their normal life again. You might be one of the last people your patient sees before they pass away. You might be the last person to hear how much they loved their children and the last person to see a picture of their pet. These can be difficult times, but I want to tell you that you can be the joy for your patients in the last moments of their lives. You can listen to their stories and laugh with them. Share your favorite books and movies. Bring them a Jell-O cup or some dark coffee. Talk with their family members and keep them updated on the hospital course.

People will tell you to take ownership of your patients during clinical year. This means going through their history, interviewing them, following up on labs, calling consults, and creating management plans for them. But Mr. B taught me that taking ownership also means seeing patients as people outside of their disease. As clerkship students, we have opportunities to take care of only a few patients at a time and get to know both their clinical history and "outside-of-the-hospital" history.

Here are my tips that I implemented on my inpatient rotations after working with Mr. B:

- (1) When you are done with your tasks, swing by your patient's room to do an afternoon check and say hello.
- (2) If your patient is mobile, ask the nurses if it is okay to take your patient on a walk and try to go out in the sunshine. Busy surgery services love this!
- (3) Make sure to ask your patient about their family; it might brighten their day in what might be the darkest time of their life.
- (4) If they have family members who want to be updated, ask your team if you can be the one to update them every day.

I truly believe clerkship students have the unique roles of having time to bring humanism to the hospital. A mighty task, but one that I know you will be able to accomplish as you embark on this clinical year. Good luck with everything!

From a Fellow Learner,
Kseniya Anishchenko
GHHS

The “Boths”

Dear Soon-to-be Clinical Student,

So, you want to be a med student, huh? Feel like you’re ready to be in the clinics putting all that fun lecture content to use? I expect you’re feeling both nervous and excited about the undertaking in front of you. I want to assure you that those feelings are not going to go away. You will be both nervous to try things you have only read about it in textbooks (or listened to on a video, let’s be real) and excited by the fact you’re actually getting to listen to heart sounds on real patients every day. My suggestion on how to succeed in your clinical year is to learn how to succeed while feeling both things. There are a series of these “boths.” That first both is nervous and excited, and the rest of the list for your perusal is below.

Both #1: Excited and Nervous

Nearly every day, this will be a both. There will be something new in your day that makes you excited, but the unknown of it all will also make you nervous. In my experience, both feelings combine. If you’re able to harness them well, you will put yourself out there to try something new, but introspective enough to pay close attention to the learning process.

Both #2: Tired and unable to sleep

Seriously, you are going to get home from days on the wards and feel like you have no more energy for anything else. Now that you have gotten to the point when you can rest, sleep will be difficult to come by. Your brain will race with thoughts of things you missed and other things you wanted to change. This is an “excellent” feature of your clinical-year brain. I suggest proper sleep hygiene and reading a book (with real pages of paper) prior to going to bed. Find a routine to tell your body (and more importantly, your mind) that it is time to rest. Establish that habit early to train up that ability to truly take a rest...sometimes.

Both #3: Late and Early.

Figure out how much time you think you *need* to pre-round for internal medicine. Then add 30 minutes. Otherwise, you will be early, but also somehow late to rounds.

Both #4: Right and Wrong

No matter how much you know about a topic, there will be more to learn. Just give your hyponatremia differential a try and see how many more things there are to know.

Both #5: Competent and inadequate

You will feel yourself developing skills on a daily basis. You’ll catch your first arrhythmia, correctly identify cholecystitis, and even localize a lesion on neurology. Then, you will hit another roadblock where you can’t decide if that child’s cough sounds “croupy,” or their lungs sound like bronchiolitis. The moment you feel you have something under your belt, everything will unbuckle all over again. And then you’ll do it all again and again. Someday those pants will start to fit just a bit better than when you first tried to put them on.

Both #6: Compassionate and Numb

There will be days when there are patients that fill your cup. You’ll hear their stories and identify a window where you can make a difference. From spending extra time listening or acknowledging the difficulty in affording medications, your compassion will have a real impact on patients.

But on other days, you will feel numb to it all, feeling rushed through your clinic visits or pre-operative check-in, and you will forget to hear the patient’s real story. You’ll find yourself driving home, thinking back on opportunities to have an impact that you let pass you by. But all you can do then is to do your best to stay more engaged the next time. To notice this more, build in time to reflect during your day (or at least your week). These numb moments can begin to blur together if you don’t take some time to recognize that they are happening. However, this reflection does not require you to write down your feelings or meditate for an hour to finish the day. The first five minutes of the drive home in silence usually did the trick for me.

Both #7: Relied Upon and Dismissed

Each preceptor and team you work with will have their own quirks. One day, you’ll be the student getting to call consults, order medications, and decide care plans. The next day, you will be proving you are able to talk to patients in a room by yourself. This transition can be jarring, but you will need to learn to make the most out of every

opportunity, no matter how big or small it is. No matter what you get to do in a clinical scenario, do it the best you can.

Both #8: Progressing and Struggling

These are truly two sides of the same coin as the struggle is so often tied with the progress. You'll hear many say that hard things are those things that are worth doing. Pick one that sounds especially inspiring to you and ride the wave.

Both #9: Fulfilled and Overwhelmed

This, along with Both #1, is the one that I felt the most as I finished my clinical year. There is a list I kept of meaningful experiences from my clinical year, nearly too long to count in my Notes app. I will remember many of them for the rest of my life because of how much they mean to the physician and the person whom I have developed into this past year. I will know medical conditions tied to patient experiences for the rest of my life. I will never forget to ask about smoking cessation because of the patient who changed his life, simply because I asked. You cannot know the immense impact that you can have on your patients' lives until you see it happen in real time.

But this year also showed me just how broken and damaging our system can be. Massive systems, from insurance to the medical hierarchy, have an extreme influence on your clinical year that you cannot understand until you are there. Until you are dealing with discharge planning with a patient who has nowhere to go, or you are talking to a patient about rationing medications, or you see a mother taking her newborn baby to an abusive home because the father has insurance, you cannot know the limits of your abilities. You will realize that we simultaneously can change the course of some patients' entire lives but also have no control over others. This both is the one that I found myself focused on the most as I drove home with no music, and certainly the one that kept me tossing and turning at night.

And then, the next day, you'll get to change someone's life. What a time to be alive.

Congratulations, you have made it to the clinical year when you start to get to feel like a physician. You will also feel like a toddler, just barely able to put words together. About half the time, no one will have any idea what you're talking about. But don't worry, just like a toddler, over the course of the next year you will continue to grow and put those words together better than you ever considered you could. It'll seem impossible, but believe in the growth you're about to undergo, and it'll come together. But you'll still feel those "boths" up above, even after all the growth. That just means there's even more process to go.

See you out there!

Cheers,
Nikolai Harroun
GHHS

Dear _____,

We haven't had the pleasure of meeting, yet in a way I feel as though we know one another. This path tends to attract people with certain characteristics, and I have a sneaking suspicion we may have some in common. Are you hearing people talk about how excited they are to be jetting off to clinicals (finally!) and you don't feel that you can share their enthusiasm as you struggle to manage your anxiety about the months to come? That's okay. Feeling apprehensive is very natural as you embark on a new path.

Much like the firehose of information you have been drinking from in the first act of medical school, you are now similarly exposed to a deluge of advice. It may be tempting to latch on to every recommendation you hear, but our experiences are not one-size-fits-all, so naturally our advice cannot be either. You can trial the suggestions you hear but remember to take them with a grain of salt and don't be afraid to try something else if it doesn't seem to be working for you.

Below you will find an aggregation of random reflections on my clinical experience thus far, in no particular order of importance:

- People don't think about you as much as you think they do. That embarrassing thing you did/said today? It may live in your head forever and make a guest appearance on a night five years from now as you're unable to fall asleep, but everyone else forgot about it well before they left the hospital for the day.
- Medicine is hard; you will find yourself interacting with people who are having a bad day. Not everyone can handle that graciously; do not take it personally.
- Some people love giving feedback. Others don't. Ask for it. Take inventory. Apply it, and if it doesn't work – try something else. Everyone has a different way of doing things. This is a great time to try them on for size and see what works best for *you*.
- You will see/hear/learn things many times over before they stick. Then, you will forget them and have to relearn them again. That's okay.
- The days (and nights) on clerkships will feel long, but the year will fly by.
- You will make mistakes. Others will make mistakes. Learn from them.
- Always—and I cannot emphasize this enough—*always* have snacks on hand. Hospital cafeterias close criminally early, and a well-timed snack can carry you through to the end of your shift.
- That being said, you will likely run into free food in the hospitals; do not let those opportunities pass you by.
- Take that nap, rewatch that episode of Schitt's Creek, go on that hike, bake those cookies. Your question bank will still be there when you get back.
- It is okay to feel like you aren't able to fulfill the same roles in your life as you have in the past. Even though it may not feel like it, it's okay to be selfish with your time.

I will leave you with a quote:

"I am not afraid of storms, for I am learning how to sail my ship."—Louisa May Alcott

Some days may be smoother sailing than others. At the end of the day, you are here to learn. It feels like you should walk into the hospital knowing how to do it all, but that just isn't realistic. Residents are still learning. *Attendings* are still learning. Repetition is king. Little by little, you will feel your confidence grow as you continue to build on your experiences. And remember – progress isn't linear, so be patient with yourself and allow yourself to have "off" days.

Take a deep breath. Relax your shoulders. Unclench your jaw. It's going to be okay.

Sincerely,
Liza Orysheva, fellow medical student

Dear Student,

Upon completing my own long and challenging year of clerkships, I've had much time to reflect on the many grueling, but memorable days on the wards. There are many things that I am very proud of; however, there are equally as many things that I've come to regret. These reflections have inspired me to share with you some simple advice that may do nothing more than encourage you to get up the next day. Before I share though, I'd like to preface my advice with saying this: if you seek advice on how to excel on your shelf exams, shine in the eyes of your attendings and residents, and ultimately honor your rotations, then this may not be the letter for you. Rather, my intent for this letter is to offer you a perspective that I frequently lost sight of throughout my clerkships.

First, you will absolutely be unable to effectively care for patients if you do not first take care of yourself. My biggest regret of this year was trying to accomplish too much work at the expense of my wellness. You will quickly realize that what is demanded of you on a daily basis is overwhelming and often times seemingly unreasonable. If and when you find yourself defeated after a difficult shift that didn't quite go your way, I can confidently say that it is okay to get that extra hour or two of sleep and spoil yourself with your favorite takeout. Yes, I know that the imminent shelf exam, looming ominously over our heads, can be intimidating. This may compel you to forgo sleep to complete two blocks of USMLE World because of it. However, I can assure you that by committing as much care to yourself as you would to your patients, your happiness, team members, exam scores, and patients will all benefit as a result.

Second, you should never measure your own success against that of your peers. "Success" throughout this year can be defined in a variety of ways including evaluations, shelf scores, clerkship grades, and occasionally awards. I strongly encourage you to measure your success today against what you achieved yesterday. Throughout my clerkships, I placed an unreasonable amount of pressure on myself to honor every rotation. This would occasionally compromise my ability to be a useful team member because I was always trying to exceed expectations when, in fact, performing as expected would've been most useful for the team. I wanted to be the best medical student who an attending has ever worked with rather than a better version of myself the day prior. Everything and everyone around you will place pressure on you to succeed. Don't place additional pressure on yourself to outshine your peers. Rather focus on learning from your team and patients every day. As a result, your grades and evaluations will reflect this.

Third, never be afraid to ask for help. Medical students are often categorized as type A "go-getters." We sometimes rely on our independence too much to our own detriment. You must realize that the attendings and residents whom you will work with were once in our position, and they do truly want to teach you. Several times while attempting to demonstrate my academic prowess, I would find myself falling short of team standards because of my inexperience and unwillingness to seek guidance. Asking for help demonstrates to your team your humility, as well as self-directed learning; these are crucial traits for a valuable team member and excellent provider. When you can, take full advantage of the accumulation of knowledge within your care teams and ask for help whenever you feel you need it.

Lastly, you must never forget how fortunate you are to be a physician in training. Though this may seem obvious, there will be at least one moment when you question why you've committed yourself to working 60-80 hours per week without pay while being required to complete many assignments, log your patient encounters, fill out observation forms, and study for some of the hardest exams of any profession. Remember that you were chosen to attend medical school for a reason, and that there are tens to hundreds of thousands of students who wish they were in your position. I regret that on far too many occasions, I lost perspective on how privileged I was to practice medicine and instead complained about how incredibly difficult life felt. You will see extremely sick patients who struggle to simply take their next breath. When these patients rely on you for care, you must realize in that moment that, above all else, we are so privileged to get to do what we do.

These lessons are not the secret recipe for achieving high marks during every portion of your clerkship year, but rather they are the most obvious and simple lessons that you may find yourself forgetting on those really tough days. I truly hope that in sharing my own personal reflections, you can find value here and both apply it to your time on the wards as well as pass it on to future students when it is your time to do so. As you embark on your journey through clerkships, I wish you well and am excited for you to experience one of the toughest, yet most rewarding years of your training.

Sincerely,
Keanu Chee

Dear Clerkship Student,

First of all, congrats on making it to this point! That, in and of itself, is a huge accomplishment. This next year will likely be as challenging as it is formative. Thinking about what I would tell a former self, I realized I have come to a few conclusions about this year.

1. **Allow yourself to be excited.** There is so much that will be coming this year. So much that you will learn and so much that you will experience. This will be your first (and possibly last) exposure to many of these specialties. You are going to grow so much. Which brings me to my next point...
2. **Allow yourself to be uncomfortable.** Because you will be exposed to so many new situations, there are going to be some where you do not feel 100% prepared for... and that's okay! Everything is a little uncomfortable when you first try it but allowing yourself to be uncomfortable means that you are allowing yourself to try something new. Yes, you are going to make mistakes. That is unavoidable. By doing so, however, you are allowing yourself to grow. Take advantage of those opportunities when they come. As you progress in your training, those same situations will feel slightly less uncomfortable.
3. **Allow yourself to be open.** Even if you came into medical school with a particular specialty in mind, allow yourself to really experience others as you rotate through them. Just as you have learned from your classmates, you can learn a lot from other specialties. Even if you absolutely loathe a particular specialty, you can still have valuable takeaways from seeing the practice of medicine from that perspective. Who knows, you might just find a love for a specialty that you weren't expecting!
4. **Allow yourself to be human.** Life doesn't stop happening just because you've entered medical school, and it won't stop happening because you have entered your clerkships. Sometimes, it will feel like you won't have time for yourself or your friends and family. While it is true that some rotations might be more demanding time wise than others, there will still be time to allow yourself to be more than a medical student. I have found that preceptors understand this and would, more often than not, be understanding and accommodating if you communicate with them.

Allow yourself to take it all in stride. This is a marathon, but before you know it, you will be through this year and looking towards the next chapter of your life. Allow yourself to look back and see how far you've come.

Best Wishes,
Alex Hoffner-Heinike

Dear Clerkship Student,

Congratulations on starting the year that you have been looking forward to for so long! I wanted to share a story of how my first day of this year went, along with some advice for your upcoming journey.

"I can't do it." These were the words that I repeatedly told myself during the night before my first day of third year. My first rotation was General Surgery, and I was, needless to say, very nervous. I was not confident that I could locate the workroom, or even a restroom, without the help of a security guard. I messaged my fellow classmate to show up two hours earlier at 4 AM, so we could familiarize ourselves. However, those two hours ended up being a long conversation with the help desk as our badges did not work. Afterwards, the residents came into the room and introduced themselves. Though it was a clinic day for the team, a last-minute surgical case was scheduled, and the chief asked if I wanted to scrub in.

"Of course!" I said enthusiastically. However, after I answered, I realized that I was dressed professionally for clinic. Where would I find scrubs? Where was the OR? I began to panic as the chief had already left the room. I managed to obtain my scrubs, quickly read about the patient, and ran through the halls like a headless chicken. I quickly scrubbed in – a process that I meticulously studied the night before. It turns out that I scrubbed incorrectly. Because I had also touched the drapes with my unsterile hands, I managed to break the sterile field within the first 10 minutes of entering the OR.

"This is not going too well." I said to myself. During the 6-hour operation, I stood like a statue, gripping the retractor for dear life, and prayed that blood did not seep onto my dress shoes. Feeling tired, my sole focus was on holding the retractor steadily – a job I could not mess up... right? Halfway through the operation, the attending began to back up to visualize the patient. In doing so, his back touched my arm. I had broken the sterile field, again. Thankfully, at that point, the operation was coming to an end. I just wanted this day to be over.

"Great job today, Malcolm. You really impressed me!" Wait, what? Was there another person named Malcolm whom my chief was talking to? "You helped a lot by holding the retractor the entire time, knew details about the patient that I didn't know, and had a great attitude. You should go home, and we will see you tomorrow!"

Something that I learned on my first day of being a third-year student is that it is not easy. Things do not go as planned. You are asked questions that you did not study. You may forget to present a physical exam finding even though you wrote it down in red ink. I want you to know that this is natural and to embrace mistakes as an opportunity to learn. As students, it is easy to forget and discredit our hard work because we focus on our flaws. Just like what I learned on my first day: please remember the importance of also reflecting on your strengths, assets, and contributions that you bring to the team.

Of course, this is easier said than done. There will be many days when you may not feel useful to the team and in the way. I want to remind you that you are always an important member of the team. You know your patients better than anyone else on the team, and often, you have the most time to learn your patients' stories. Even if it is just looking briefly at a patient's chart before a case, you can still help your team learn more about your patients and their health. On busy days, it is always helpful to find that one small task that your intern forgot to complete or check up on patients who have not been visited since morning rounds. These are the things that not only make you invaluable to your team, but also help you take ownership for those whom you care for.

During moments of doubt or questioning yourself, remind yourself what this year is about. This year is not about your grades, the number of practice questions you got wrong, or the number of times you broke the sterile field. Instead, remind yourself that this year is about figuring out what kind of person you are and are becoming. It is about caring for your patients and discovering the physician you want to embody. This is what this year is meant for, and you are in the right place.

Best wishes,
Malcolm Su

You are questioned daily.
You get to grow in knowledge.

You go through countless hours of rounding, watching your feet swell.
You gain the experiences of talking to patients and learning from them.

You see difficult cases and feel like there is no hope.
You get to help patients on their worse days of their lives.

You are told you are not suturing correctly.
You get the opportunity of sewing together and healing the injury of a patient.

You do not know the research behind a standard practice.
You get to be vulnerable about your deficiencies and flourish into a student doctor.

Clinical year is all about perspective. When you are constantly feeling like you are under scrutiny and need to perform, it is easy to get lost. Many days I would have to call my loved ones or sit at home with a journal to remind myself of the positives. Overall, you will mess up, but it is the beauty in the process. Looking back upon the one time I was pimped and got it wrong no longer sticks with me, but the lessons and the experiences of learning from healthcare members and patients does.

As a result, stay true to yourself, do not lose sight of your own morals and remember the beauty in the process we get to endure while working with patients.

Taylor Neilson
GHHS

Cardiopulmonary Bypass

His chest was sawed open,
exposing his heart.
Lub-dub, lub-dub
Pericardium violated,
heart endlessly pumping.
Lub-dub, lub-dub
Atria squeeze lightly,
ventricles flex strongly.
Lub-dub, lub-dub
There is a brief pause,
another beat without rest.
Lub-dub, lub-dub
His aorta stabbed open,
we insert a cannula.
Lub-dub, lub-dub
His vena cava stabbed open,
we insert a cannula.
Lub-dub, lub-dub
All cannulas placed,
aorta clamped shut.
Lub-dub, lub-dub
We injected cardioplegia,
placed ice on his heart.
Lub-dub, lub-____
There is a brief pause,
then the pause persisted.
____-____, ____-____
His heart stays at rest,
for the first time ever.
____-____, ____-____
Myocardial fibers separated,
for the first time ever.
____-____, ____-____
The bypass machine buzzed,
his heart stood still.
Bzz-bzz, bzz-bzz
Mitral valve replaced,
myocardium reunited.
Bzz-bzz, bzz-bzz
In its final moments of rest,
about to be woken.
Bzz-bzz, bzz-bzz
Defibrillator pads on stand-by,
ready to jump start the heart.
Bzz-bzz, bzz-bzz
His heart opens its eyes,
begins to beat softly.
Lub-____, lub-dub
The beats gain strength,
his heart regains function.
Lub-dub, lub-dub
Atria squeeze lightly,
ventricles flex strongly.
Lub-dub, lub-dub
We could see his heart pumping.

Josh Romero

Only gratitude
For life, a working body
We get to go home.

Will Coburn

Senses

Frantic blue eyes searched the room
His gaze desperate
His gaze lost
My words were impenetrable to his world
But touch—
Touch was connection
Fingers on his forearm, his hand gripping mine
What did he need? How could I help? Was just sitting here enough?
Every time I saw him, we touched
One day we hugged
The next day he was gone

Lillian Toasperm

Dear Clerkship Student,

Congratulations on making it to your clinical years! You have put in the hard work and have gained SO much knowledge and SO many skills. Pat yourself on the back. That was HARD, and you did it. Now you are getting ready to start a completely different portion of your medical school education: your clinical years. If you are anything like me then you may be a little excited but mostly completely terrified. It's okay. Here were some of my worries, so maybe I can help put you at ease:

- **I was worried about not knowing how to find anything in the hospital.**

Well, unfortunately yes, you will get lost in the hospital, but there are so many friendly faces that will help point you in the right direction. You may be extra lucky like me and try to take a stairwell as a shortcut to meet up with your attending by a patient room. Unfortunately, that stairwell just happens to be the only one that your badge does not open. 15 minutes of pure panic later, a nice nurse passing by will open the door for you and let you out, so you can frantically run to meet your attending. It's okay. Your attending will laugh and share that he too has gotten locked in that same stairwell.

- **I was worried about knowing how to scrub in for a surgical case.**

Scrubbing and staying sterile is harder than it looks. I immediately started sweating every time I needed to scrub in for a case. Here is what you need to know:

Get one of the sponges and start by cleaning under your nails with the plastic piece. Then start with one hand and work from fingertips to elbow. Make sure to keep your hands above your elbows, so dirty water does not drip back to your clean fingertips. Repeat on the other hand, and then DO NOT TOUCH ANYTHING. Use your back to open the doors to the OR, and quickly make your way to the scrub nurse. They may laugh a bit when they hold out your glove for you, and your fingers somehow miss every time, but only because they have been there before. You may also get some laughs when you look extremely uncomfortable trying to keep your hands up where you can see them and stay sterile, but, hey, at least you don't have to do the walk of shame to go scrub again.

- **I was worried about not knowing enough content and facts about a specialty.**

I know it feels like you need to know the answer to every pimping question, but I promise you don't. You will feel so proud when you happen to know the mutation in Rett Syndrome (MECP2), but you will also get asked for the third time about the pathway for working up hyponatremia, and somehow your mind will still go blank. It is okay. The person asking you these questions is trying to help you learn. They are asking these questions to gauge your knowledge level on a topic, so they can teach you something new and not repeat what you already know. There will be days when you feel like a rockstar, but also days when you feel overwhelmed with how much there is to learn. It will continue to come with time. There is a reason the training to become a physician takes so long! As a medical student, you are not expected to know everything.

Alright that is only three worries, and I know you have many more than that. It is okay to be worried. That just means you care about how you will do on your clinical rotations. Your clinical rotations mirror what your career as a physician will look like, so caring about how you do on your clinical rotations should help reassure you that you are on the right path.

This year will go by so fast. You will learn so much more than you thought was even imaginable. You will meet patients whose stories stay in your mind long after your interactions with them end. You will work on teams with whom you become great friends and share many laughs in the work room. You will have days when you are sad to be leaving and can't wait to come back the next day. Pay attention to when you have these days as this might be the field you should choose. This year will also go by so slow at some points. It may be when you are setting your alarm for 4am for the sixth day in a row, and you start a countdown of how many more times you have to wake up before the coveted "golden weekend" (which by the way, is just a regular two-day weekend that you quickly realize you never appreciated enough when you had it). It may be when you are driving 90 minutes to and from your rotation and listening to yet another audiobook to try to pass the time.

Overall, I promise the good outweighs the bad. I loved my clinical year. I think it is amazing to look back upon how much I have learned and changed since starting my clinical rotations. I am so excited for the year ahead of you. I hope you too can look back at the end and laugh at some of the worries you had.

Hailey Buckingham

Dear Newly Minted Clinical Student,

Finally, the breath of fresh air you've been longing for away from nitty gritty details of Psammoma bodies and instead, the chance to be with patients at the bedside. No doubt, this year will be full of meaningful experiences in your growth and will impact the kind of physician you become. But rather than repeat the positive platitudes we've all heard of excitement and self-discovery (which are true), I want to acknowledge the personal, academic, and emotional struggles you may face that make such growth possible. Around six months in, I reflected on what it meant to be a clinical student. I hope these ruminations give you some value and remind you that you are not alone even in those not-so-colorful moments.

At this point in my medical journey, I feel like I'm in a constant battle of underselling myself while also being wildly incompetent. The difference is now that my preceptors trust me more, and my mistakes have the potential to be more costly. The reality of this responsibility weighs heavily on me. After an uneventful morning in medicine clinic, I decided I wanted to see the lady who was summarized in Epic as "new pt bilateral foot pain, med refillx4".

I had prepared my infantile lower extremity differential, complete with half-baked physical exam and was ready to storm in: PAD, sciatica, hopefully a negative neuro exam and referral for PT + the almighty Voltaren Gel. The nurse gave us a preliminary scoop: 61F with a PMH of super-chronic-sickness-with-all-the-associated-risk-factors who contracted COVID while visiting her daughter, complicated by nosocomial PNA with the need for 3 weeks of ventilator support and had a stroke of unspecified location. So, we're not necessarily ruling out PAD?..

Despite having absolutely nothing of substance on my mind, I began the encounter realizing that the only difference between me and a MS1 was my shameless confidence to walk into a room and only ask, "What else?" until the patient (or her daughter) stopped talking. And it worked. I have no idea how long it took because I still had the Luxury of Time, but more-or-less, it was a decent visit. When I walked out, I took several moments to gather my memory of the transpired events, all of which had seemingly evaporated away. But when I regained composure, I delivered the classic SOAP presentation I had been trained to regurgitate.

Honestly, I was excited, I had never seen so many positive neuro findings: most glaringly an eye with lateral and superior (or was it inferior?) gaze, diffuse weakness of all 4 extremities, poor finger-to-nose coordination, eerily subjective 2-3/5 strength of dorsiflexion of the RLE, complete loss of strength with LLE dorsiflexion, BLE plantar weakness, and even the cult favorite dysidiadokokinesia (no flip-flopping hands = bad cerebellum).

My clinical findings triggered a vague memory of a diagram in my mind of a brain, inferior view with all the vasculature: i.e., Circle of Willis and some nerves coming out in between. I vaguely remembered some exam question about an aneurysm causing CN3 compression, leading to eyes that are up and out. I recalled that deficits of left UE/LE might be related to her stroke and finally landed on R sided MCA stroke to explain all her features. Boom! And then I proceeded to defend my hodge-podge diagnosis with confidence. Because the patient was exceedingly complicated, my preceptor and I didn't rehash all the nitty-gritty physical exam details since the purpose of this first visit was to coordinate the patient's homecare and follow-up needs.

But throughout the day, evening, and next few days the question kept gnawing at me: "Or was it inferior?" As I replayed the events in my mind, I recalled seeing an eye that was grossly displaced laterally, perhaps with a bit of both superior and inferior gaze, but I couldn't make up my mind anymore. Worse off, I consulted my texts and realized just how many holes there were in the exam findings I reported and my seemingly unshakeable diagnosis.

I felt terrible because I felt like I had convinced my preceptor of a horrible lie. Wouldn't my preceptor have said something to affirm, clarify, or correct my findings? Or do they trust me so much now that they weren't paying as close of attention? Worse of all—does it even matter? The patient is stable, her discharge summary was faxed over from the other hospital describing an MRI that showed a pontine stroke, and at this first visit, all we have the bandwidth for is to make sure she has adequate home health and medication refills.

One of the most salient, educational, and heartless questions I've learned to frequently ask myself: "How does ____ change my medical management?" It caused a pit in my stomach to conclude this, but whether I thought she had CN3 damage vs CN4 damage or some combination of all the above, was a relatively inconsequential detail of today's visit. Except for burning into my mind about the terrifying privilege of responsibility that we have to our patients, I was lucky this time. But if it was an acute situation, my blunders could have blown through every layer of the ever-so-sacred Swiss-cheese model, and the patient's poor outcome would have been squarely on me.

This is one of many encounters that have made me look at my preceptors in a new light—one that is more attune to the delicate struggle of anxiety, compassion, and ownership that they face with each patient. But that's just it: one encounter. What about the other 8-12 patients scheduled for that day?

A lesson you will learn this year is the meaning of what it means to be on the front line. So many diseases, syndromes, health maintenance issues, psychiatric screenings, etc. occur on the front line. And that means there is

increased pressure on these providers to provide an impossible concoction of empathy, competent care, and clinical efficiency. This unmanageable trifecta inevitably leads to cracks or holes in the aforementioned Swiss-cheese model.

On one such occasion, a young girl came to my pediatrics clinic after being sent to Behavioral Health services for a complicated mental health history. It had been a long day for my preceptor: understaffed, running around all over the place to help coordinate different elements of care normally done by the MAs, and the dreaded empty-to-full-steam-at-the-end-of-the-day schedule. And the unfortunate reality is that I noticed this result in lesser care.

Lesser from the supreme baseline that I had come to know and expect from my mentor. How her questions shifted from open-ended to narrow fact-seeking. The ability to read into the mind of her young patients and see what they really wanted to say but were too timid to speak up, instead to be overlooked by blanket recommendations. It hurt to see my mentor, still doing her best to juggle all these responsibilities, but somehow it felt like we were both in the same room but experiencing different encounters.

As the visit progressed, it seemed like the thirteen-year-old patient had been improving: no current clear plan for self-injury and was anxious about a new school (like most teenagers). But to me, all her answers had this *tint* as if something was off. Like she knew what to say to seem genuine and get us off her case, but not entirely what she was feeling. I also found it disturbing that we were (what felt like) 30 minutes into a visit, had gone through the entire workup, medication education, crisis resources, and not once did we ask the Patient herself: “How did it go speaking with the psychologist?”

I felt guilty having to speak up, especially this late in the game, but decided I would have felt terrible driving home, reflecting about how **I hadn’t** asked that question. Afterwards, I noticed my preceptor spring back to life, as if the Burnout Dementor had been sucked out of her and sent back to Azkaban. The mood of the visit shifted, and mom had left the room. It was just me and my preceptor having a genuine conversation with the patient. Earlier I remembered she had dropped a nugget of information: she liked reading manga. Once I asked her about the manga, the social PPE she had been using against us wore off, and I felt like I truly understood the circumstances she was in. Feeling like she needed a place to escape from overhearing family arguments, but not being allowed to have her door closed or wear earbuds because she came from a culturally strict family. Drawing helped, but she needed quiet to focus. Maybe, because of her previous history, her parents had a heightened concern and didn’t want to leave her in isolation. Oh, and top of all of that, Teenager Feelings.

I felt like I had established a good bond with this patient, but I did not feel right at the end of the encounter. I felt like we should have pushed harder on meds, but more importantly I felt like I needed more time. And that feeling that time was all I needed to do a better job made me feel like I had failed my patient. During the debrief we discussed that she was not acutely suicidal, which I agree, she was not, but that knowledge didn’t make me feel any better. In reflecting about this case, I’ve realized how many mistakes I made. Questions I asked poorly, didn’t ask, better responses, more meaningful positive encouragement, and opportunities to advocate for my patient. I went home, hoping to see that patient again in the future, so that I could make up for my shortcomings. That is one of the most challenging elements of primary care: going home feeling like I should have done more, despite also knowing that I tried my best. And somewhere between the cracks of this unfortunate dichotomy is where I fear empathy leaks out. Realizing how the Front Lines force you to endure this cognitive dissonance, day in and day out, is emotionally taxing. Rewarding, but nonetheless taxing.

Though the gravity of patient ownership has me approaching medicine with tinted eyes, it has also led to some of the most rejuvenating victories. Seeing one of my Farsi speaking patient whom I’ve seen at multiple appointments visibly perk-up when I walked into the room, and for her to tell the MA, “Oh no, I don’t need a translator anymore, I want him to do it,” or my Spanish-speaking patient who said, “He explained it all really well,” prompting my preceptor to refer to me as “your doctor.” Or the crown jewel: following a patient to so many different visits that they feel guilt-burdened enough to ask and commit my name to their memory.

As future clinical students, you will find that the good days in medicine provide a well-needed surge of positivity, and the unfortunate reality is that they can be quickly overcome by the frequent mistakes and regrets that come with being a learner. If I may leave you with a single platitude before you embark on your journey: one of the hardest parts of medicine is learning to actively take the small victories and not lament over the many, many, many, many failures. Just add it to the list of things to learn.

Ali Hakimi
GHHS

Dear Student,

Congratulations on making it to the clinical world! Your day-to-day life is about to get a lot more exciting! I don't know how to easily tell you what to expect because each person's experience is so unique. You will have friends with similar stories, but individually you will experience different patients, physician teams, and more. I'm going to try to give you some tips and advice that I wish I had when I started this year. First, I want to talk about how to get people to like you. It's hard to please everyone, but in the hospital, you're going to try to get on the good side of your attending, your residents, your patients, and possibly your fellow classmates. First, your attendings will LOVE anytime you bring evidence-based medicine into a conversation. If you are following a patient with heart failure, make sure you look up the big "treatment of heart failure" paper and READ it, heck, even HIGHLIGHT it. Some attendings will also tell you to "put your nickel down," meaning that if you have an idea for a diagnosis and plan, say it with confidence! Don't worry, they'll tell you why you're wrong and work to change your plan with you. For your residents, they will love you if you make their lives easier. Make those family calls, consult calls and dig back in the chart for obscure answers. Do the things that they simply don't have the time to do. For your patients, spend time with them and listen to them. You will have the most time of anyone on your team, so use it! See your patients at least twice per day, maybe three times just to check up on them. You can spend even 30 minutes just learning about your patient, talking with them, and keeping them company. When working with fellow classmates, simply be nice. Help them when they need it, and hope they'll do the same for you. You are working together on a team, not against each other, so try not to make everything a competition. Doing these things will make you look great and make you really stand out on your team.

Being a student in the clinical world isn't the only thing that makes up your identity. You're still a person, and you still need to live the life you had before even starting medical school. Ensure that you make time to still enjoy the hobbies that bring you happiness, spend time with the people who make you smile, and simply just get a good night's rest every once in a while. After entering the clinical realm, one might find that their time is limited, and they now simply don't have enough hours in the day to do all the things that they once could. One can look at this as a negative, saying that they are working more than they want to be, which is true. Though, there is some positive outlook one can have with regard to this reduction in free time. Now, you really must be introspective and think about what TRULY matters to you. You'll have to sit down and think, "With what little free time I have, what do I want to do when I can take advantage of it?" This new lifestyle is not easy, and it's not easy to get used to. However, while it is difficult, it's still better than anything I've done before. There is a joy that comes from thriving in the clinical world that I don't think can be achieved by simply studying for tests. There are patients you will remember from your first year in the hospitals and clinics. These are people whose names will forever be etched into your mind, people who made you cry, people who attribute their health and wellness to YOU. For me, I'll never forget the man with newly diagnosed cancer whom I saw every day for nearly a month. I cried for him, I sat with him, and I left him when it was clear he didn't want anybody around. But for him, it was nice to have a familiar, consistent face to see every day to keep him grounded while going through inpatient treatment. I'll never forget the grumpy old veteran "forgotten by the system" who just needed a friend when he was down. I'll never forget all the patients who bragged to my attendings, saying that I was the one who was responsible for changing their life for the better. It's these types of experiences that you can look forward to that will hopefully change the way you look at medicine and the way you practice in the future.

Once you enter the clinical world, it'll be a whole new journey of finding out what you love, finding out what you "not so love," and picking up the tools of the trade day by day that'll help you become the best future physician you can be. Take it slow and take it easy on yourself. Learning in this way is a marathon, not a sprint, and you'll get better with each step you take.

Alec Mansour

Balance

For My Classmates, Future Medical Students, and Future Physicians,
I humbly offer what little advice I can from my experiences as a medical student, military officer, husband, and father.

Balance is tough, and I can't say I've done it well. What I can tell you is that there will never be a shortage of things competing for your time. The best trick I've found for myself is a combination of starting with passion, and then paring down from there.

Starting with passion is hard. What does it even mean to be passionate about something? What kinds of things are *worthy* of being passionate over? I've tried to answer this problem by thinking about what it is I care about in principle, and then trying to be perceptive about what it is I actually *enjoy* doing. Purpose plus enjoyment seems to be an okay breakdown for passion in my book.

For me, I care about service, which I think of as helping my fellow man towards the greater good of us all. I struggle to balance a desire to do big things with big impacts and my personal need for some more immediate results from my efforts. In the military, I was able to work on big problems on a big stage, while seeing some immediate impacts within the small teams I led. In medicine, I'm still trying to shape that balance but think it will look something like honing my skills to make a difference in my patients' lives and then using those skills to help launch humans to the stars. That may sound kind of silly, but these big frameworks and dreamy ideals help get me out of bed in the morning.

Once you've got the big pieces figured out, you just see what fits and dump the rest. That's not to say you don't have hobbies and fun, but this helps you say "no" to things that may sound great but are missing that little something that actually gets you motivated to do it.

The wrench comes in with family... I am not a lonely island, and my decisions impact my wife and kids, just as theirs impact me. I chose to have a family, and I also choose to make them a priority. Luckily, I've found a partner that shares my passion for service, and we've been able to simply expand this same idea to our entire family. We work to make decisions that can maximize our family's ability to do good while still enjoying the life we must live. Right now, that means putting medicine on hold so we can travel to India. The experiences and opportunities for my wife will greatly increase her (and by extension, our) ability to do good, all while we get to have a crazy jungle adventure as a family.

Once you've got those big ideas as your guideposts, you can be deliberate about the things that matter, and the things that can slide. It's not anywhere as easy as what I just wrote and probably doesn't work for everyone (if anyone besides me...), but it's how I look at things, and ultimately, it's the only real advice I can genuinely give.

I'll miss you, friends. I'm excited to hear how things go and beyond and wish you all the best towards whatever your passions are.

Cheers!
Austin Almand

P.S.: Please stay in touch! austin.almand@gmail.com

Dear Rising Clerkship Student,

Welcome to the start of the nostalgic years in your medical career. No other time in your life will you be able to step into and out of the shoes of so many different specialties and be in such a privileged role.

I do, however, want to be frank. The range of emotions almost feels like you're traveling along the lines of a rhythm strip; there are high exciting peaks and tragically impactful lows. To give you an idea...

You may start on an amazing peak, helping a first-time mom give birth to her beautiful, healthy baby boy while the room is filled with balloons and grateful family members. Then, a week later you may hold the most kindhearted elderly man's hand and tell him he has cancer while that room is filled with heavy air and silent tears.

The next month you may crush a presentation, finally grasp the concept of heart failure, give a quality treatment plan, and the team says, "Great work, I agree, no changes." Contrast that to a week later when you're providing chest compressions on a 7-month-old baby, and you take your hands off their small body while the attending calls time of death, and the mother screams behind the sliding doors.

During the next peak, you successfully intubate your first eight patients. Then, a few days later, with tears in your eyes, you suture up a beautiful 3-year-old girl's body after her kidneys and liver were donated to save three more lives.

The following month you're privileged enough to push the button to cardiovert a patient out of atrial fibrillation and stabilize them, so they can get out of the hospital and make their mother's 90th birthday party that weekend. Then, the inevitable low comes, and you're sitting next to a teenage girl the day after she attempted suicide while you try your best to be an open and comforting presence as she tells you her heart's heaviest secrets.

After every day – through the exhaustion, in between practice questions, before your head hits the pillow at night – take a moment and be grateful for the privilege to be a part of the exciting highs and the impactful lows. These are things you may never be a part of again.

It's so easy to be swallowed up by the nonstop commotion of this year. Don't forget to have a snack, drink all the water you can, call or text your loved ones and keep in touch. Plan a night where you take a break from studying and get some food with your friends, go bowling, have a movie marathon. Don't forget to be more than a medical student!

Lastly, a few tangible tips. Thanks for taking in my reminiscence and making it this far in this letter. On your first day, get there extra early and set up your electronic medical record access, specifically for that rotation. Clinical Problem Solvers is a free website and podcast that is beyond helpful during internal medicine. Download the UpToDate app and MDCalc on your phone; use them. Online MedEd is a free resource with concise high yield videos for all the specialties. Create actual written lists of goals prior to each rotation and share them with your attending and residents. Get a quality pen and don't share it because you likely won't get it back. If your attending gives you something to read, read it because they will ask you about it the next day. Arrive before your intern, work to be the intern, and treat every rotation like it's your acting internship. Brush up on your anatomy and music prior to any surgical rotation – because honestly, you will be pimped on them equally. Give yourself grace. Work hard and let that work speak for itself. You got this!

Amanda Hunt

Dear Rising Clerkship Student,

If you are anything like me, you probably aren't looking forward to the start of this year. If anything, you are dreading it. I was not excited or ready, but rather I was terrified that I was fast approaching the moment when everyone would realize that I was faking it and had absolutely no clue what I was doing, and certainly had no right to be here among my talented and intelligent peers. I was convinced I had fooled everyone for the last two years, and that the charade was about to come crumbling down around me. When I think back to this time last year, I see now that there was a lot of "me" thinking. At no point in the lead up to this year, did I step back to think about the bigger picture, about the patients I would meet and how they would impact me just as much, if not more, than I would impact them. While it took me longer than I care to admit to see beyond my own anxiety, I got there, in the end, thanks to one patient in particular, who will likely stay with me long beyond medical school.

She's a patient whom I continue to think about every week and wonder about what else we could have done for her. During my IM rotation, I was sent to triage a new patient in the ED. One of the nurses pulled me aside to give me a heads up, "I think she's in withdrawal or something. She has a history of IV drug use, so be careful." When I entered the room, I saw a young woman, my age, shaking and moaning, unable to sit still, struggling to breathe, and practically shrieking, "My body is not okay. Something is wrong!". I tried to comfort her and slowly tried to piece together her story. I learned that in addition to IVDU, she had a history of severe multivalvular endocarditis with septic emboli treated four months prior with bioprosthetic AVR and was now presenting with a week of fevers, fatigue, and progressive SOB.

Despite the concerns expressed to me by the ED staff, the patient was adamant that she had not used IV drugs since her surgery. This fact would ultimately become the main point of contention for her entire hospital stay, and unfortunately, the rest of her life. Over the course of our workup, we determined she once again was suffering from endocarditis complicated by a massive aortic root abscess. However, because of her history of IVDU and recent valve replacement, our surgeons were firmly against taking her to the OR despite her rapidly deteriorating condition. Even with multiple providers, therapists, and ID doctors defending the patient, they could not be swayed.

Around this same time, cultures came back that grew a bug more commonly associated with dental infections and not IVDU. Suddenly, we had an inkling of what might be going on. I immediately went to our patient who confirmed that she had been meaning to have one of her molars checked but hadn't had the chance. Armed with this new information and imaging of a tooth abscess that further supported our patient's story, we again reached out to the surgeons who finally consented to complete the surgery. Our team was working around the clock, arranging for our dental team to come at 9 PM on a Friday night to remove her tooth, so that this surgery, already been delayed by over a week, could finally take place.

I remember sitting with her while all of this was happening, trying to comfort her but mostly just trying to be present because she had no one else with her. She hadn't spoken to her family in over a year and asked that I not call her mother, her emergency contact, for fear that she would also not believe her. I didn't feel comfortable with this but didn't push the issue. I thought we had time. I remember that I didn't leave until nearly 11 PM that Friday, satisfied that things were finally moving forward and feeling like I had actually contributed something to her care.

That feeling was fleeting. By the time I returned to the hospital, my patient was gone. She had coded en route to her surgery, early in the morning after I last saw her. I had no idea until I returned to the hospital the next day and was met by my attending who wanted to share the news with me.

I kicked myself about a lot of things in the aftermath of her death. Why hadn't I called her mother? Why hadn't I just stayed through the night with her or come in that Saturday instead of Sunday as I had planned with my team? Why hadn't I discovered her tooth infection sooner and collected a better history? What was the last thing she even said to me? I had no answers, and I had never felt emptier in my life.

This patient and that week changed my view of the year entirely. I had expected it to be impossible, but impossible because of me and my lack of knowledge and skills. I hadn't looked enough beyond myself to expect it to fall apart around losing a patient my age after my team and I had done everything we could to save her. I guess what I want to say is that this year, while daunting, is about so much more than your evaluations or your perceived shortcomings. It's okay to still be scared, but you should also be proud because of what you are choosing to do with your life. This is the year you will begin to let patients into your lives and take hold of you. They are changing you just as much as you are changing them. With that perspective, a lot of my doubts and fears faded to make room for something more. And I truly wish the same for you.

Best of luck,
Helene Kuffel

Dear Clerkship Student,

First off, congratulations! For me, this was the phase of medical school I had long been anticipating since medical school started. As I'm sure is true for many of you, I felt that this part, when we got to finally see and interact with patients, was the real reason I chose this profession. To put it bluntly, being a clinical medical student will be simultaneously the best and the worst year of medical school. So, before you embark on this next chapter in your long journey, take a moment to reflect on how much you've accomplished and all you have to be proud of. Getting this far is no small feat, and you'll find that during your clinical year, it's so very easy to forget how lucky you are.

For many of you, this year will be filled with a lot of firsts. It may be the first time you see the miracle of life or the totality of death. It may be the first time you feel truly medically competent (or incompetent!), the first time you see both the best and worst humanity has to offer, or the first time you question yourself and the path you've chosen. Throughout this year you may find yourself feeling excited, nervous, anxious, dread, or anything in between—all at the same time. Know that this is okay. In fact, the theme of the year is: "It's okay." It's okay if you feel beat down and burnt out. It's okay to reach out to your support system more than you ever have. It's okay that one day you might be excited to go into work and the next day, you dread getting out of bed. And most importantly, it's okay to ask for help because it's okay to say that you're *not* okay. At times, you'll feel as though you don't belong, as if you're not a part of the team. Tell yourself, "I belong," out loud if you need to, and know that it's okay, and it will all be okay.

Lastly, be kind to yourself. Whether it be your family, friends, significant other, pet, therapist, classmates (including all of us), trust that there is a small army of people rooting you on. Lean on others. Let them catch you when you inevitably fall. We've all been there, including your attendings, no matter how hard that is to believe sometimes. I suppose it's easy to get swept up in the monotony and oftentimes the minutia of the clinical year of medical school. But above it all, you are still human, and you are still here. You have a lot to learn but you also have a lot to offer.

Through it all, just remember, there are literally thousands and thousands of people who want to *be you*. You've earned the right to be here, and nobody can take away what you've accomplished, except yourself.

Control what you can control, keep things in perspective (with a healthy dose of gratitude), and remember to tell yourself, "It's okay." I promise even though the days will at times seem unbelievably endless, the year goes by faster than you can imagine.

Sincerely,
Corey Meehan

Coming into this year, the only rotation I felt a timid confidence of excelling in was psychiatry. Maybe it was because it wasn't my first rodeo or possibly because I really enjoyed talking to people and hearing about their world. However, there is an art to the trade. As much as our psychiatry notes are long and drawn out at times, they also serve as attempts to encapsulate a person's most significant life events in a thousand words or so. How crazy is it that, no matter whom you talk to, there will be moments that feel like they define us indefinitely?

I digress though. This abnormal confidence I had going into this rotation allowed me to enter my first day with less anxiety and more power in my approach than I had at any other point in the year. It was a nice feeling if I am being honest, and I wondered how this small change in my presence could have impacted any and all of my other rotations. And how did I even get this confident in something that I effectively and truly had zero experience in? Maybe it was the random multi-hour Facetime calls with friends? Maybe it was my mentors in years prior reinforcing the belief that, for some reason, I was competent enough to connect with new faces and new stories if they were present right in front of my face daily? Maybe it is because I have spent so much of my life trying to understand my own story and the brokenness I have felt and occasional darkness I sometimes still find myself trying to get out of? Who knows? And maybe understanding it all isn't the point.

Personally, I think this confidence actually offered me a new opportunity that I had yet to experience this year: to fail without the fear of the critics. That sounds ridiculous. But if I truly think about it, this entire year has been filled with so much fear daily. Fear of looking incompetent, fear that all the work I had put into medical school would amount to nothing, fear of falling face first in front of the almighty attending who was grading my performance, appearance, and actual existence on this planet. Yes—the grade matters... a lot. We don't need to sugarcoat the weight that it feels like it has upon our own personal assessment of our value right now. But living in so much fear prevented me from actually reaching for the uncomfortable and challenging aspects of my rotations. I've been so worried about making sure I didn't breathe the wrong way that I, in some ways, inhibited myself from seeking out these crucial opportunities for true growth in any of my prior rotations. Sure—I've grown inadvertently, more likely just the natural outcome of being in the hospital all year. But I guess, in psychiatry, I finally got to access a different kind of vulnerability I haven't tried broaching yet in my professional life.

Many of you may be reading this and be thinking... "Wow, she found her calling. Psychiatry all the way, baby." Well... I'm sorry to disappoint. Your girl is going OB/GYN. But someday in the far-off future, when the obstacles seem too high again for me to overcome and the fear sets in that I may not actually safely catch that baby on the labor and delivery deck, and I come home distraught as I have many times during the insane ride of this year...maybe... just maybe... I will look back to this writing and remind myself of this feeling from my psychiatry rotation and the famous quote, reincarnated into its complete existence thanks to the viral Ted Talk by Brene Brown:

"It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again. Because there is no effort without error and shortcoming, but who does actually strive to do the deeds. Who knows great enthusiasms, the great devotions. Who spends himself in a worthy cause. Who, at the best, knows in the end the triumph of high achievement. And who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat."—Theodore Roosevelt

I guess this can be my subtle, direct way of telling myself that I am staying in doggone arena. Beyond that, the only expectation I am going to hold for myself is to choose courage over comfort whenever possible—even if that means the critics don't respond the way I want. I hope you, too, will join me.

Shilpa Tummalala

Dear Rising Students,

Congratulations on making it to the clinical portion of your medical education! I remember distinctly how grueling pre-clinical years were. The amount of knowledge expected to stick felt impossible, and the analogy of attempting to drink water from a fire hose never felt more real to me. As you transition into this next exciting yet nerve-wracking part of your training, I share with you two reminders that may seem obvious, but that I hope will bring you some insight and peace of mind moving forward. The first one being a particularly hard pill to swallow as ambitious, life-long students: you are not going to know everything.

I fought these very words during my didactic years and eventually came to realize that these were the very words that would keep me sane and focused on the bigger picture of my medical school education. There is no doubt that the demand and expectations will always be high during your training, and clinical rotations are no exception. But to enter rotations with the stress of trying to anticipate the answer to every pimping question, or with the stress of trying to construct the perfectly thorough (yet concise) oral presentation is not at all what this year is about. Be prepared to make mistakes. And to make a lot of them. We are imperfect humans here to learn. Beyond the knowledge you carry under your belt, it is the attitude you carry, the level of engagement you exhibit, and your willingness to aim for improvement on rotations and rounds that will define you. When I finally released the idea of perfectionism and grasped onto the concept of growth, my journey felt lighter, and my grades reflected this positive change. Your residents and attendings will appreciate the effort and attitude you bring to the table. Trust that you have put in the work to enter with a strong foundation and be comfortable with learning the rest in the moment.

My second reminder is to show up, in both the literal and figurative sense. There will be periods of time during this coming year that will feel never...ending... I won't ever forget my OB/GYN 14-hour night shifts. Every time I made it through one more shift, I felt like a miracle had bestowed itself upon me. Time had never moved so slowly. Yet several times throughout the year, you'll also wonder how not one, but two, three, or even four full rotations had completed their course. But on those slower days, understand that you will not always have it in you to show up (that is okay). Just do your very best. That is all you can and should ask of yourself. You have only one opportunity in your lifetime to experience these diverse fields of medicine and one opportunity to form memories and connections with patients from all walks of life who require all types of medical attention. Although I recognized fairly soon that OB/GYN was not my future calling, I knew that this was my one chance in life to learn how to deliver babies and their placentas, to assist with cesarean deliveries, and to form connections with soon-to-be mothers in some of the scariest, most vulnerable moments of their lives. To be a part of this process and to know that I had the privilege to be one of the first faces a newborn would see will never leave me. Find your purpose on every rotation, even if it isn't your future calling. Those harder days start to feel less hard when you show up and make the most out of your clinical experiences in whatever way that may mean to you.

Trust the process and trust in yourself. This is your year to further develop who you are as a person and who you aspire to be as a soon-to-be physician.

Sincerely,
Jess Lew
GHHS

Dear Student,

I think the best piece of advice I can give as you finally embark on the clinical portion of your medical education is to be yourself. I stressed about my evaluations: fixating on every interaction I had with residents and attendings, worrying if I accidentally offended my senior resident with an off-handed joke or came off to an attending as disengaged for not asking as many questions during rounds. Every day, I tried to be so likeable but not annoying and wondered who I was at the end of the day. During an emergency medicine shift, my resident told me to go check out the cardiac resuscitation that had just come through the bay. The patient turned out to be a 70-year-old lady who had coded in the ambulance. At the head of the bed, I watched the nurse violently thump on her chest as her wide, open eyes stared at me and reminded me that my own grandmother who raised me from birth had passed away back in China during the peak of the COVID-19 pandemic. I was unable to see her or comfort her in those last moments, but I was here with this stranger instead. I cried in the bathroom and wondered why it felt like a piece of me was missing. Another time, I went to see the last appointment of the day at my family medicine clinic. I was exhausted and already slightly annoyed the patient was late. She asked me where I was from. Although the real answer is Denver, Colorado, I wearily told her my family came from China. She remarked how she absolutely loved Chinese food and culture and how glad she was that I was not Filipino because “all those people are nurses or something.” I changed the conversation and asked her how her back pain was doing. When I went home that day, I wondered why I didn’t say anything to her or to my attending.

You will find that people will perceive you how they want to, and no matter how hard you try, it probably won’t change your clinical evaluation that much. That resident probably thought that joke was pretty funny, and you probably did ask the right number of questions on rounds. Just be yourself. View every day as a new learning opportunity: a chance to improve on your presentations, to hear that murmur that you’ve been lying about hearing, or even to find out your intern’s favorite restaurant. There’s so much to learn and experience; there’s certainly no space to replay that moment you were shamed in the OR for not knowing that Ginuwine song playing a million times.

Give yourself space to grieve. You might experience or be a part of traumatic and horrifying experiences and find yourself sobbing in front of a resident or in a stairwell. If someone tells you to go home, just go home. Reach out to your support system and be kind to yourself. Learn how you best process, and then maybe get some ice cream to cheer yourself up.

Don’t lose your values or priorities. Remember what makes up your core principles of being a human. Don’t let anyone, whether it be patients, attendings, residents, nurses, etc. allow you to question your self-worth or make you feel like you don’t belong. Despite sometimes feeling like you’re always just in the way—being incredibly apologetic to the anesthesiologist for delaying the end of the case because you’re practicing closing a laparoscopic port site you are such an important member of the team and deserve to be treated as such.

Be yourself, fellow student.

Valerie Gao
GHHS

Dear Student,

You should be excited! The long hours spent watching lectures, doing anki, and studying is finally behind you. You're about to start clinicals and actually see patients—the whole reason we are all here. This time will be fun and exciting. You will see and learn so much and only some of it will be about medicine. You will learn a lot about human nature, handling stress, and navigating the healthcare system just to name a few. This year will be hard. And I don't say that with any intention of scaring or intimidating you, but so that when you find yourself struggling, burnt out, emotionally spent, or stressed, you will know that you are not alone in feeling this way. Reach out to your fellow students because they might be struggling with the same things.

The whole purpose of this year is to make mistakes and learn. That is a very important point. During this year, it will often feel like you are under a microscope, like everything you do is being critically evaluated and every mistake you make is the end of the world. But you are not meant to know everything and be able to do everything yet. Believe it or not, a lot of attendings won't expect you to know the answer to every pimp question they ask. Get used to being wrong in front of other people and understand that this is part of your training. The answer will certainly be burned into your mind after being put on the spot in front of a large group.

Take note of the attendings and residents you work with—how they carry themselves, how they interact with patients and other staff. You will find some incredible role models and learn a lot about what characteristics you want to emulate as an attending one day. But this year will also force you to take off the rose-colored glasses and realize that not all physicians are role models, and toxic cultures do exist in medicine. Take note of this as well because you are the future of medicine, and you have the power to change the culture.

Try not to obsess over your grades. I use the word 'try' knowing that it is in the very nature of medical students to worry about grades. But sometimes it helps to tackle clinical rotations through the lens of just pushing yourself to learn as much as you can in order to become the best physician possible. At the end of the day, that is the entire purpose of these four years.

Most importantly, be curious. Sometimes when interviewing a patient, you will be so caught up in remembering all the questions you need to ask that you might forget how to be a human. Curiosity will help you get to know your patient and often give you the answers you need in the process. This is a special time in your medical training when you will have the time and ability to really get to know your patients on a personal level. This will remind you why you have chosen this incredible profession and help avoid burnout.

You will be astounded by the amount of growth you can have in one year. Don't forget to be yourself and always ask for help when needed. Best of luck moving forward!

From the other side,
Aspen Johnston

Be your own advocate

This year is about YOU. It's about your growth and development. At the outset, it feels like it's about lots of other people. It feels like it's about the interns, residents, and attendings who evaluate you. It feels like it's about the patients you interact with and help take care of. Ultimately, this year is your chance to exist in the clinical space while the buck doesn't stop with you. There are times that will feel frustrating, but it's a blessing. It gives you the freedom to focus on yourself. One day you'll be an intern. You'll actually be getting paid (albeit not that much) to work with those residents and attendings; it will be your job. You will take care of many many patients in your career, and they will be your responsibility. For much of your time in medicine, things have to be about other people, but this year isn't that time. That means you should be an advocate for yourself because remember this is about you. That doesn't mean you get to be an entitled asshole. It's a privilege to be a part of this profession, and this is in no way meant to justify being disrespectful. But it does mean you should advocate for your **learning**. It's okay to respectfully speak up when you aren't certain what you should be doing/how you could be helping and always ask questions. Advocate for your *time*. Everyone you work with is doing a job, and frankly, you aren't their first priority. So, be your own advocate when you identify that your time isn't being fully utilized. Ask how you can help. If there is nothing to do and no learning on the horizon, ask for the opportunity to study for your upcoming shelf/step exam. **YOU SHOULD NOT FEEL BAD ADVOCATING FOR YOURSELF.** Remember you are *paying* (something like 300ish an hour, depending on in-state vs out-of-state, etc.) for these experiences. If you don't advocate for yourself, then who will? Advocate for your health. Be aware of what you need to be able to function in the clinical space and do what you must, to make that happen. Remember this is about you. If you aren't in a space to take advantage of the amazing opportunities you'll be presented with, then you are selling yourself short. Utilize your resources in your quest to be your own advocate. Block directors, the Office of Student Life, and your classmates can all be great resources. I think the single simplest way you can advocate for your learning, time and health is by going home when the opportunity is presented. It isn't a trick. It may feel like a trick or a test. It's not. It's a gift, a chance to take the reins and make the best use of your time however you see fit. Because remember, this year is about *you*.

Mason Gedlaman

Dear Student,

You're about to enter an amazing time as a medical student. Right now, you might be feeling anxious, excited, really nervous, or unaware of what to expect or how to feel; I remember when I felt all of these feelings and more! However you may be feeling is valid, try to cherish this moment because the year goes by fast! But as you begin this exciting journey, I'd like to offer some pieces of advice that have helped me:

You are more prepared than you think. You may not have all the clinical knowledge or skills at this point of medical school—and that's okay. But you do have skills like conversing with people and listening to people's stories that you've been practicing your entire life. Use them when talking to patients, or with residents, or with attendings. They will serve you well as being an easy person to work with on the team.

Know where the bathrooms are. You don't want to hold off going to the bathroom for so long that you get a UTI (not speaking from experience). Make sure on the first day to ask where the bathrooms are, where to put your lunch, etc. The logistical things will help you go a long way when it's 2 AM, and you have to pee.

Listen and watch around you. Because you're in a teaching hospital, everyone is learning around you. There will always be other medical students, residents, and fellows receiving feedback from attendings. Listen to how the residents give their presentations and to the feedback that the attendings give. All of it is helpful to you as you learn even if it isn't directly to you. All of it goes towards building your skills to be the best student!

Sleep when you can. In your car after a 10-hour surgery, on the living room couch, in an on-call room, or after doing 10 UWorld Questions. Whenever you can get a little bit of sleep—do it! You deserve it.

Carry Snacks. I always carried a protein bar in my scrubs which helped immensely when I was starving and heading into another surgical case or doing afternoon rounds on patients.

Take Care of Yourself. This year can be physically and mentally demanding. In the hospital, a lot can be asked of us: to be there for our patients, to listen to our residents, and to learn from our attendings. By being there for everyone else, little energy is left for yourself. You may feel too tired to go to the gym, eat a healthy meal, or see your friends. All you may want to do is go home and sleep until the next day. But it is important to remember that caring for yourself makes you a better student to care for your patients. So, take the time to do things for yourself: make a meal if you like to cook, workout if you like being active, and talk to your friends if you want some connection. You will experience days that can be emotionally or physically taxing—so it is important to check in with yourself and take care of yourself, so that you can keep going.

And Have Fun. Clinicals are the best part about medical school. Every day is a new day. Every day has the most unexpected events or stories. Cherish it all. It goes by way quicker than you would think!

Revati Kalluri

Dear Student,

Congratulations on finishing your pre-clinical year! In my opinion, the best part of your medical school journey is starting now. It's reasonable to be feel nervous. In fact, it's reasonable to feel nervous, excited, scared, happy, and unprepared. I'm hoping that this letter will help you with that last part.

Take the first few days of your rotation to get to know your environment. Get a feel for the energy! It's a new place with new people, which brings me to my next point. **Introduce yourself to everyone and learn their names.** You will be part of this team, and people notice when you address them by their name! Something else you want to accomplish during your first few days is to **discuss expectations** with your attending faculty and residents. If you know what they're expecting from you, you know exactly what to do in order to fulfill those expectations (and be on your way to honoring the rotation)! This sets you up for a great start!

Something that isn't essential, but that I found to be extremely helpful, was to **set daily/weekly goals** with my attending faculty and residents. When others know what you're working on, they know what to give you feedback on. Yay for growth!!

Over the year, you will be preparing for shelf exams. I wish I could tell you that your clinical work alone is enough, but it unfortunately isn't. UWorld continues to be your best friend! A big suggestion of mine is to add together the number of questions you will be doing for the shelf exam and divide it by the number of days of your clerkship (minus any days off you want to take). No one likes cramming before the shelf, especially if you have longer shifts, so **divide up your study questions**, and you'll be golden. As a small side note, in addition to UWorld, I liked the Emma Holliday and Divine Intervention videos/podcasts, as well as the OME videos. Those were my big go-to's!

Now, the most important piece of advice I can give you: **please rest**. By rest, I don't just mean sleep, I mean, watch an hour of stupid TV, go out for a meal with your friends, hike/bike/run and spend time outside. While this may not be possible every day, and you will have busier weeks than others, try to find something that helps you reset, so you can give your all the next day again.

You've made it this far, a huge HUGE accomplishment. Continue to **celebrate your accomplishments** throughout this year too. Mastered your sutures? Celebrate. Nailed your differential and plan? Celebrate. Finished another rotation? CELEBRATE. Acknowledge your success.

Wishing you all the best,
Your MS4 friend (Andrina Mamo)

Dear Student doctor,

Although I wish I could articulate all of my advice into a single letter, that is simply not possible. Thus, I'd like to share an experience with you that taught me one of my most valuable lessons during clerkship. I'd like to think that it will also serve as a meaningful message to you as you enter your clinical years.

On a cold, uneventful morning in November I met him: the fighter pilot. He was 81 years old and looked frail lying in his hospital bed. I had been told his story by the inpatient medicine team prior to meeting him; to say he had a complicated illness course would be an understatement. He was first admitted for a prosthetic joint infection of the left hip. As his condition worsened, he was taken to the operating room for a debridement and hip replacement. He then experienced an episode of profound hypotension post-operatively, that resulted in stroke-like symptoms including persistent unilateral facial droop, weakness, and dysphagia. Later, he developed a c. diff infection from the various antibiotics he was given, followed by diffuse upper extremity edema and skin sloughing.

His prognosis was grim. With each passing day, he seemed to get worse. We would fix one problem, and a new one would develop in its place. The care team began discussing the need to readdress his goals of care, with the recommendation to move to comfort care. The attending physician and I always remained positive during our daily visits with him. But when we'd step out and into the hospitalist office, we would exchange concerned looks. From our standpoint, he wasn't going to get to leave the hospital.

One afternoon when I visited him, he seemed more defeated than before. Although given his circumstances, who could blame him?

"I just feel so weak. And feel like I'm not making any progress. I hate that you have to see me in this state," he said.

I replied, "I know it feels that way, but I can see that you're improving. Even just a tiny bit, each day. Have you heard the saying: how do you eat an elephant? One bite at a time?"

He paused and then said, "Have I told you that I used to be a fighter pilot?"

"No, I didn't know that."

"Well...yeah. As I lay here, I just keep trying to remind myself of the fighter pilot mentality. To take things one step at a time, one day at a time. I will not back down. And I will not accept defeat."

As I looked into his eyes, I did see a fighter. Someone who was not ready to give up. But day by day, his body continued to fail him. It was difficult to not feel like our attempts were futile. However, each time I walked into his room, I was greeted with a smile. We took time to encourage each other, whether the other person knew it or not. At the time, I was in a place of deep depression and burnout. While he probably is unaware of how much he helped me out of that dark place, he will always serve as an important influence in my life. Through him I had rediscovered my purpose and passion for medicine. This... this intimate patient interaction, although heart-wrenching at times, is what I do this for. I am grateful to be able to care for those who are going through what is most likely the worst experience of their life. He reassured me that I *can* make a difference.

Against all odds, he made it home 30 days later. When I walked into his room to say "Goodbye," the first thing he said to me was, "Pardon my language, but I'm ready to get the f**k out of here." And he let out a laugh, a real genuinely joyful laugh. He had done it. He made it through something that no one—including himself at times—thought he would make it through. No doubt he has a long road ahead of him, but I have faith that he'll be able to overcome any obstacle that stands in his way.

And he serves as a great reminder to me. I am strong enough, and I will get through any obstacle that life throws my way. I am just like the fighter pilot. I will take things one step at a time, one day at a time. I will not back down. And I will not accept defeat.

Meredith McKanna

Strategies that were beneficial for success during the clerkship year.

This year of medical school is an emotional roller coaster from which there is no escape. There are some things you can do to have a better experience, but the year will be an exercise in acceptance and endurance. In the following paragraphs, I will describe my personal opinions and recommendations for having the best possible LIC year (formerly known as third year).

There's a lot to be learned from the year, but learning is inevitable. I think it's important to get the best grades possible because that will play a large role in determining how competitive you are for residency. There are a few things you can do beyond the basics of "be interested and enthusiastic" to ensure that this year helps you match into your preferred residency program. First of all, do as well as possible on the shelf because even though the shelf scores don't matter much for your overall clerkship grade, they will matter a lot for Step 2, and Step 2 matters a lot (especially now that step 1 is pass/fail). Start studying day 1 of the rotation and use both Uworld and the NBME shelf practice tests (NBME cost \$20 per test). Do all the questions and then do the questions you missed again. That will be good enough. You will get additional recommendations to use other sources from different clerkships...I would do those only if you have already done the above recommendations. If you have a long commute, you can also listen to shelf relevant podcasts on your drive. Some specific recommendations are "med student studycast" for psychiatry, divine intervention's podcast, and the audio of Dr. Highyield, which can be found on YouTube.

Now, I will talk about non-academic things you can do to help your chances of good grades. I think most rotations weigh attending evals over resident and intern evals, so ask for as many of those as you can—especially if you left a good impression on those attendings.. I think it doesn't hurt to ask more people than less people. It also doesn't hurt to send emails at the end of each week or every 2 weeks summarizing what you did with them—particularly well and include details of what you did with them...what you learned, etc. Lastly, if you're going to get good at something...get good at presentations because I think it's heavily used to judge your clinical skills. Another specific thing you should do is ask the residents on your service day 1 how to "update the sign out." (The sign out is a document that the team working the following shift will refer to in order to understand the status of the patient, what has been done for them and what still needs to be done for them).

If you have time outside of clerkships and you are interested in research or volunteer work—do whatever interests you more and really lean into it. It's okay to give up one for the other if it means that you will really excel in your selected extracurricular. If you like to volunteer, pick an organization, and really show a commitment by consistently showing up. This will be better for residency than a bunch of short projects. If you're interested in research, then ask your preceptors if there are any projects you can help with; it's a great way to find new opportunities.

To wrap things up, this year is hard, but you will get through it. Try to learn as much as you can and make learning the priority. If you feel confident with your medical knowledge, then stay involved with research and volunteer work; you won't regret the extra work you did when residency applications roll around.

Ani Oganessian

Congratulations on making it to your clinical year! I can imagine you're experiencing a range of emotions including fear, excitement, dread, joy, and much more. I, like many others, was feeling anxious about it all: wondering about the grading system, worrying about my clinical recall skills, not knowing how to suture. While this is part of your clinical year, the bigger part is the experiences you have with your patients—seeing them through some of the most difficult or joyous times of their lives. With that in mind, I'd like to share one of my patient stories:

Six months into my clinical year, I met Mr. M during the second week of my internal medicine rotation. At this point, I'd overcome surgery, family medicine, and pediatrics. While I still had the looming anxiety that tends to come before the start of any rotation, I felt that internal medicine couldn't be much harder than what I'd already seen and done.

I spent a little bit of time each afternoon talking with Mr. M, the privilege and gift of being a medical student. Most days, he would talk to me about his wife, whom he had met over 50 years ago. Mr. M said he knew right when he saw her that she was the love of his life. They married a few years later, despite parental disapproval. He would laugh at the memory and tell me there was nothing that would've kept them apart.

A few years ago, his wife was placed in a nursing home. Even then, Mr. M would bring her lunch and a bag of Cuties oranges. Only a global pandemic could've kept them apart, which, unfortunately, is what ended up happening. Due to COVID-19, the nursing home no longer let visitors in, not even the ones bearing Cuties and lunch; they hadn't seen each other in sixteen months. I asked him to tell me the first thing he would do whenever he saw his wife again. His response was pure; he'd bring a bottle of wine and a bag of Cuties, play "December 1963 (Oh What a Night!)" by Frankie Valli and the Four Seasons and hold her hand.

I became determined to make Mr. M's simple wish a reality. After many conversations with social work and his wife's nursing home, I called his son one afternoon. We'd spoken most days since Mr. M had been hospitalized, and this time, I was beaming. I proudly told him we'd set a plan in motion. He would move into the same nursing home as his wife, and we planned to discharge him the next day. The excitement was palpable, even through the phone.

The next morning, I went to pre-round with a little skip in my step. ...But the second I stepped into Mr. M's room, I immediately knew something was wrong. Mr. M wasn't laughing, and he wasn't speaking. For the first time, I thought he truly looked sick.

The next moments moved quickly. His pressures had been low overnight. We rushed him to CT to check for a pulmonary embolism. I pushed the bed. As we hurried, I tried to talk to him about his family, the mountains, anything. No luck. As he lay still in the CT scanner, my resident placed the call to transfer him back to the ICU.

We started to roll his bed to the ICU, and with every step, my soul dropped a little more. I felt almost defeated, like I'd failed him, but I suddenly had one last idea. I whipped out my phone and started playing "December 1963 (Oh What a Night!)" by Frankie Valli and the Four Seasons. For the first time that day, Mr. M smiled. He began to sing along, nodding his head to the beat. He was briefly himself again, and time thankfully slowed during those 3 minutes and 17 seconds.

The song eventually ended, as all things do, and Mr. M died shortly thereafter. I tell you this story for a few reasons:

1. In this upcoming year, there are a lot of big, overwhelming, emotional moments. Through your patients' eyes, you will experience death, abuse, assault, and more, all for the first time. Sometimes it feels like we should bottle up those emotions and put them aside. I would encourage you to let them out. Cry if you need to. Ask your team to debrief. Reach out to your kind, wonderful OSL team. Lean on your friends and family. Grieve and honor your patients in a way that makes you feel ready to get back into the work again.
2. Losing my first patient was incredibly difficult. However, the lingering feeling months later is how privileged I was to get to know him as a person. I felt grateful to share his stories and support his family, even when the news wasn't what I had hoped. Your patients are first and foremost human, with a family and a community. Go the extra mile. Your effort, care, and honesty are what you and your patients/their families will remember in the good and bad times.
3. Take time for yourself. I know amongst the pressure of grades, the implied necessity of perfection, and the comparison that inevitably is brought into this year can make that seem impossible, but the most important thing is to take care of yourself and to take care of each other. Celebrate the wins, grieve the losses, and reflect on both who and what you're seeing this year. The rest will come on its own. You've got this.

Sincerely,
Kristen Vossler

Dear Student Doctor,

Welcome! You are about to enter what has been historically heralded as “the best year of med school,” the year that kicks off “what you really came to med school for.” You don’t need me to tell you that this year is going to be hardwork, that there might be months that you spend more time in the hospital than in your own home. I’m sure you’re already well aware that the American medical system is a hot mess. Unfortunately, clerkships reinforce that. Overall, I’d say it was a good year...in a “not quite what I came to med school for,” and “I’m glad it’s over,” kind of way— but hear me out.

There are very few things in life that I know for sure, but I’m pretty confident that I’ll never regret being kind ($p < 0.005$). Clerkships reaffirmed that—I will never regret being kind. I think we underestimate how significant the impact of a kind gesture can be, especially the unintentional ones. You know how they say some conditions present as “pain out of proportion” to presentation or as you may see it abbreviated in some notes as “POOP”? That was the sentiment I felt from just a hint of kindness, except instead of pain, it was “pleasure out of proportion” to presentation (or still “POOP”). These are some of my POOP moments:

- When a resident who I had a hard time connecting with during a rotation looked up from their computer to say, “Hi, Mary,” when we crossed paths after I was already on a new rotation. It felt like my high school crush who I thought didn’t even know my name had just acknowledged me. POOP.
- The resident who always made sure to ask, “Can Mary help me with this?” in every case we did together. Even when the attending’s response was, “No. Nobody wants to watch a 3rd year med student struggle to close.” POOP.
- Being given a preloaded hospital meal card to use during my (6 week) rotation and not having to cook for myself if I didn’t want to. POOP.
- The first time I responded to, “You’re free to go,” with “Okay, thanks for letting me out early, bye,” instead of “Is there anything else I can do?” and NOTHING bad happened! POOP.
- The non-verbal patient who would come hold my hand every week during nursing home rounds. Even though I was insanely homesick by the end, when it came time, I felt sad to be leaving. POOP.

I don’t have anything original or earth-shattering to share with you, sorry to disappoint. Someone else (e.g., all the other letters you find here written by my lovely classmates) has already said it better than I can. The truth is, I just wanted to type “POOP”—I hope it made you giggle even just the slightest bit while reading this though. I can’t claim to know how you might feel or what you will do during this year, or even which site has the best food, simply because I don’t know, I’m not you, but I am excited for you to find out!

My wish for you is that you have many POOP moments during this year and beyond.

Cheering for you,
Mary Wang

Dear Students,

Welcome to your clinical years!

Before you begin this letter (and this year), take a deep breath. Look around you. Go for a walk outside, buy your caffeinated or non-caffeinated drink of choice, and call your significant other/best friend/parent(s)/sibling(s) and just check in with them. Ground yourself. Then, when the moments are hard, the days are not “perfect,” and you’re counting the minutes until the week, month, or even year is over—repeat those steps. Whether you take the most winding path imaginable, maybe even inventing new letters along the way, or you somehow are a white coat-wearing, stethoscope-wielding prodigy—you **will get from A to Z and make it through this year.**

Each moment will feel amplified. You will inevitably center around every mistake and simultaneously not give enough brain space to the “good stuff”—whatever that “stuff” may be. Again, take a deep breath.

- You *will* answer “pimping” questions wrong. It may be crushing, and you may have even known the answer somewhere in the deep recesses of your mind. Some may be embarrassingly “easy” (though they are probably not!). That’s okay. Forgive yourself.
- You *will* forget to ask a patient a question or perform a given physical exam maneuver. That’s okay. Be honest with your team; you will be able to check when you go back in the room with them or later in the day. Forgive yourself.
- You *will* cut knots too long or too short. Your hands *will* shake when you throw sutures, whether only the first day or even every day. That’s okay. Forgive yourself.
- You *will* forget something important in your car or at home at some point, whether your badge or your stethoscope or your pen or your notes. That’s okay. Forgive yourself.
- You *will* suggest the wrong diagnosis or management plan, even after desperately flipping through the pages of *Pocket Medicine* or scrolling through the text of *DynaMed*, *UpToDate*, or *Amboss* during pre-rounding. That’s okay. Forgive yourself.
- You *will* miss something in a patient chart that someone else catches. That’s okay. Forgive yourself.
- You *will* fall short of your own expectations, whether on an assignment, an exam, or in caring for a patient. That’s okay. Forgive yourself.

I confess to every single one of these, and likely you will too. **That’s okay. Forgive yourself.**

After your clinical years are over, after you walk out of the clinic or the hospital on the last clinical day of the last clerkship, a moment seemingly so far distanced from this moment, those blunders (though certainly stress-inducing) will not be what shapes you.

For me:

- It will be the couple who sternly instructed me to “remember [them] and that [they have] high expectations for [me].” In all honesty, I had felt that I had let them down because I hadn’t had a chance to visit with them after rounds, so I came back after signout to just sit with them. I listened as the husband, newly diagnosed with metastatic esophageal cancer during that admission, told me all about himself and his wife and their life together. I will always remember the guarded pain in the face of his wife as she stared fixedly at the television, and he expressed fear at the thought of death and not being able to be there with her anymore.
- It will be coming in one morning, printing off the patient list, and searching for my patient’s name—her name not being there. My resident telling me that she passed away in the night. It will be wondering what I missed and what I could have done to prevent her death. Feeling helpless. Then, days later, being told by my attending that she had received an email from the ICU team that took over when my patient coded that asked her to “thank the medical student” for including a contact number for a family member in my progress note. It was the only place in the patient’s chart that any contact information was provided, and its inclusion allowed her family to be emergently contacted and come to the bedside as she died. I had helped. I couldn’t save her, but I had helped.
- It will be the patient for whom I completed the pre-operative evaluation in preparation for a mass resection. I was frustrated with myself for redirecting her relatively frequently throughout the encounter; I felt like I was rushing her because I knew that my attending wanted me to complete my history-taking and physical exam within an all too short five minutes. Then, to my surprise, at the end of the encounter this patient

asked me if I would be at her surgery. She expressed significant disappointment when I said that, unfortunately, I would not be present because it was scheduled for a date after my rotation ended. In that moment, I realized that I had still managed to connect personally with this woman, despite my own self-doubt.

Throughout the year, numerous people will tell you, “Don’t stress,” or “Enjoy the journey.” Do or don’t follow this advice. Both options are completely, 100% okay. Some days you will wake up excited and motivated for what is to come. Some days you will repeatedly press the snooze button for (far) too long, gulp down (far) too much caffeine, and be (far) too excited to climb back into bed that evening. Both days are completely, 100% okay. Take a deep breath; **you *will* get from A to Z and make it through this year.**

Welcome to your clinical years!

Jessica Chandrasekhar

AFTERWORD

We are deeply grateful for all of the wonderful letters we received this year! The letters are a blend of practical advice, poetry and prose. Some are humorous and encouraging; others are cautionary and contemplative. These letters serve as an invaluable gift for our new clinical students. We would like to thank all of the students who were willing to share their thoughts and experiences to help their younger peers navigate this challenging phase in becoming a physician. Thank you so much and best of luck in your careers!

Anjali Dhurandhar, MD
Associate Professor of Medicine
Arts and Humanities in Healthcare Program
Center for Bioethics and Humanities

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SUBMISSION GUIDELINES

We welcome submissions to the future edition of *Letters to a Clerkship Student*. Though there is no word limit, we prefer submissions less than 750 words or about one page. Submissions may not include identifiable patient information. We accept both poetry and prose and encourage you to be creative as you dare. If you choose to submit your letter anonymously, stricter criteria for publication will be applied. Please submit your letter to Dr. Anjali Dhurandhar, anjali.dhurandhar@cuanschutz.edu, for consideration for publication. If accepted, your letter can be included on your curriculum vitae as a publication. We look forward to your letters!

