

# LETTERS

## TO A THIRD-YEAR STUDENT

FROM THE CLASS OF 2012  
SCHOOL OF MEDICINE





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FOUNDING EDITOR: THERESE JONES, PHD  
DIRECTOR, ARTS AND HUMANITIES IN HEALTHCARE PROGRAM

MANAGING EDITOR: ANJALI DHURANDHAR, MD  
ASSOCIATE DIRECTOR, ARTS AND HUMANITIES IN HEALTHCARE PROGRAM

COVER ART: ANJALI DHURANDHAR, MD  
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# TABLE OF CONTENTS

## FOREWORD

|                           |   |
|---------------------------|---|
| WENDY MADIGOSKY, MD ..... | 1 |
|---------------------------|---|

## INTRODUCTION

|                          |   |
|--------------------------|---|
| THERESE JONES, PHD ..... | 3 |
|--------------------------|---|

## LETTERS TO A THIRD-YEAR STUDENT

|                               |    |
|-------------------------------|----|
| JENNY LILLEMOM .....          | 5  |
| LYNDSEY GRABER.....           | 6  |
| SHAWN STONE.....              | 7  |
| TESS JANKOVSKY .....          | 8  |
| JASON PAPAIZIAN .....         | 9  |
| DOUG CHO.....                 | 10 |
| SARAH ROSQUIST .....          | 12 |
| MATT LIGHT .....              | 13 |
| HUY LAM.....                  | 14 |
| BECKY SELLING.....            | 15 |
| COREY DOBSON .....            | 16 |
| SEAN KEENAN.....              | 17 |
| RICHARD KEMP .....            | 18 |
| 4TH YEAR MEDICAL STUDENT..... | 19 |
| ROBERT RAWLINS .....          | 20 |
| ALI KHALIFA.....              | 21 |
| TIN HA-NGOC.....              | 22 |
| JENNY HONG .....              | 23 |
| ERIN RODGERS.....             | 24 |
| BROOKE IVAN .....             | 25 |
| PETER MOORE .....             | 26 |
| ABBIE FOUST .....             | 27 |
| DAVID ELWELL.....             | 28 |
| ANNE LADENBURGER.....         | 29 |
| BEN DEATON.....               | 30 |
| BLAIR WOODBURY .....          | 31 |
| LUKE JOHNSON .....            | 32 |
| YIHAN LIN .....               | 33 |
| BLAKE SHERMAN.....            | 34 |
| BRITTANY FOLKS.....           | 35 |
| AVERY MACKENZIE.....          | 36 |
| JONATHAN KURCHE .....         | 37 |

## AFTERWORD

|                            |    |
|----------------------------|----|
| ANJALI DHURANDHAR, MD..... | 39 |
|----------------------------|----|

# FOREWORD

IN HIS BOOK **BETTER**, famed surgeon and author Atul Gawande gives five suggestions for how to be a positive deviant in medicine. One of these suggestions is to write. Why is it that he includes writing? Doesn't that go by the wayside after the MCATs? Of course, physicians and physicians-in-training do some writing—there is always patient care documentation to be done and research papers to produce. But, why spend other time writing when there is so much else to focus on?

Dr. Gawande argues that writing promotes both reflection and the sharing of ideas, and without it, we are destined to remain with the status quo—which isn't acceptable. I would agree, and I think you'll find this to be the case as well as you progress through your medical education. Third year is the first of many of your deep dives into our complex and frequently flawed health care system. You'll discover the hidden (and sometimes not so hidden) curriculum of medicine and will experience firsthand the myriad ways that it needs improvement. You'll also experience phenomenal joys and success—both personal and related to patient care. But all of this will remain “an N of 1” unless you take a moment to reflect on your experiences and share them.

Studies have shown that physicians who spend time reflecting on their experiences have greater work satisfaction and are less apt to burn out. Medical educators argue that life-long learning is really only possible with adequate self-assessment linked to future action for improvement. And, from the beginning of humanity, storytelling has been used to bring people together, to comfort, and to inspire.

This publication is for you—the beginning phase III student—and it is a compilation of reflections, stories and advice. The students who wrote these pieces at the end of phase III did so in part because others students had written to them before they began phase III. But they also wrote these pieces because they discovered that they needed to write. They needed to reflect and to share in order to learn from their own experiences, to connect with others, to gain comfort and support, to develop their resilience and to rejoice. Finally, the student authors realize that by sharing their experiences, they are helping to make your experiences better.

Read them when you are excited, or tired, or can't sleep, or elated, or stressed or bored. They will connect, comfort and inspire you. And, hopefully, they will challenge you to reflect and share—and when your time comes at the end of phase III—to write!

WENDY S. MADIGOSKY MD MSPH  
ASSOCIATE PROFESSOR, FAMILY MEDICINE  
DIRECTOR, FOUNDATIONS OF  
DOCTORING CURRICULUM AND  
HIDDEN CURRICULUM SESSIONS



# 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 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 2012 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 Third-Year...* Since I launched this project a number of years ago in another medical school, 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 third 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 JONES, PHD  
SPRING 2012

## DEAR PHASE III STUDENT,

### WELCOME TO THE FIRST DAY OF THE REST OF YOUR LIFE!

In all honesty, this sentiment is so ridiculously exaggerated. You will hear from others that third year is the start of a new chapter in life, that you will come out of this year a different person than you came in, hardly recognizable to your friends and family. I would venture to say, while this year IS life-changing, you won't be a different person at the end of third year. You will definitely have a different sense of the meaning "professional," and what an amazing privilege it is to be training to be a physician.

Phase III is a very challenging but extremely rewarding phase in medical school. At the start, you've got clinical sciences fresh on your brain. You can rattle off the intrinsic and extrinsic coagulation pathways (as well as our favorite song about vitamin K: "Two, seven, nine, ten"), the difference between Duchenne's and Becker's muscular dystrophy and the tediously long list of CYP inhibitors and enhancers. If this says anything about third year, by the end you will have forgotten everything about the coagulation pathways, muscle disorders and CYP-what's-it's (I think it is related to the liver?) and will instead be able to rattle off narcotic regimens, the essential components of informed consent and the 200 various attending methods of IV fluid management. You will have touched the hand of a patient or family member while they received a bad diagnosis, spun a patient's urine, seen what residents look like post-call, scrubbed in for a tumor debulking, called the scary neuroradiologist for an opinion on your patient's cerebral edema, possibly seen someone pass away.

As you move along during third year and discover that we as healthcare professionals will be privy to things that most could never even fathom, try not to let this get between you and those you love. There are some days when you have been working so many hours, have seen so many crazy things and have been pimped so many times that you just don't feel human. You don't feel like you can even interact with others who would not understand the daily grind you have been struggling with. Believe me, I've been there. Remind yourself that everyone has struggles in life and yours is no worse than anyone else's. Try to empathize with your loved ones, and they will empathize with you- even if they can't understand your struggles. If possible, don't bring medicine home with you. Leave it in the hospital. Or in the sweat you left at the gym. Make time for a glass of wine on a Monday night with your spouse, an hour workout on a Sunday afternoon, cooking a fancy dinner for your mom on her birthday.

Despite what you hear and what you glean from this letter, the MAJORITY of third year is very positive. You get to do amazing things for patients and develop as a clinician. Hang in there. Know that the year flies by and if we can survive it, you can too. Know that most of your struggles are not life and death, so take them with a grain of salt, learn from them and move on. If they are life and death, know that you will have a team of people to support you and support your patient. If you get negative feedback, ask why so you can improve next time. If you get positive feedback, figure out why so you can repeat it!

Lastly, you WILL feel different after this year. You will feel more confident, more aware of what it means to be a physician and a bit worn out. BUT... you will still be the same person who started this year. Don't allow the unique things that made you YOU to be suppressed. Those things are still a valuable part of what will make you a good clinician. If you needed workouts and healthy food and an occasional glass of wine before this year, chances are you still will need those things during Phase III. Allow yourself those things so that you can feel "normal" and still connect with those around you.

Have fun, third years. We will see you all on the other side of this learning experience in a year. Until then, we are all cheering you on!

JENNY LILLEMOM, MSIV

## DEAR COMRADE,

THE WORLD IS FULL OF SITUATIONS. Some you will enjoy, some you will hate, some you will fear, and some you will crave. These are the “if” statements that you can take with a grain of salt as you plunge into the depths of your third year. You can dismiss them, or you can cherish them, but you might as well read them because it couldn’t hurt to steal a few more hints from someone who has already survived with some sanity intact.

- If you are wondering, you are going to make it through third year.
- If you have difficulty waking up early, set many, many alarms - better to be up early and tired than to be late.
- If you have friends that can’t stand to be around you, you may need to brush up on your interpersonal skills ASAP. And just so you know, common courtesy, moral decency and basic manners go a long way!
- If you think your attending doesn’t like you, don’t worry — they probably don’t like anyone.
- If you think your resident doesn’t like you, don’t worry — they are overworked and not paid enough to like you all the time.
- If you are concerned, don’t worry you are going to make it through third year.
- If you think you don’t know anything about medicine, don’t worry you don’t, but you will pick things up along the way.
- If you think every other medical student and resident knows more than you, you are wrong. They are all faking it just as much as you are.
- If you don’t like a rotation that you are on, just remember they are all generally one month, and you can survive anything for one month.
- If you wear your badge on a lanyard, make sure that it is shortened. You do not want to let your badge hang down and drag in whatever you are bending over in the hospital!
- If the best part of your day is hospital cafeteria food, it’s OK, sometimes you just have to eat your way through things.
- If you are doubting, don’t. You will make it through third year.
- If you are normal, you won’t like everything about every rotation.
- If you are reconsidering a career in medicine during third year, don’t worry you will figure it out, and it will get better.
- If you don’t like the majority of a specific specialty, I wouldn’t recommend doing a residency in that area. Even if you have wanted to do it since you were two years old.
- If you don’t really know how to speak the foreign language, just use the translator phone. You won’t regret it!
- If you aren’t sure how to act, just don’t be annoying, and you will be fine.
- If you find yourself enjoying something, remember it and think about it when you are struggling to find anything to like, let alone enjoy.
- If you are freaking out, stop! Remind yourself that you are going to make it through third year.
- If you think you are not learning anything sitting around the hospital and waiting for your resident to give you something to do, you are wrong. You are learning — the utility of patience and, if you are lucky, how to sleep with your eyes open.
- If you feel like everyone is always critiquing you, you are right. Third year is one giant test that you just have to grit your teeth and pass.
- If you feel like you haven’t seen sunlight in days, just wait until summer. The daylight hours expand, and you will surely get a few minutes in at some point.
- If your patients tell you that they don’t drink, smoke, have sex or do anything bad for their health, don’t believe them. The secret is: they can lie to you.
- If your friends are telling you that they love everything about third year, that they never study, that they are never stressed out, that they don’t mind getting up at the crack of dawn or that they remember everything from the first two years of med school, don’t believe them. They lie more than your patients!
- If your resident or attending tells you to do something, and it isn’t illegal, just do it. News flash, they are grading you
- If you don’t think that you got your questions answered by this letter, you are right. I probably don’t know the answers, and this is something to get used to it, you will be subjected to this by both residents and attendings.
- If you think I am negative towards third year, feeling burnt out and wondering if I can really survive in medicine, don’t worry, I will snap out of it during fourth year!
- If you are still worrying, get someone to tell you every day that you will, almost certainly, survive the third year with part of your sanity intact!

Good luck in the coming year. Take many deep breaths and hold on!

ALWAYS,  
SURVIVOR WITH A  
LITTLE BIT OF SANITY  
INTACT  
LYNDSEY GRABER



DEAR THIRD YEAR STUDENT,

*breathe.*

skip, dance, swim

*breathe.*

duck, jump, roll,

spin, sit

*breathe.*

cry

*breathe.*

laugh, hope, ache,

watch, hide

*breathe.*

crawl, climb,

crawl, wade

*breathe.*

sleep, eat

sleep,

eat, diet

*breathe.*

hold, wait

pray

*breathe.*

stagger,

lean, gag

*breathe.*

speak,

listen, listen, listen

*breathe.*

walk

*breathe.*

*breathe.*

SHAWN STONE

## LETTER TO MY ONE-YEAR-YOUNGER SELF:

AS I PEER AROUND THE CORNER and glimpse my fourth and final year of medical school, the trepidations that I'm experiencing remind me of the pervasive sense of uncertainty that accompanied the beginning of my third year. And when I say beginning, of course, I mean the first seven or so months of this past year.

For anyone who hasn't had a previous career in the medical field, this first clinical year is unlike anything that we have experienced before. The year is undeniably exciting and (for most of us) a time that reaffirms our decision to pursue this career path, yet it is also an experience that places us entirely outside of our comfort zones. There are numerous aspects of this year- from the way that the curriculum is structured to the nature of the medical hierarchy- that contribute to the uncertainty and stress. Most of these things are beyond our control and will not be changing in the near future. However, I think that being aware of certain facts about this year can help to alleviate much of the anxiety that tends to accompany it. Along this vein, I offer a few pieces of information that I wish I had known (or paid attention to) before I set out on the journey that is the third year of medical school.

During this year there will be very little constancy in your life. Nearly everything changes every 2-8 wks – from your location, to the way in which you access medical records or write patient notes, to your responsibilities on a team, to the time of day that you drag yourself out of bed and which day you have off each week (sadly something that you sometimes won't know until someone instructs you not to come to work the next morning). This fact is hugely frustrating, and it can make it very difficult to take care of obligations in your life, but learning to stop stressing about it at least allows you to enjoy the time that you are lucky enough to control yourself.

At the same time, when there is something truly important that you need to take care, it is essential that you learn to be assertive about these needs. Admittedly, the first day of a new rotation may not be the best time to discuss these, nor should they be made as an announcement on rounds, but it is ultimately unsustainable for a person to ignore their own needs for an entire year. If you feel that you are jeopardizing your own health or an important relationship in your life, it is always worth it to ask someone on your team if there is something that can be done to allow you to take care of these needs. More often than not, you and your team can find a solution or a compromise.

Sometimes there are individuals in the medical field who seem to have forgotten that medical students are first, and foremost, people. It seems entirely bizarre and backwards that a doctor could forget to afford students the courtesy that he/she gives unquestioningly to every patient who walks through the front door, yet it happens. Fortunately, in my experience the vast majority of the doctors whom you will encounter on the wards of Colorado's hospitals are fabulous people who will see you as a human worthy of their time, courtesy and respect. My advice for you, when you do encounter the less savory variety of individual, is that you make a mental note of the behavior and promise to avoid duplicating it yourself. After all, someday you will be the teacher in this scenario, and most of these behaviors are the result of generational perpetuation.

The last piece of advice that I offer is that you find a way to take care of your emotional health. Between the demands of rotations and the difficult patient scenarios that you will encounter, third year can be more emotionally draining than you realize and it can take a toll.

Ultimately, this past year has, without contest, been the most challenging, exhilarating and rewarding year of not only medical school, but also of my life. This is not to say that it was a perfect year though. For this reason, I encourage you as future students to approach the year armed with as much knowledge as possible of what it will likely entail in order to decrease the anxiety and uncertainty that can otherwise significantly and unnecessarily taint the experience.

TESS JANKOVSKY

DEAR UPCOMING MSIII,

IF I HAVE ONE PIECE OF ADVICE FOR YOU THIS YEAR,  
IT IS THIS: EXPECT TO BE SURPRISED.

Expect to be surprised by how much you learn.

Expect to be surprised by how little you actually know.

Expect to be surprised by how much you grow as a clinician.

Expect to be surprised by how much you have to grow to become an attending.

Expect to be surprised by how wonderful some of the residents and faculty  
are as teachers, mentors and confidants.

Expect to be surprised by how disappointing some of the residents  
and faculty are to the same regard.

Expect to be surprised by how your opinions change  
in regards to your chosen specialty.

Expect to be surprised by what you love and what you hate.

Expect to be surprised that you may love what you thought you would hate.

Expect to be surprised that you may hate what you were sure you would love.

Expect to be surprised by how much you have to work in some rotations.

Expect to be surprised by how little you have to work in other rotations.

Expect to be surprised by how hard the tests are.

Expect to be surprised by how much the advice varies from intern to intern, resident  
to resident and attending to attending.

Expect to be surprised by how hard it is on your loved ones.

Expect to be surprised by how supportive your family can be.

Expect to be surprised and maybe you will be a little less surprised.

SINCERELY,

A VERY SURPRISED MEDICAL STUDENT FINISHING THIRD YEAR—

JASON PAPAZIAN



## DEAR PHASE III STUDENT,

CONGRATULATIONS ON FINISHING THE FIRST TWO YEARS OF MEDICAL SCHOOL! You have completed the most time you will spend on your butt in your undergraduate medical education. I wish I could offer you some kind words about how life gets easier, but we all know that that would be a lie. But hey, this is what we all signed up for.

The good news that I can give you is that from here on out, it's a fresh start! If you rocked the first two years, then continue your tradition of excellence. If they were not so kind to you, then now is your chance to shine. Either way, as long as you stay motivated, you'll do fine. Now let me tell you some things that the ICC did not tell you...

### GENERAL ADVICE

Everyone starts MS3 year with the jitters. There are about a million questions running in your mind and really no satisfactory answers. But, here are some things that I feel will go a long way as you transition back from the world of books and PowerPoint to the world of the living.

- **SMILE!** It's amazing how just this simple gesture will affect you and those around you. If you can find a reason to smile every day, then you'll feel better. And if you feel better, the residents and attendings working with you will also feel better! If you find yourself stressed out or nervous, then take a deep breath, pause, smile, then continue.
- **EVERYONE SUCKS THE FIRST TIME!** This holds true for a lot of things in life... We are medical students and by nature, we all have some neurotic tendencies toward perfection. But remember, everyone starts somewhere. To minimize the number of times you show weakness to an attending, make sure you practice. Whether it is presentations, procedures, interviews or handoffs, no one is born with innate skills. Practice with a resident or fellow medical students. If you do this right, then not only will you impress your attending, you'll build relationships with your peers and residents (who sometimes have more input on your evaluation than you realize).
- **BE A TEAM PLAYER!** During the first two years, education was pretty limited to yourself and maybe your study buddy. But in the clinical setting, forget that there is a distinction between "you" and "me." There are only we. Volunteer for tasks and also ask if there is something to be done for the team. Try to limit the times you tell your residents "no" due to scheduling conflicts. If you are willing to pick up some tasks for the residents and interns, they will love you for it. By helping them save time, they will more likely take that energy and teach you something cool- like how to read a particular chest x-ray or do a bedside procedure. It will be hard at first to know when to jump in and help (remember the previous tip).

But as the year progresses, you'll know what needs to be done. Remember, it's not scut work if it's going to help the patient! So don't be a slacker!

- **BE GENUINELY INTERESTED!** As exciting as it is to know that you will be seeing patients and having a direct impact on their lives, you may not always feel this way. Or you just may not find a particular specialty interesting. Just remember that you are always learning. If you show interest, then your uppers will have more fun teaching you. Imagine if you had to take time out of your busy day to teach another person something that they don't want to learn. It's not a pleasant thought. So, show some interest. If you find it hard to when you are pre-rounding at 0500, remember that you will become an MD, which means that you have to know enough general medicine in order to communicate with other MDs. TAKE EVERY EXPERIENCE AS A LEARNING OPPORTUNITY!
- **YOU ARE ALWAYS ON PARADE!** This is a famous quote by General George S. Patton that many military cadets learn. What it means is that everything about you will be observed by someone- whether you notice or not. It could be related to your appearance, your behavior or your clinical knowledge. For example, do not chew gum during clinic or rounds. Someone will make a mental note of that. If you want to make the best impression, be mindful of yourself. This may apply more to sub-internships, but I feel that it's good to practice this mentality during your third year. As another adage of the modern military states, "train like you fight."
- **SOMETIMES IT'S BETTER TO BE QUIET!** Naturally, you will want to show off your knowledge and "mad" diagnosing skills to your residents and attendings. This is a great sign, as it means you are really trying to take ownership of your work. Asking questions also shows interest. However, there are times when speaking may not be appropriate. On rounds, your presentations may go longer than the time the attending is willing to listen. As long as it's not a frequent occurrence, this is okay. We all start somewhere, and EVERYONE SUCKS THE FIRST TIME! But don't cut off the attending to continue your presentation.... This looks very bad. I do not have personal experience with this but have heard of some of my classmates doing such a thing. Other times to watch out for are emergencies. Whether in the OR, ER or some ICU, sometimes the team will be very focused on saving the patient. Try to avoid asking questions at those times. They will be more than willing to answer questions after things have settled.
- **DON'T BE ARROGANT!** This might be hard to believe, but some people in medical school will actually talk down to nurses or even residents that they feel superior to. Don't do that! As medical

students, we are the lowest people on the totem pole. We are learning and everyone else in the hospital will have more experience than us. Show respect to these people, and they will help you greatly throughout third year. Because I adhered to this principle, there are nurses who will let me get whatever item I need, no questions asked and regardless of what service I am on.

- **ATTEMPT SOME LIFE BALANCE!** As intense and exhausting as third year will be, you need to remember to make time for yourself. Your time will be full of pre-rounding, rounding, reading and studying. But whatever precious time you do have free, do something fun! Take time to rest and relax so you are fresh for your next set of challenges. I applied this to surgery, and it was my best performance in a block to date.

Now here are more specific points that I would like to share. As with everything else in this letter, do not let it override your experiences and judgment.

### **PRESENTATIONS**

The best advice I received about presentations was that medical students should always stick to the format. The 5-minute presentation handout that was given (hopefully) during ICC is the standard that you should always stick to. When making formal presentations, never deviate from the order. As you progress, you will be allowed to summarize or leave out parts of the H&P out, but don't do that until you are really comfortable with the differential diagnoses.

Always remember to articulate your speech and be enthusiastic! Think about what sort of presentation would keep you interested. It wasn't until I realized this that my presentations got significantly better. This will generally come with confidence in your self. Remember to practice with the residents, especially when formulating your differential diagnoses. If you had time to read about the DDX, then also include your findings as well.

Attendings and residents appreciate when you are able to teach them something. Looking up an article, particularly one that may affect management of an inpatient is always looked upon favorably. Sometimes your attending or residents will give you topics. Take advantage of that opportunity to shine. These presentations tend to make for favorable comments in evaluations.

### **EXAMS**

I can't stress enough how important it is to study for the clerkship exams. Because every test is different, I won't go into all of the details. Some clerkships (OB/GYN, psychiatry, and pediatrics) use a standard shelf exam. Some rotations, such as surgery, medicine, family medicine and neurology have in-house exams.

There are study guides that float around for surgery and neurology that outline the learning objectives very well. Look for these to circulate during your rotations. Medicine suggests the MKSAP questions. These are also helpful. But do study, as exams can make a difference in your final grade.

### **STUDY MATERIALS**

People all have different styles of learning. All courses will have a set of recommended texts. For medicine, MKSAP will be helpful. For family medicine, the text is worth borrowing. For surgery, I recommend using the General Principles text. For the extremely neurotic, preparation-oriented folks, I recommend getting a Step2 q bank. First Aid for Step 2 also has some utility. I highly recommend that you use the Pretest and Case Files series. Case Files go through lots of different cases for each specialty. Don't worry about psych, they will loan you a copy of Case Files. Pretest is a book of 500 questions for each specialty. They are very detailed and have good explanations at the back. If you need more info, you should either refer to UpToDate, MD Consult or primary literature. Texts for each specialty are available online on the MD Consult website. Be sure to access via the library website. They even have Campbell's, the Bible of Urology. When in doubt, ask around.

### **SURGERY**

Breathe. Just breathe. It's just like another rotation but with the potential for more verbal abuse. But don't fear- they tend to be fairly nice as long as you know what you're doing. I recommend looking over the yellow Handbook put out by the Surgical Society. Also read Surgical Recall before every case. I swear that it seems as if most of the pimping questions come from that book. As for your hands, if you know what you are doing, then participate when you see an opening. If you know a suture needs to be cut, go ahead and ask for the scissors. If you know that a snap will be needed next, ask for that. When asked to retract, do it as they want it. But do not, DO NOT touch the mail stand unless you get explicit permission from the scrub nurse. For the exam, know the learning objectives. That is all I will say. Stick to these tips, don't get in the way, and you will do fine.

For the rest, a habit for attention to detail will serve you well. You have made it this far, which in itself is a huge accomplishment. You were picked because you are capable of finishing and finishing well. It's okay to feel overwhelmed, but don't let that keep you from unleashing your full potential during this time. Enjoy this year!

SINCERELY,  
BRAND NEW MS4  
DOUG CHO

## DEAR PHASE III STUDENT,

### CONGRATULATIONS ON FINISHING STEP 1!

You are about to start an amazing year- one where you'll start to develop clinical skills, learn how to manage patients and on occasion, begin to feel like a real doctor.

I'm not going to lie-there will be lots of ups and downs over the course of this year.

Your patients will teach you about heart failure and diabetes in a way no textbook can, but it will catch you off guard when your first patient dies.

You'll always remember the first time you perform chest compressions, your first lumbar puncture and the first baby you deliver. On the other hand, there will be long hours and times when you wonder why you're waiting around the hospital when you could be at home with loved ones.

Likewise, you'll also remember the interns, residents and attendings who go out of their way to teach and serve as professional role models. However, there will also be interns, residents and attendings who make you feel stupid and small, and make you question your decision to go to medical school.

I guess what I'm trying to say is that the year is a roller coaster, and for every euphoric high, there will probably be an equivalent low.

Know that many have gone before you, and most come out on the other side still excited about medicine and the unique opportunity this profession provides to impact the lives of others. As a warning, little of what you've learned in the first two years has prepared you for life on the wards. You've been learning the language of medicine but very little about the practice of medicine. This tends to make the first month of third year a bit overwhelming, but take it day by day.

#### **Some specific advice for you:**

- You may not know the answer to every question, but things you can do that are under your control are show up on time, be dressed appropriately and appear excited about your role on the team.
- Enter the year with an open mind. You may be surprised at what you find you love, and you can't really be sure you want to be a surgeon/pediatrician/anesthesiologist until you have lived the life of that profession for several weeks.

- Don't throw your colleagues under the bus. This kind of behavior is recognized by everyone else on your team and is not viewed favorably.
  - You'll often hear that as the med student, your job is to know everything about your patient, and if you do this, you're golden. I found this to be easier said than done, particularly at the start of 3<sup>rd</sup> year, mainly because it's hard to know where to find all the information about your patient, and also because it's your intern, not you, who will be paged with updates. Regardless, make your best effort and trust that it will get easier with time.
  - Always keep a pen in your pocket- especially when you're going into the OR. It's an easy way to help out your attending.
  - Try to take some time for yourself, even if it's only once a week.
  - Invest in comfortable shoes- you'll be surprised at how much your feet hurt 4 hours into rounds or during a long surgery. My personal favorites are Danskos.
  - Know that while a lot of emphasis is placed on where you do each rotation, what really matters are the people you're working with, and this is something you have no control over. That being said, I think doing rotations away from typical teaching hospitals can provide unique and enjoyable opportunities since you get to work directly with attendings and will often have more opportunity for hands-on learning.
  - Shelf exams are easier to study for because they are standardized. This doesn't make them easy, but at least you can use books like Pre-test and Case Files. Departmental exams (surgery, rural/AA) tend to be more difficult.
  - Ask for feedback early on. It can be as simple as, "Is there anything I should be doing differently?" or "Are there things I should work on?"
  - When in doubt, err on the side of checking in with your team too often rather than not often enough.
- Enjoy this crazy year!

SARAH ROSQUIST



## DEAR RISING 3<sup>RD</sup> YEAR STUDENT,

I AM SPEAKING TO YOU FROM THE CLASS ABOVE, and I am speaking from experience. You have just started your clerkships and have little time, so I plan on keeping this short and sweet. Most of what you will need to know can only be learned through experience, and this is half the challenge of third year but also half the fun/excitement. The only things I can tell you are things that I wish someone would have told me. Here they are...

When interacting with attendings...

1. If asked a question you don't know the answer to, you have two options...blindly guess (which could go really well or really poorly), or (my strategy) say something you do know about the topic and follow it with a question (90% success rate). And ALWAYS know the answer by the next day!
2. If you are asked if you have any questions, always have one, and always start off your question with "well, I was reading about "insert topic" the other night, and I was wondering about blank." This shows that you are interested and that you at least did some reading, at some point.
3. It is better to do what you are expected to do really well, than to go too far above and beyond ( i.e. you should not pre-round on 8 patients when 3 or 4 is more than enough).

When interacting with residents...

1. Offer to help them often, but not too often (they get annoyed).
2. Don't interrupt them on rounds (they hate that).
3. If they say you can leave for the day, a single, "Are you sure there is nothing else I could do to help?" is always appropriate.

When dealing with patients...

1. Enjoy it when they thank you, and they will. This may be the only praise you get for a while.
2. Regardless of how poorly an attending may think of you, positive feedback from a patient will change that instantly.
3. Pay attention to your patients, and check on them as often as possible. It tells the patient that you care, your team that you work hard, and will go a long way towards the positive feedback we just discussed.

When dealing with grades...

Good luck. That's all I've got. It seems like a perfect storm of factors out of your control have to come together for an "H" to show up on your transcript. Things you can do to help include the following...

1. Always portray a good attitude, even if inside you are thinking, "this rotation sucks, this attending is a jerk, and I'd rather eat road kill right now."
2. Start studying for your test early by reading about your patients, and always do practice questions beforehand. The tests you get are surprisingly similar to Pre-Test!?!

Is there anything I've left out? Probably. As a third year, you feel like a hassle, a nuisance, forever in the way of someone trying to do something much more important than babysitting you. In reality, it is probably only half as bad as you think. And whenever I started to feel that way, I thought to myself, "At least I don't have to sit in lecture all day; at least I finally get to take care of patients (in some small but still significant way)."

GOOD LUCK!  
MATT LIGHT

## DEAR PHASE III STUDENT,

AS I WRITE THESE FEW LINES, it has become apparent to me that I have very little wisdom to impart upon you. This is not meant to be a guide to the incoming challenges you will face in third year; you will learn to steer your own ship, as you always have. Instead, this letter is comprised of a few reminders which I think might be of use:

1. *Shoot first, ask questions later.* Each medical setting in which you work is designed to safeguard the patients from sources of harm which, in this case, is you. Thus, make an effort to do as much as you can: take H&P, write progress notes, jot down orders, write scripts, update the signout sheets, etc. In the worst-case scenario, your team- or whoever has the unfortunate role of monitoring your activities- will correct you if you step out of bounds (but usually with a pat on the back for the effort). On the other hand, if you maintain the role of a passive observer, they generally will not.
2. *Love thy interns.* Since they generally are the ones who are obligated to put up with your meandering questions and clean up your messes, it might not be a good idea to induce their wrath on a daily basis. Instead, find out why they chose to do what they do, learn their survival skills, and try to see your future self in them (you will be in their shoes soon enough).
3. *Lubes... what CAN'T they do.* Always stock an extra pack or two of lubricating gel in your pockets (except the back pockets, of course). Their utilities are endless. Besides, you never want you come into a rectal exam unprepared. On the same note, take some alcohol wipes, too.
4. *The wise man doesn't give the right answers, he poses the right questions.* It is expected of medical students to have questions for their residents and attending. It is not only to gauge your interest and understanding of their professions, but it is a sign that you have the desire to learn. This is, after all, your primary objective in the third year.
5. *A half doctor near is better than a whole one far away.* At the end of the day, the patient's opinion of you carries the most weight. Do not let grades and evaluations obscure your role as a doctor-to-be. After all, your residents and attendings will not be impressed if your patient isn't.

I hope that these reminders will serve you well. The next year will, no doubt, provide many hardships. However, I believe they serve more as a reminder of your dedication for the art of medicine, and not as causes for self-doubts.

WITH BEST WISHES,  
HUY LAM MSIV (SPRING 2011)



### DEAR PHASE III MEDICAL STUDENT,

YOU ARE ENTERING AN ALTERNATE REALITY. The reality of the hospital. In this reality, you will see life and death everyday. You will hold the hands of crying family members. You will shed a tear when a father holds his new baby. You will sink your arms elbow deep into a chest or an abdomen. You will get splattered with blood. You will have your empathy challenged when treating a patient who has committed murder. You will witness the last hours and minutes of life- the agonal breathing that precedes death. And all the while, you will be expected to read, learn, manage and process on a dime.

Please, new third year student, take the time to process this in your head. There is simply not enough time at the hospital to truly fathom what you are seeing. Go for a run, do yoga, talk to friends, just sit. But take the time each day, even each week to process what you are now part of: the rich whirlwind that is sickness and health. It is so easy for the major life events of others to become routine. It is so easy to forget that while you are scrambling to finish your notes and print an article for rounds, that just down the hall a woman is dying of liver failure. And she knows it is her fault, her drinking that is killing her. Take the time- for her, for you, to empathize and deal with that in your own mind.

Organs are cool, but remember, medicine is about people.

MUCH LOVE AND SEE YOU ON THE WARDS,  
BECKY SELLING, CLASS OF 2012



## A FEW TIPS FROM A FELLOW STUDENT

### DEAR PHASE III STUDENT,

FIRST OF ALL, WELCOME!!! Welcome to the real reason that you came to medical school. Now that you have conquered, pulverized, dominated or just plain old survived Step I, you finally get to work with patients and learn clinical medicine. It is a great privilege and honor to care for patients, and I look forward to the clinical side of your training for you. In Phase III, you will have some amazing experiences that will blow your socks off. I doubt that you will ever forget catching your first baby and instantly feeling a bond with a family that you possibly just met. I think you will over and over again realize how blessed you are to serve people in such an amazing way that you will soon be able to do. However, I want to keep from sugar coating Phase III for you as well. There will be times where you feel completely lost, fatigued and just simply burned out. The moment that you start to feel like you are finally a little comfortable in a place or setting you will be forced into the next rotation. There will be residents and attendings that you don't really mesh with. Another thing that you will soon realize is that your time is not your own during Phase III. However, I believe that if you keep the right perspective and the right attitude, third year will be a great, challenging and rewarding year for you. That being said I wanted to share with you some of my personal tips (in no particular order) as you prepare for your third year adventure.

- Keep a smile on your face and work hard. If you do that, everything else will work itself out.
- If your resident or attending physician tells you to go home... do it!
- Do not forget the things that make you YOU! If you run, still find time to run. If you are married, prioritize spending time with your spouse. Believe me these things will help you get through third year. Many people wonder how married people survive in third year. I wonder how non- married people survive. Whether you are married or not, be sure to continue to do the things that give you a perspective outside of medicine.
- If you don't feel like you are getting good hands on experiences just ask. Residents and attendings will often let you do things... but if you sit in the corner of the room and don't step up to the plate, you probably won't get to do much.
- It is all about perspective. If you choose to look at and focus on the difficult parts of 3<sup>rd</sup> year, you will have a tough year because there is a lot that is very hard about 3<sup>rd</sup> year. If on the other hand, you consistently focus your perspective on everything you are learning, the relationships that you are building and the aspects of medicine that make you smile, third will be a great year in which you grow a ton and begin to experience an amazing profession.
- Start studying for the clerkship early. You won't really have time to cram for the exams at the end of the blocks and even if you do, you likely won't have the motivation.
- Practice questions/individual cases (I recommend the Case Files books) are your friend. You will rarely have time to sit down and read a full textbook chapter; however, you will be able to sneak in a few quick questions or a quick case which can be helpful in your studies.
- This is hopefully a beginning of a long career and a long period of clinical training. Remember that it is a marathon and not a sprint.

I hope some of these suggestions help. They have served me well. Ultimately keep an open mind, occasionally remind yourself why you went into medicine in the first place, work hard, and stay true to yourself and the people you love.

COREY DOBSON

## ADVICE FOR COLLEAGUES ENTERING PHASE III:

### KNOWLEDGE:

1. You do not need to know everything all the time. Just work hard, and be eager to learn.
2. People will often expect you to know things that you were never taught.
3. Study ahead about procedures.
4. Most importantly, try to know every detail about your patients and their conditions.
5. As often as possible, read relevant literature and research to present on rounds.
6. Understand the difference between arrogance and confidence.

### RESPONSIBILITIES:

1. Try to take primary ownership of patients.
2. Your responsibilities will change every few weeks, be prepared to adapt quickly.
3. Follow the person above you: In 3rd year, act like a 4th year. As a 4th year, act like an intern.
4. Offer to take on as many responsibilities as possible:
  - a. Write admit orders, daily orders and discharge orders (write early, before d/c).
  - b. Obtain previous med records, email PCPs, contact family, call for consults.
  - c. Offer to drop off notes, collect procedure supplies, get coffee
  - d. Anything! Just be helpful.
5. Try to be enthusiastic, without becoming a nuisance. Ask if they need help, but otherwise study.

### PRESENTATIONS:

1. Each attending will have different expectations.
2. Start with a generic presentation format.
3. Excessive presentations until you know their style.
4. Ask for feedback, and adjust accordingly.

### RELATIONSHIPS:

1. Try to be pleasant with everyone, even if you do not like them.
2. Everyone has different expectations for interpersonal relationships among colleagues.
3. Some residents and attendings like to be friendly and casual; others prefer professional distance.
4. Not everyone will like you. Not everyone will think you are charming and brilliant.
5. Residents and attendings are often stressed and may use a negative or unpleasant tone with you.

- a. Chances are the negative attitude and tone probably has nothing to do with you.
- b. They have their own problems, and you should not always take it personally.

### PROFESSIONALISM:

1. Always show up early, plan ahead for weather, traffic and other potential problems.
2. Dress professionally, even if it is not mandatory. People notice if you look like a slob.
3. Men: Wear a tie, or at least look business professional. Always wear a tie clip.
4. Good touch - Bad touch? Observe professional boundaries.

### EXAMS:

1. Study hard for all exams...even if everyone told you how easy it was.
2. These exams often make the difference between P/HP/Honors.
3. Departmental exams are typically pretty easy, but don't blow off the test.
4. Shelf exams require more effort. Read review books and be prepared.

### LOCATIONS:

1. Rotations at PSL and St. Joe's are great. Parking is free, and they feed you well.
2. Emergency in Grand Junction is awesome. Be sure to request a shift with Flight for Life.
3. Psych at Colorado Recovery & Balsam House in Boulder was a truly unique experience.
4. Don't be afraid of AHEC! These are some of the best clerkships available.

### GENERAL:

1. Relax.
2. Get exercise when possible. If you don't have time outside of the hospital, run stairs on rounds.
3. Get sleep when possible. Sleep deprived students look like hell and perform poorly.
4. Get food when possible. Keep snacks in your white coat or easily accessible.
5. Set aside time for yourself.
6. Set aside time for family, friends and loved ones.

SEAN KEENAN MS4

## DEAR PHASE III STUDENT,

YOU'RE QUITE A SIGHT, standing there dusting yourself off after going through the mental gauntlet that is the first step of the USMLE. I recognize the dark circles under your eyes, the slightly haunted expression that eloquently speaks to the days and nights of study. Standing on the cusp of your third year of medical training, you're doubtlessly ready to set aside those books and wade into your clinical years. You've been through two years of highly regimented academics, enjoying a consistent schedule through which you moved in sync with your colleagues in an environment optimized for your learning. I have news for you: things are about to get messy.

You see, hidden away in the diagrams, algorithms and clean lists of facts of those first two years is the reality that medicine is a fundamentally *human* experience. The practice of medicine, much like love, has to be experienced to be understood. Patient-actors are wonderful, and preceptor experiences invaluable, but there is no learning experience that compares to the moment you're facing a real patient with a real sickness or injury, with a real harassed intern/resident, on a real schedule, in a real hospital. Everything you've learned thus far is a life-preserver. Now, you will learn how to swim.

Humans are often messy, both literally and metaphorically. Since medicine is at its core the most human of pursuits, it too is messy beyond your wildest dreams. Patients don't read textbooks, as the saying goes, and they'll present their illnesses to you in ways that will frustrate, intrigue, delight and terrify you. They'll mislead you, sometimes intentionally but more often through ignorance. You will encounter awe, contempt, deference, disrespect, tolerance, friendliness, outrage, indifference, anger, sadness, joy, exuberance and desolation. You'll be hugged, shouted at, ignored, pestered, invited out and excluded. Did you still think that I was talking about the patients? Most of that stuff goes for the residents and attendings too, but which parts you'll find out for yourself. Are you starting to understand how the clean lines are giving way to a more organic experience?

I urge you to embrace this change, swapping the quiet of academia for the rough-and-tumble of clinical medicine. The television medical dramas that are wrapped up in an hour are but the faintest shadow of what you'll experience. For the first time, you'll truly become involved with the lives of others during their time of crisis. You'll be privy to secrets they haven't breathed to another person, to a level of trust that will humble you and to a pursuit of excellence that far transcends any academic grade. You will be challenged by constantly changing schedules and locations, differing expectations of attendings, the foibles and mood of your residents, and the ever-present academic demands of medical school. You will be more tired than you've ever been in your life, and more exhilarated, more fulfilled, more confused, more insecure, more competent and more of a physician.

Keep your wits about you. Speak wisely and not too often. Maintain your professionalism, even when joining in the fun might seem the right path; the respect of physicians and nurses is a fickle thing. Keep one eye on your goals and one eye on your patient. If you ever need to choose, the patient gets both eyes, always. Never forget that you are part of a long line of people who have dedicated themselves to the care of others in need. Take pride in this when you feel down and strength from it when you feel weak. Be good to your interns and residents; they're more tired than you know. Respect the nurses; they can guide you more than you understand. Above all, take care of yourself mentally, physically and spiritually.

GOOD LUCK,  
RICHARD KEMP, MS-IV



## DEAR THIRD YEAR MEDICAL STUDENT,

WELCOME AND CONGRATULATIONS! I thought that by that point I should have at least earned an “M”—anything to indicate I’d accomplished something by finishing two years of med school. Take a few minutes to bask in the glory of leaving 4 hour-stretches of sitting in lecture behind you because you’re about to start four or more hour stretches of standing...everywhere. Surgery, clinic, rounds- there are never enough chairs for the med student. And Step 1- that’s over, and you’ll never have to think about another board exam (until Step 2, in roughly 15 months).

But really, life is looking up. To be sure, some days will be far worse than your most miserable day of Step 1 studying- but they will be balanced (and hopefully outweighed) by days spent with incredible teachers and intriguing patients. You’ll have the opportunity to challenge yourself and grow in ways you weren’t sure you could. And tomorrow, patients will see you as a doctor. Not a med student, not the lowest man on the totem pole, but their doctor.

Prepare yourself for this responsibility. When a patient calls you doctor, don’t think to yourself, “I’m not really the doctor.” You will be in the role of a doctor, and it is time to act like one.

Of course, there are a few practical hints I picked up over the course of the year that might help you act like a doctor more successfully. Keep them in mind, but take them as the completely biased, subjective recommendations that they are.

1. You’re not the smartest person in the room. In fact, you are probably the dumbest. At a minimum, you have two years less experience than everyone else. You’ve been at the top of the academic heap for a while now, but welcome to the bottom. It is an exhausting place to be- but that energy is what drives the outrageously steep learning curve of third year. Sometimes you will feel like a valuable part of the team; other times, you’ll feel lucky if someone knows your name. It comes with the territory, and eventually you’ll remember the random snippets and facts when you’re pipped on rounds.
2. Make friends with the interns. Find out what they need, and take care of it. Every intern you’ll meet is busy, and in a perfect world, they would be thrilled to see you every day, but the fact is that you’re slow, inefficient and have lots of questions. If you make their lives easier, they will invariably look more

favorably upon you and that translates into better teaching. Unless they are a jerk, in which case:

3. Don’t take anything personally. You will change team members at least every two weeks. When your team is great, you’ll wish to stay there all year, but when it’s not, a week seems like an eternity. If nothing else, learn how you will never treat a med student when you are an intern/resident.
4. Eat when the interns/residents eat. Even if you are not hungry. Use the restroom whenever you can. Trust me- you will pay if you don’t. Especially on surgery.
5. Carry a small kit in your bag with the following essentials: extra deodorant (nothing like a complicated presentation to send you into a hyperadrenergic state), ibuprofen, cold medicine and a snack. Hand lotion and chapstick are a nice touch as well.
6. Find something that interests you on every rotation, even if the last thing on earth you’d ever consider is surgery/medicine/psychiatry/OBGYN- you get the idea. Residents know that most students won’t go into their specialty- all they ask is that you show up genuinely interested in learning. On a related note...
7. Get over (or at least tame) the fear of public speaking. A silent med student looks aloof, bored or any number of unflattering things. By asking appropriately timed questions, you can demonstrate that you have been paying attention, reading and are engaged in the team’s work. This will pay dividends on your evaluations. Aim for one question per day to start.
8. Become a “yes-man.” Some say there is no scut work, only patient care. I won’t go quite that far, but understand that phone calls must be made, forms filled out, and consultations reviewed- all in the name of patient care. It bears repeating- anything that you can do to make your residents’ lives easier will pay you back dividends in teaching and evaluations.

I’m sure I could say more, but you probably need to learn at least some of this on your own, anyway. Go forth and act like a doctor!

FOURTH YEAR MEDICAL STUDENT



### LETTER TO A 3<sup>RD</sup> YEAR

NOTHING YOU HAVE EVER EXPERIENCED CAN POSSIBLY PREPARE YOU for what is to come. This is the year that you discover who you are as a physician. Before this, everything else was to teach you how to organize and manage information at high speeds and minimal stress. Now do that, with lives at stake. Every single person who has attempted to describe this has used those words in some form or other. Surprisingly, the lives I speak of are actually those of the people who have supported and been with you since the very beginning. Your friends, family and the school itself will always be with you, even when you can't see it. This year has that unfortunate ability to make you lose sight of what/who is truly important. You may assume the care of a patient, but you are useless to them if do not take care of yourself. This loss of self-preservation can be deterred by simply taking some time for yourself in whatever form you choose, but it is better to spend time with those who matter. To be a true physician is to not lose yourself in the "drama" of your rotation. Of course, everyone will put the fear of some deity in you and that every minor mistake will cost lives. In reality, you are SUPPOSED to make mistakes (within reason)- otherwise you would not be in medical school. This is the year you learn where in the field you fit in and what it is you wish to accomplish in your career. So enjoy the ride, but remember to bring a friend or two. This is your time to shine, fall and get back up again. The only advice anyone needs before entering the wards is remember who you are and never let someone who has known you for a brief moment dampen your self-image you took a lifetime to develop. That's when your family and friends can help you out the most.

ROBERT "BOBBY" RAWLINS

## GOOD TIMES/MEMORIES:

1. After I presented a patient during rounds, he proceeded to ask the attending doctors if “this young doctor (he was referring to me) could get a raise.” I immediately asked the team if I could get a salary.
2. I became light-headed and close to passing out about 5 to 6 times during the third year. 90% of those events occurred during child deliveries. OB-GYN was quickly ruled out as a career choice.
3. First “Pimping” question I experienced as a third year was during Musculoskeletal:  
Attending: “Which muscles are attached to the talus?”  
Terrified 3<sup>rd</sup> year: “Umm, I believe there is the...ummm...wow, I just had it on the tip of my tongue..”  
Attending: “There are no muscles. Trick Question. Now go read your orthopedic book.”
4. During my Medicine rotation, I became the designated “rectal exam guy.” But, hey now, I can do them with my eyes closed.
6. The first time an attending referred to me as Doctor in front of a patient (the patient was fully aware I was a student): best feeling in the world =).
7. Every time a patient thanked me for taking care of him or her.

## **Tips/Recommendations:**

1. Always be on time. It shows that you really care
2. I like to always dress professionally and clean. Now what does “dress clean” mean? Well, your white coat will mysteriously transform into a musty brown cloak during third year. A whitening agent will be helpful.
3. Don’t wait for duties to be handed down to you. Grab the bull by the horns and pick up a patient- start reading on him or her, start looking up some articles and take care of that person.
4. Be friendly with all staff members. It goes a very long way.
5. You will make some mistakes during third year. You are not going to know every single piece of clinical information on the planet. It’s ok! This is a one of a kind experience, and you will learn a ton.
6. It is tempting sometimes to just hop on the computer system and look up everything about a patient even though he is lying on a bed a few feet away from you. Talk to the patient! Develop relationships! Get to know him and help him cope.
7. Stay in touch with friends and family. Do fun activities (reading a medical reference book does not count as fun). Have a life outside of medicine.
8. Enjoy the year. It is a life-changing ride.

ALI KHALIFA MS IV



## DEAR THIRD YEAR MEDICAL STUDENT,

CONGRATULATIONS! You are about to embark on a challenging but awe-inspiring year. Through it all, I encourage you to ask yourself who you are and what inspires you in medicine. Is it the interesting S3 gallop in room 810 or the fascinating Hoffman sign in room 604? Is it nailing a presentation in under 5 minutes or answering 3 pimp questions right in a row? Sure, these may be interesting or feel good, but I doubt that they are the main reasons we started on this journey. Rather, what is most amazing about medicine is the honor and privilege of entering into patients' lives and helping them feel better.

It is thrilling to be out on the wards or in clinic, seeing real patients, beginning to reach diagnoses and treatment plans by yourself. However, third year will also be hard. Your days will be stressful and long, filled with pre-rounding at 5 am, anxiety-inducing presentations and pimp-sessions in front of large teams and families. You will find yourself staring at a computer screen, having not eaten in 12 hours, finishing patient notes so you can go home and sneak in a few hours of studying and sleep before coming back in to pre-round again.

You will feel stupid and incompetent at times because, compared to the rest of your team, you will know the least. You don't know where you're supposed to be, where the bathroom is or even when you're allowed to eat lunch- let alone what's going on with the patient. You will see under-the-line comments such as "needs to become more efficient" or "has poor knowledge of drugs and dosages," and trust me, these evaluations are more difficult to swallow than that 62 on the DEMS test. You will find yourself trying to figure out how to look good for the attending- laughing at their silly jokes and pretending to be eager to do every task- so you can get a grade which somehow magically holds the key to your future as a doctor.

Don't let the hard times change who you are. Let yourself be touched by your patients. Remember that they are real people with problems that are very real to them, regardless of whether the doctors fully understand what's going on or whether they believe the patient is truly "sick." That fibromyalgia patient? Your attending or resident may roll their eyes or sigh in frustration at him, but the pain is very real to the patient. Remember what it is like to be on the other side of a stethoscope – at this point, you still can. We all want to feel validated, want to be listened to, want to feel cared for. We are all human. It is a shame when we are taught (mostly by example) to distance ourselves from our patients to avoid emotional burden or even because there is simply not enough time. As a third year, you have the time to listen to your patients, empathize with them and understand them as people. In fact, this is the most valuable contribution you can make to your team.

Patients put an unbelievable amount of trust in doctors and in medical students, as you'll quickly discover. Without knowing a thing about us, they allow us to ask personal questions about their medical, social and sexual lives, and allow us to touch them in ways that fall far outside social norms. They have come to you for answers to their medical problems. Holding this trust is such a privilege, that the least you can do is respect your patients. Also, stay humble and allow patients to teach you something – you may learn something you never expected. Just because you are a medical student (or a resident or attending) does not mean you have a monopoly on all knowledge. Third year is an incredible learning opportunity, and you will amass a ton of knowledge about disease and management. But more importantly, if you are paying attention, you will also learn lessons about life, death and the human condition.

Third year can be a roller coaster ride, with days of accomplishment and days of emotional and physical drain. When times are tough, don't get cynical. Don't forget who you are, or why you came to medical school. You will be a fine doctor if you focus on connecting with and caring deeply about the patients who allow you the privilege of entering into their lives.

TIN HA-NGOC

## DEAR PHASE III STUDENTS,

CONGRATULATIONS FOR MAKING IT THIS FAR!  
Your hard work from the first two years may come in handy as you begin your clinic years.

Third year is about developing your personal and professional skills. It can be a frightening time of uncertainty. You may wonder: When will I pee? What is pre-rounding, and why does it need to precede rounding? When do people eat? What type of shoes should I wear? Luckily, you will all move forward hand-in-hand into this amazing year of clinical learning.

Thus, **Advice #1:** Keep in contact with your close friends and study buddies. Share your experiences, help one another to find shortcuts through the wards, and encourage each other to become better clinicians. As you move forward, you may have more unanswered questions. Your classmates will be your best resource.

Now, let's say you've completed your first rotation. What next? Each rotation will feel different.

**Advice #2:** Continue to read and challenge yourself. As you collect more knowledge and experience, the year will become easier.

**Advice #3:** You are not the bottom of the totem pole. Your effort and teamwork are essential to patient care. Often, you will find yourself doing "scut-work." You may feel like your time is being wasted, but I encourage you to look at it differently. The work you put into completing a discharge summary or finding that one important culture result can change the course of your patient's hospitalization or disease. Residents may not have the ability to be comprehensive at every moment, but you may. The more work you put into getting the "scut-work" done efficiently, the more effective you become as a clinician.

With that being said, **Advice #4:** What if you feel you've gotten the hang of things? Work harder. Take the time as a medical student to explore what more you can do to improve patient care. Your work will always be supervised, and luckily you have some room to make mistakes. Learn from others' mistakes, and accept that you will make your own. You will find it so much easier to perform at a sub-intern and intern level earlier in your medical student career.

**Advice #5:** Be on time.

**Advice #6:** Like any adventure, you will need to equip yourself with a few tools and handy tricks. The essentials:

1. White Coat: This thing will get filthy- full of pen stains and MRSA, but it will help widen your girth and hold the things that will help you in the wards. Fill it with:
  - Pocket Medicine
  - A list of important easy-to-access numbers for the team
  - Pens
  - Note cards for daily follow up on

- your patients
- Surgical scissors and bandage tape
- Snacks/Money
- PDA/Phone or other small reference books

Each block also may have a few special things you need to carry: in Neurology, carry a tuning fork (128 Hz), reflex hammer and unused safety pins; in Pediatrics, a toy to subdue distressed children; in Medicine, the hospital's antibiogram (recent study on drug resistant organisms to antibiotics specific to that institution); in Surgery, *Surgical Recall*.

2. Textbooks: You will find that each rotation will provide a list of required readings and suggested textbooks. Here are a few that can help: Boards to Wards, First Aid to the Wards. Up-to-date is a great friend, and ask your residents what their go-to textbooks are. Case Files and Pretest are always helpful in preparing for shelf or departmental tests. (Pediatrics, Psychiatry, and OB/Gyn are the only rotations that use a shelf exam.)

3. Emergency food in your car: You may find yourself arriving and leaving the hospital at abnormal hours. Having extra non-perishable foods and drinks in your car can help make the car ride a little more pleasant.

**Advice #7:** Keep a list of usernames and passwords for each of the hospitals you visit. This also includes numbers to call when you re-visit a location after several months. Just keeping these numbers alone will help you when you start another rotation or sub-internship.

I hope that this advice gives you a small jump-start, but ultimately, I hope that together, as the new phase III students, you will help each other to do the best you can this upcoming year. It is incredibly rewarding and challenging, and it'll be over very quickly.

GOOD LUCK, AND HAVE FUN!  
JENNY HONG

*(Some answers to the questions: ...When you need to pee, people will excuse you – although in surgery, try to refrain from drinking excessive amounts of fluids as it's difficult to scrub in and out of a case. Yes, your creatinine will bump periodically throughout the year, and luckily, you're young and have healthy kidneys. Pre-rounding allows you to check-in on your patients before you need to formally present them to your resident or attending. This is the time to ask important questions of your patients, and you will need to collect vitals, labs and any pertinent physical exam findings. In the beginning, allow yourself 30 minutes to pre-round on each patient. In addition, the time before rounds is a good time to discuss your patient with the resident and go over a plan before "presenting." Most rotations make time for you to eat, but in the event that you don't, keep an emergency stash in your pocket or coat. Shoes are a matter of preference. One of our classmates wore heels all year, but others preferred flat top shoes. Danskos are helpful on long-days on your feet, but for some people, it's not worth the cost, approximately \$120.)*

DEAR MS3,

WELCOME TO THIRD YEAR!

I KNOW THAT YOU ARE BOTH EXCITED AND RATHER ANXIOUS, at least if you're anything like me. While you're probably nervous about doing well on your first rotation, worried about this "pimping" you keep hearing about, unsure how to even find your way around the hospital, and having nightmares that you will suddenly become a mute in front of your first patient or attending, take a minute to think about the doctor you want to become. Getting through third year is tough, but you are about to embark on the next leg of an extraordinary journey. Today you are not the same person you will have become when you reach the other side.

When you start your first rotation, you may not be a blank slate, but you still have so much to learn. You will be overwhelmed at times. That is okay. The other students around you feel just as overwhelmed- don't be fooled. The truth is, you won't learn and remember everything. Third year is just the beginning. You will learn, forget, relearn and discover new facts throughout your medical career. Your real growth in third year is not about facts; it is about practicing medicine and personal growth. You get to practice medicine every day. This is why you came to medical school.

For much of third year you may protest and warn patients, "I'm just a third year medical student." You'll use it like a disclaimer or public warning announcement. You wouldn't want anyone to think you're a *real* doctor. One of my attendings shared some wisdom with me that I think every new 3<sup>rd</sup> year ought to consider. You don't truly become a doctor on graduation day. It's not a magic switch from "just a medical student" to doctor. Some physicians reach that point years after receiving their M.D., others months before they earn their diploma. It is not the piece of paper.

You become a doctor the day you decide you're willing to take responsibility for caring for patients in need. It doesn't have to happen all at once. Take it one patient at a time. You can't be *just* the medical student to all your patients on Monday and switch over to full time doctor on Tuesday, but you can fill that role gradually. Protest less and take initiative more. Sometimes you may even surprise yourself, as I did on my final day of anesthesiology week during my surgery rotation.

All the surgeries had gone well all week. No surprises. I'd learned to ventilate, intubate, chart, start IVs and draw up drugs, all in a controlled environment. The resident and I had just induced the cutest little 2 year-old girl for a simple 15-20 minute surgery. A new anesthesiologist attending popped in to give the resident a break. I stuck around and started charting. Within 60 seconds, the monitors started beeping. I hopped up. The attending instantly stopped the vent and started manual ventilation, trying to force air into her lungs. I stood watching helplessly as the little girl's oxygen saturation fell from 95% to 65%. Without even looking at me, the attending said, "Push the propofol." At that moment, I'm surprised I didn't point at myself and mouth, "Me?!?" Instead, I glanced at the attending, realized his hands were truly full, and was spurred into action by the thought that this girl needed me. I didn't have the luxury of being *just* a medical student.

I won't claim that pushing a couple milliliters of propofol was an amazing act, but that was one of many moments during third year when I grew closer to being the doctor I want to become. I wish you many of the same.

ERIN RODGERS



## DEAR PHASE III STUDENT,

IT'S OFTEN SAID THAT YOU ONLY GET OUT OF SOMETHING WHAT YOU PUT INTO IT. I don't think I could come up with a better summation of the third year of medical school. During this upcoming year you will undoubtedly, at times, be ecstatic about your experiences, and at other times, all you will want is to go home to your bed... or to spend some time outside a hospital... or to have any free time whatsoever. Third year can be quite trying, and it's all too easy to lose your footing and forget what you're in this thing for. You want to be a doctor, still, right? Well, third year is but one of many steps along the way. You only get to do it once (unless you fail, but you're smarter than that), and you've got to make the most of it. So here's some advice:

1. Get to know your patients. I acknowledge fully that this one has been beaten into the ground but patients are people. Most patients don't let their diseases define themselves, so you shouldn't either. They have lives outside of the hospital (just like you did, once).
2. This is your golden opportunity to learn. Don't squander it. I understand you're not completely pumped about everything, but we are taught here by some of the best, and this year is the first, and maybe the last, time you might see a birth or a TKA or a kid with Menke's kinky hair syndrome (what?). In the event that you're feeling entirely miserable, which will happen and is totally normal, find something you like about your rotation and build upon that. If that doesn't help, talk to someone. You are not alone. When you are feeling confused, ask questions. Try to learn! Any schmuck can pass a rotation, but some sort of advanced effort is appreciated. Attendings and residents will notice if you are engaged in what you are doing. Don't forget these folks evaluate you. In your Dean's letter. Which is sort of a big deal.
3. To expand upon #2, learn from your patients! You have earned the amazing opportunity to be involved in an incomparable number of patients' lives, whether you want to be or not. Most have something to teach you. Sometimes you have to spend an extra few minutes with someone, but trust me, it's worth it. Many patients know more about their diseases than you can get from a textbook, and most will share their knowledge. There are some crusties who won't, but by the end, you'll get pretty good at picking them out. Maybe you'll even turn one or two around.
4. Be respectful. Of everyone. Most of what you say in a hospital will be heard by someone, and you don't want it biting you in the you-know-what. Be nice to your colleagues, your seniors, patients, nurses-- you get the picture. Nurses are awesome by the way. They spend entire shifts with just a few patients, and they know them well. Ask them questions because they'll be so full of knowledge and information about your patient-- it's crazy. If they see you're invested in a patient, they're generally open to sharing that wealth of information.
5. I've said this before, and I'll say it again. Don't lose track of what you are in this for! You signed up for med school and finished those first two years of grudge work for a reason. Whatever the reason might be, it's yours, and hopefully it's a good one. It's easy to show up, stick around for a while and go home at the end of your shift, but I'll bet that's not what you want. Work hard this year. It'll pay off later.
6. On the other end of the stick, please don't be "that person" who stays late every day, studies every waking hour and has no life. That makes you smart but boring. Spend time with the people you love. That person you were before this year is still in there and needs to be let out once in a while so you don't become a crusty. Because no one likes those.
7. Have fun. Yes, it can be fun. Don't be surprised if you like something you didn't expect. It has happened for many of us.

I could go on, but I'm betting this is all you'll have time for between that review book you just bought and that doctor show on TV tonight (hey, there's some learning in there too).

Enjoy your third year. It can be pretty great. You've also got fourth year to look forward to in a bit, which is even better.

BEST OF LUCK!  
BROOKE IVAN, MSIV



## DEAR PHASE III STUDENT,

DO NOT BE AFRAID! Everyone is nervous before they start this year of medical school; you are not alone. I can remember the anticipation leading up to my first rotation. What if I do not know enough? What if I make a wrong decision? What if I harm a patient? I assumed that I was going to be the sole person who was responsible for my patients. YOU ARE NOT! You are primarily there to learn; you will always have backup.

As an MSIII, you are in a support role. You are there to make your intern's life as easy as possible who in turn makes the resident's life tolerable who then makes the attending's life less complicated. As you go up the ladder, each person in the hierarchy brings his or her experience and knowledge to augment patient care. Every decision that you make during this next year will first be approved (and probably tweaked) by someone senior to you before being implemented.

Having said that, you should enter the third phase of medical school with the intent of learning as much as possible. I know it is a cliché, but make sure to take responsibility for your patient. Write the orders, come up with a differential, and take a stab at the management plan on EVERY one of your patients. This is the way that you learn in medicine. Read about every new disease that you see. A Pubmed search for a review article will pay off big time the next day on rounds. The more that you do, the more you learn, the more satisfaction you will have with your third year, and (most importantly for you gunners) the better your evaluation will be.

Remember, Phase III is about learning. You will make mistakes, but you are expected to and the system is set up to catch your errors. Remember to show up on time, smile and study.

BEST WISHES,  
PETER MOORE, ALMOST MSIV



## DEAR PHASE III STUDENT,

HERE IS MY TOP 10 LIST FOR PHASE III ADVICE. It's by no means complete; it is my modest compilation of some things I've learned over the past year.

10. Day #1 of a rotation, ask where the bathrooms are and when you should eat. Bring protein bars to keep in your white coat because sometimes there's never time to sit down for a meal. Drink water whenever you can!
9. Try not to take yourself too seriously. Have some fun while on the wards, and try to maintain a healthy sense of humor. Third year of medical school tends to be a giant cluster of confusion... and this is funny. Everybody goes through the same awkward phase (kind of like middle school).
8. Remember that attendings and residents are people, too! It's nice to try to get to know them outside of medicine. When appropriate, it's okay to ask about their families, or why they chose their specific specialty, or what they like to do in Colorado. Try to be inquisitive, friendly and engaging- it will make the experience more enjoyable for you and your team. Plus, the people you work with tend to have very cool lives.
7. Don't be scared to spend lots of time with your patients. It is a precious opportunity to have minimal responsibility while working in the hospitals because it allows you to sit down and have conversations with patients, their families and friends. Their stories and experiences will be what you will remember and what changes you during third year.
6. When your team says, "go home," GO HOME. Maintaining a sense of self is crucial for success in third year. Get exercise, go outside, see your friends, call your family. Whatever you need to do to recharge, make time for that... make it a priority. Rest. Relax. If you are healthy, happy and whole, you will be a better medical student to your team and your patients.
5. Study a little bit every day. Carry a small reference book around with you to read during quiet times. For every patient, think how you would manage that patient if you were the sole caretaker. During each step, ask yourself: Why? What comes next? How would I have diagnosed this? Which labs will help? What do the patient's labs mean? What is the treatment and will the treatment work for the individual patient? How can I help this person? Thinking through and reading about patient cases on a daily basis are both easier and better learning than a marathon study session.
4. Stay organized. Mimic the organization systems of efficient residents or interns. Keep notes on patients, write down new lab values-- know what's going on with your patient throughout the day. Make check off boxes for "to do's" on a patient... and then actually DO them. Go see your patients *at least twice daily*, if not more. It shows that you care. The patient will feel more comfortable around you, and you never know what you'll end up discovering when you walk into the room...
3. Go down to the lab to get a microbiology report that's taking a while. Chat with the ID docs about good antibiotics for your patient. Go talk to the radiologist about an X-ray or CT scan. Utilize the pathologists-- look under microscopes, understand what the tissues say about the patient's diagnosis. All of the physicians in the hospital- not just the ones on your team- can provide you with excellent teaching. Take advantage of this.
2. Fake it 'till you make it. You're not a doctor yet, but you will be. Try to think and act like one... with a healthy dose of humility. Don't overdo it, of course, but if you believe in yourself and have confidence in your abilities, then other people will too. Humble confidence. Think about it.
1. Be nice or leave. Show GRATITUDE to the cafeteria staff, the nurses, the CNA's, the janitorial staff, the other medical students, the X-ray techs, etc. By creating a positive atmosphere around you, people will respond and these attributes will be returned to you. A kind attitude never goes unnoticed. Keep your head up, smile, and be thankful that you have the amazing opportunity to be in medical school. You're going to be great!

ABBIE FOUST, MS 4



## DEAR PHASE III STUDENT,

CONGRATULATIONS ON REACHING THIS POINT OF YOUR ACADEMIC CAREER. You have come a long way already and should be proud of this accomplishment. On the other hand, you are now entering what will be one of the most challenging phases of your training, if not the most. It will push you physically, mentally and emotionally as you learn how to survive in the world of medicine. This will hopefully bring out the best in you; however, it can also bring out the worst.

Expect to experience the full gambit of emotions over the course of the year. There will be days when everything works out very well: you will get along with your coworkers and patients, you will be in the right place at the right time, and the answers to every question will come rolling off your tongue with ease. Other days will not go so well: you will clash with your coworkers, your patients will be abrasive and unhelpful, you will be late or absent to every important event, and the answers will be lost somewhere inaccessible within the crevasses of your mind. One day you will be the king of the world, and the next you will be the splotch on the bottom of your superior's shoe. Do not be discouraged by this.

If you are anything like me, then you will naturally have a myopic view of every event that occurs on the wards and in the clinics. I encourage you to instead take a step back and look at the bigger picture. These minor peaks and valleys are all pieces of a larger, gradual upward trajectory as you progress toward your role as a physician. Every medical student takes a similar path. Take each day in stride and try to avoid any large emotional swings if possible. If you can do this, then the journey will be so much smoother and more enjoyable.

Remember that the learning curve is steep this year. You are not only learning about clinical medicine but also about the culture of medicine. Some of it may seem easy, but almost certainly not all of it will come naturally. Be a sponge and soak up all of the information you can handle. Seek to fully immerse yourself in each subspecialty as you sample the different flavors of the medical world. They will often be radically different in both modes of thinking and behavior.

All the while, do not lose yourself in the process of it all. This is perhaps the most important message of all. You may find your passion for medicine and your compassion for others slipping at times. Do not allow those emotions to fester. They are merely the results of the same myopic view previously mentioned. Take a step back, and you will do just fine.

DAVID ELWELL

## DEAR PHASE III STUDENT,

WELCOME TO YOUR CLINICAL TRAINING! Congratulations on getting through the first two years of medical school! Hopefully, you will find third year to be much more engaging and hands-on. Though your principal job is to learn during the next couple of years, I recommend taking your patient care responsibilities seriously. This will not only set you up to perform well but will help you develop and grow into the role of a physician. While everyone has suggestions on how to get through third year, below is my “two cents” on how to maximize and enjoy the experience. Let me begin by giving you a few general pieces of advice:

1. **Take five minutes before the start of a new rotation and think about what YOU want out of the block.** What are the five to ten skills or learning objectives that are important to you and that you feel you should get out of the experience? Your attending may actually ask you this question, and it helps to come with personal goals that allow you to measure individual improvement at the end of the block.
2. **Be an advocate for your patient.** Know your patients well and manage their care. Even though someone else will ultimately have to sign off on your plan, make it your plan. Be active about establishing a leading role in communication with your patient. You will have more time than the resident and the attending to focus on your patients, and they will often rely on you to fill in the details of the history and care plan.
3. **Read a lot.** This is not a joke. Pick a textbook or review book, and devour it. You are responsible for content that may or may not resemble your patient population. If you do not read, you will not learn everything you are responsible for knowing. Also it provides you a knowledge base from which to pose questions to your attending. This shows them that you have been reading and are invested in your rotation.
4. **Ask for informal feedback early.** At the end of a week or a few days, ask your attending and/or resident what you could do better. They will give you a couple of tips. This will give you a few areas to improve, and help your managers see that you are teachable and willing to learn. This will go a long way in developing good teaching relationships.
5. **Be respectful of your attendings and residents’ time.** Though this may seem self-evident, realize that teaching takes time. This is especially important to remember at a private practice office or a non-university setting that is not required to teach students. These practices, clinics or hospitals have set aside resources to host students, and they should be thanked, and their time should be respected. Be on time (even if your attending and residents are not) and work within their schedules. Recognize that clinical education relies on teaching and that everyone, including you, has a responsibility to teach other students now and in the future.
6. **Realize your experience is highly dependent on the setting/attending/resident.** If you are having a terrible rotation, do not take it personally. You were likely just unlucky, and the best thing to do is to keep your head up and do the best you can do given your surroundings.
7. **Study for final exams.** Even though they are worth 15-20% of your grade, if you do not get above the class mean you will NOT be eligible for HONORS and will have trouble getting a HIGH PASS. There is nothing worse than working hard for weeks to get a good evaluation and then to get a low test grade and ruin your chance of an HONORS. Also if you put time into studying for exams now, there is less studying to do for Step 2 exams.
8. **Take advantage of being a third year – you are not expected to know anything, so now is the chance to try everything and ask lots of questions.** In your Sub-I and definitely in Internship, you will not have the chance to ask the “dumb” questions, so ask them now. Also being open to trying new procedures or tasks will help you be known as a “go getter” or a “yes” student.
9. **Know your limits.** Ask for help when you need it. You will not be penalized for being self-aware, but you may appear to have bad judgment if you cannot assess your knowledge or skill base appropriately.
10. **Remember that you are a person too.** Even though you are the junior member of the team, do not forget that you have interests and needs. Take time to cultivate a life outside of work and share it (albeit at the right time) with your team. It will help you build a more lasting and meaningful relationship with your team members. Also do not be afraid to take care of your own health needs. You cannot provide good care for your patients if you are sick or exhausted.

The above steps are my general recipe for establishing good team and patient relationships and performing well in your rotations. You will find that you are often evaluated on your personality, so take steps to be engaging, interested and pleasant to be around. If you are a joy to be around, your patients will be receptive, your team will enjoy teaching you, and you will enjoy your clerkships more.

ANNE LADENBURGER





## DEAR RISING MS3,

MEDICAL SCHOOL IS ABOUT TO CHANGE. A lot. As you know, your days will no longer be filled with hours at your desk or in the library. Instead, you'll be going on rounds, attending surgeries, and seeing patients in outpatient clinics.

What can you do to prepare yourself? Fortunately, one of the most important things is already done at this point: attending, studying for and completing your first 2 years. Aside from that, it is time to swim. Our teachers can only tell us about pathophysiology for so long. You're now at the point where you'll be thrown into the mix and asked to perform.

This transition for me was a lot like learning to surf. I learned to surf as an adult from my brother prior to medical school. He had lived in California for a while, and I ended up moving out there a few years after him. He told me how to surf multiple times. However, eventually I just had to go out there and do it. Nothing replaces that. Nothing. I wiped out a bunch of times. Got flipped and turned underwater and forgot which way was up.

This also happened early on in my rotations. Quickly, however, you'll learn how to function as a third year medical student. In my first rotation, I had an enjoyable outpatient pediatrics experience in Steamboat Springs. I felt I performed reasonably well. I was reminded by one attending though that I'd be "eaten by the wolves," if this had been at a large hospital.

It turns out he was right. My inpatient portion of pediatrics was then at the Children's Hospital and was a very challenging 3 weeks. I worked long hours and felt mostly useless while I was there. I wondered if I really had done poorly at my outpatient site. Future rotations made me realize that that it had been fine and rotations just vary.

This brings me to my biggest piece of advice. Roll with the punches (mostly.) There will be difficult days, sometimes with long hours. People above you will constantly make you work at a level in which you are just slightly uncomfortable. You will have to work with new records and charts constantly. You may hate your senior resident. Your attending might be a first class jerk in your eyes. You might work much longer than you ever wanted to. Despite this, you will get better at functioning clinically if you push through.

I would like to add a disclaimer to this piece of advice though. It is not acceptable for your residents or your attendings to belittle you or your classmates. I have heard stories like these, but never truly experienced it myself. I was never called "stupid," sexually harassed, or discriminated against. I encourage you to report these types of things to student affairs and be a part of positive change in the culture of medicine.

Otherwise, get ready. This is why you came to medical school. It's gonna be a great ride and a great year. Best of luck.

SINCERELY,  
BEN DEATON  
CLASS OF 2012



## HEY MEDICAL STUDENT!

YES, YOU. YOU HAVE A NAME YOU SAY? It will sometimes be used, but you should also get accustomed to the above shorthand. You see, in surgeries, it can be difficult to think about the necessary motions required and all the words necessary to call for a needed tool, so your name will at times simply be “medical student,” much as toothed tweezers become “pickups” and a bladder blade becomes “retractor” (this will also be your name at times).

I can tell you’re a bit upset about this new loss of identity. You work too hard and pay too much in tuition for this kind of treatment! We should probably talk about that as well. Yes, you still pay tuition. Yes, you work long hours. But you need to realize that you are no longer a student. You are a low-level employee getting on-the-job training. You will get grunt work, but this will come as a relief to you. Sometimes your brain will get exhausted from talking to patients, researching possible diagnoses, presenting cases and answering your superiors’ questions. Often times your body will be painfully bored while this happens, especially on rounds. So when you get a mental break and some busy physical work (running around to get/drop off forms, reconciling medications, calling doctors’ offices), enjoy it. Your brain will be occupied enough.

You will, at times, fear that your brain is unoccupied. You will stand for an hour and a half as a liver-retractor, unable to see the action, sleepy and spiteful for your wasted time. Then your attending will raise a loop of bowel and ask you what it is. You will stop thinking about the NFL draft just long enough to laugh in your head at the absurdity of the question, wrack your brains for any potential guess and sheepishly confess you don’t know. Your attending will berate you, and you will review abdominal anatomy that night until you realize you need to leave your house for the hospital in 5 hours, so you should probably sleep.

This is avoidable with 4 simple tricks that sound surprisingly easy but are nearly impossible to execute:

1. Review the basics of a course the weekend before it starts. You can’t predict what your patient load will be before you start, but you can reasonably guess that you will need to know the abdominal fascia layers before surgery, how to read an EKG before medicine, anatomy of the cerebral vasculature before neurology and what DSM IV criteria are for common illnesses before psychiatry. Most people spend 2-5 days studying intensely immediately before a Shelf exam, and it is clear in their presentations in clinic. You will sound like an end-of-block student at the beginning of the block if you spend those 2 days up-front.
2. Think ahead. You may not recall bowel anatomy on an average day, but you’ve seen it before. Third year and fourth year medical students know most of the same things, but fourth years can just regurgitate most of it faster. If your view is obscured while you retract the liver for an hour, pimp yourself on abdominal anatomy in your head and wrack your brains for every detail you can recall before your attending asks you. It will make you sound like you’re more on top of your studying than you actually are, it will help you focus on the most important pieces of information in any case, and you’ll be better prepared to teach students in the future if you can silently teach yourself now.

You will often feel as though thinking too far ahead is futile – your neurology attending usually gives you – 30 seconds for a presentation, then just talks at you. But the day you get pimped on anti-epileptics while presenting your simple epilepsy patient, you’ll be glad you were reading an Uptodate review article during your extra pre-rounding time instead of watching Sports Center with the student who forgot to look up his patient’s head CT.

3. Don’t be discouraged. I don’t mean this in a positive pick-me-up kind of way. I mean it in a drill-sergeant-completely-confident-in-your-ability-to-do-the-otherwise-unthinkable kind of way. You will sometimes spend extra time buffing notes for your residents, which will make you late for pre-rounding, which will make your presentations less impressive. Take this as a lesson in efficiency, not an example of you getting thrown under the bus. You will call a patient’s parents every 30 minutes for 2 hours and feel like you have done enough. Remember, something seriously bad could happen to that patient if you don’t get the information you need. Keep calling. Be relentless. Do the awkward, uncomfortable, menial tasks necessary for good patient care. It’ll lead to good patient care, and you’ll build habits that will lead to years of good patient care. You will often feel like you’re spending too much time doing work for which you get little recognition and which doesn’t contribute to your learning. Your residents will remember your hard work and long-suffering, and they will tell your attending when she’s filling out your evaluation. Plus, if you don’t do it (or if you weren’t there at all), it will probably go undone. You will be amazed by how much worse and more expensive health care can be when the menial details and tedious tasks go undone. You can prevent this.
4. Remember the test. Doing well clinically is hard and time consuming. The meat of third year is in your clinical practice. Getting an H&P needs to become automatic- you need to learn how to work with computer systems, and you need to write good notes quickly. But you will not honor courses unless you do well on tests as well. They are typically de-emphasized, accounting for only 10-20% of your grade in most rotations, but clinicians are often bad evaluators and give all students similar scores. The variability of grades on the final exam and final papers can account for the majority of the variability in final grades in some rotations (eg: surgery). Don’t blow them off.

Finally, keep in mind that perfection is nearly impossible and almost always unnecessary. If you honor the specialty you want to go into, that is enough for a lot of residency programs (even competitive ones). And honoring sub-internships in 4th year (which is much easier) is more important than honoring third year courses to most residencies. Think of third year as a try-out for the rest of your life. If you find yourself with lower grades than you wanted because you’re skiing or climbing instead of studying with your free time, you may be happier in a less competitive community residency than you would be at UCSF. You may be happier as a family doctor than as a neurosurgeon. Lose your ego and look for what you love. But judging by the students in my class, you don’t need me to tell you that. You’ll figure that out on your own.

BLAIR WOODBURY



## ACADEMIC CURRENCY

DEAR PHASE III STUDENT,

CONGRATULATIONS ON MAKING IT THROUGH what for me and for many of my classmates was the most difficult part of medical school so far: January, February and March before taking Step I. You are about to enter a different world: one that is governed much more by human interaction and personal relationships than by a course schedule and the clock on the wall. I know that you are probably wondering about grades and evaluations, and how these will be determined during 3<sup>rd</sup> year. Over the first two years, it is pretty easy to know where you settle among the class. In 3<sup>rd</sup> year, as you have gathered by now, all of this goes out the window. I think that the way grades are calculated in Phase III is much more parallel to how performance evaluations are done in the “real world,” i.e. the day-to-day job and business setting in which most of our peers work daily.

As one of my block directors pointed out in orientation, grades are “academic currency.” I think that how people view their grades is indicative of how they will view the salary they eventually make as physicians. Our profession is unique in that it is both a job and a service, arguably the most important service humans can provide to one another. That being said, a large part, if not most, of our “compensation” should come from the satisfaction of providing the service of health and healing to another human being. This “job” will never be completely satisfying unless we do it not for ourselves but for others. Thus, as one of my classmates said during our first year, “it’s not about the grade” any more than it will be about how much money you make when residency and fellowship are over.

I sometimes have lost sight of from where I came as well as to where I am going in medical school, especially during 3<sup>rd</sup> year. I think sometimes of the honor it is to be selected to become a physician. There are thousands of people who applied to medical school and weren’t able to go. Think about that. Literally thousands of other people wanted your spot to wake up at 4:00 in the morning and go see that laparoscopic appendectomy that you have seen for the 10<sup>th</sup> time this month. This in no way makes me better than those other people; it gives me a responsibility to make the most of this education in which it is such an honor to participate.

A 4<sup>th</sup> year who had just finished his clerkships gave me excellent advice about grades when I was a second year that I have found to be true during my 4<sup>th</sup> year experience. He told me that despite the RIME scheme and complicated decision of whether or not you are a reporter, interpreter or heading toward the manager category on our continuum of medical growth, 90% of the evaluation is whether or not your evaluator *likes you*. Refreshingly, I have found in 3<sup>rd</sup> year that whether or not a person likes me is not contingent upon whether I answer all of their pimp questions correctly on rounds or how many papers I brought in that week. Yes, these both can be important, but more important is the demonstration of humility that I do not know everything, and yet I am trying to learn. The academic currency will be paid if you make it your daily mission to remember why you are in medical school, do your best to learn all that you can, have humility to ask questions, and do your absolute best regardless of what your grade turns out to be.

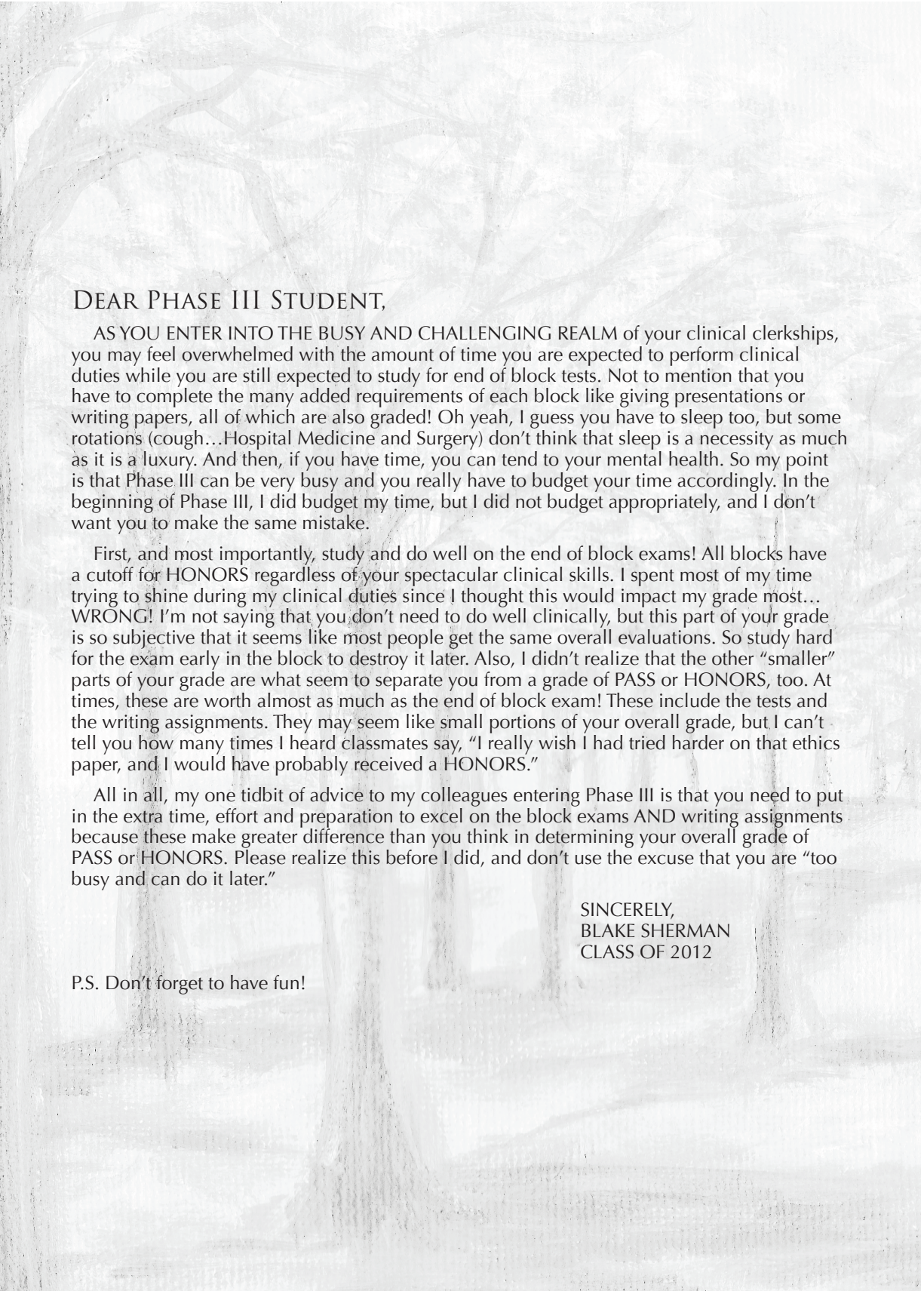
LUKE JOHNSON

## DEAR PHASE III SSTUDENT,

UPPER CLASSMEN ARE ALWAYS EAGER TO GIVE ADVICE, so instead of giving you more, I'm going to tell you about some that I got as a third year that I later found to be untrue. Hopefully this will give you a different perspective if you end up hearing the same thing!

1. "It doesn't matter which order you do your rotations."
  - a. I've talked to all my peers and we all agree: internal medicine is definitely a rotation you should try to do as early as possible in your third year. The folks in internal med are more focused on teaching than anywhere else. They start with the very basics and give you a great foundation on which to build for the rest of the year. Basics like how to even approach a patient, which resources to use when you have 5 minutes to look up a differential vs. 1 hour, and most importantly, how to present a history and physical. Presentations are a huge focus in internal medicine, and once you know how to do it well, it's much easier to shine in all your other rotations. As medical students, often our biggest interaction with attending/chiefs are the few minutes we get on rounds, so the better your presentation skills are, the more highly your team will think of you. This is true for every specialty that I have rotated on. Some students claim that doing the internal med block as the very last block is beneficial when it comes for studying for boards – this may be true. But I felt that the benefit I got from doing internal med first in terms of my 3<sup>rd</sup> year grades was a much better trade off. Plus, many of my classmates felt burned out by the end of 3<sup>rd</sup> year, and trying to do a hard rotation when you're checked out isn't a good idea.
2. "So long as you care about your patient, you don't need to worry about anything else."
  - a. Also a false statement. Let's face it, 3<sup>rd</sup> year is as much a game as it is a learning experience. You could be the most invested third year in the world, but if no one sees the hard work you are putting in, then you might have learned a lot, but might not have a letter to show for it by the time you're applying for residencies. Don't fake concern or dedication, but don't hide it either. Humility is good, but not when you're trying to get yourself a residency – don't shortchange yourself.
3. "Be as enthusiastic as you can"
  - a. I've had friends who had attendings that told them they asked too many questions and were too eager. Find other ways to show that you care about your patient and you care about learning. For example, if there is limited time during rounds, don't be the annoying medical student who won't stop asking questions; instead, in your discussion of a patient, cite recent articles that you have read and your thoughts on them – this is great way to let them know you're interested and also thinking about work outside of the hospital. Sometimes this shows more enthusiasm than asking the intern, "What else can I help with?" six million times.

GOOD LUCK!  
YIHAN LIN



## DEAR PHASE III STUDENT,

AS YOU ENTER INTO THE BUSY AND CHALLENGING REALM of your clinical clerkships, you may feel overwhelmed with the amount of time you are expected to perform clinical duties while you are still expected to study for end of block tests. Not to mention that you have to complete the many added requirements of each block like giving presentations or writing papers, all of which are also graded! Oh yeah, I guess you have to sleep too, but some rotations (cough...Hospital Medicine and Surgery) don't think that sleep is a necessity as much as it is a luxury. And then, if you have time, you can tend to your mental health. So my point is that Phase III can be very busy and you really have to budget your time accordingly. In the beginning of Phase III, I did budget my time, but I did not budget appropriately, and I don't want you to make the same mistake.

First, and most importantly, study and do well on the end of block exams! All blocks have a cutoff for HONORS regardless of your spectacular clinical skills. I spent most of my time trying to shine during my clinical duties since I thought this would impact my grade most... WRONG! I'm not saying that you don't need to do well clinically, but this part of your grade is so subjective that it seems like most people get the same overall evaluations. So study hard for the exam early in the block to destroy it later. Also, I didn't realize that the other "smaller" parts of your grade are what seem to separate you from a grade of PASS or HONORS, too. At times, these are worth almost as much as the end of block exam! These include the tests and the writing assignments. They may seem like small portions of your overall grade, but I can't tell you how many times I heard classmates say, "I really wish I had tried harder on that ethics paper, and I would have probably received a HONORS."

All in all, my one tidbit of advice to my colleagues entering Phase III is that you need to put in the extra time, effort and preparation to excel on the block exams AND writing assignments because these make greater difference than you think in determining your overall grade of PASS or HONORS. Please realize this before I did, and don't use the excuse that you are "too busy and can do it later."

SINCERELY,  
BLAKE SHERMAN  
CLASS OF 2012

P.S. Don't forget to have fun!



## DEAR INCOMING THIRD YEAR MEDICAL STUDENT:

CONGRATULATIONS! YOU ARE FINISHED WITH THE MONOTONY of daily lectures and regular tests. You have mastered the basics and are ready to get out onto the wards or into the clinics to further refine your skills and knowledge. Your learning over the next year will be exponential, and you will surprise yourself when you reflect on your progress as the months pass. There is a great deal of excitement and anxiety that comes with the transition into the clinical years of training, and rightly so. Third year is both the most rewarding and most challenging year of medical school so far.

You will receive a lot of advice about clerkships: where to go, what to do at this time or that time, how to study for the exams. But I found those parts of third year to be the easiest. The mental and emotional challenges were far more difficult for me.

My ten suggestions for approaching third year clerkships are as follows:

1. **Every piece of information that you learn may help to save someone's life someday, so learn as much as you can.** This includes seeing as many patients as possible and continuing to read when you have time. Most students agree that the best way to cement concepts in your mind is being able to link them with an actual patient's story. Sometimes the amount of information that you are given is very overwhelming, especially when you are tired and stressed. But keeping this idea in your mind may help keep it manageable.
2. **Do your best and forget the rest.** No one expects you to be perfect at this stage of the game, so don't expect that of yourself. We are all intelligent, motivated people and the learning curve is steep for everyone. If we already knew how to evaluate and treat patients, we would be attendings. Even they were here once, too.
3. **Roll with resistance.** There will be a lot of challenges along the way from personality conflicts to poor evaluation comments. It inevitably happens to all of us at some point. You win some; you lose some. Take constructive criticism and respond appropriately. Take unconstructive criticism and try to learn from that, too. View each conflict as an opportunity to improve. Do what you can, and then move on.
4. **Keep an open mind.** Even if you know which field of medicine you would like to pursue when you start third year, don't brush off the rest of your rotations as useless. Maybe you will find something else that you enjoy more and then wish you would have paid more attention or given it more effort. Or maybe you won't. But all specialties of medicine intersect, and learning as much as you can about other fields will most certainly act to better serve you and your patients down the road regardless of where you end up. Approach each rotation with the idea of "what can I learn about this specialty that relates to what I want to do?" Attendings and residents actually respond quite well to this. They understand that not everyone wants to do what they want to do, but they are happy to teach you specifics because this will ultimately make their job easier when interacting with you in the future.
5. **Stay positive.** This sounds totally cliché, but many residents have said that this is one of the most important qualities of a good medical student. This does not mean that you need to plaster a smile on your face every hour of the day or be a gunner. Positivity is about being a team player and your willingness to contribute. We all have days when this is really, really tough, and sometimes it's merely about keeping the negativity to a minimum.
6. **Learn to ask for what you need and/or want.** This is your educational experience, and you are paying a lot of money for it, with interest. Part of your job is to help out the team but not necessarily to take on the responsibilities (or scut work) of the interns or residents. Your primary responsibility is to learn. You should seek out those opportunities because this may be the only chance that you have. Don't be afraid to ask your residents, attendings or block directors for the chance to participate in alternative activities if they will enhance your learning. They are usually very happy to oblige, especially if you are demonstrating interest in their given specialty.
7. **Don't undercut your peers.** This should be totally common sense, but you would be surprised at how much this actually happens on the wards. We are all working as a team, and no one appreciates being treated poorly, especially by fellow classmates. Just remember that word gets around, and this could come back to bite you later on.
8. **Find balance.** Don't forget about family, friends and personal interests. Some rotations have more time than others, so take advantage. If your upper level tells you to leave for the day, take them up on it. This is not a test of your dedication to medicine and staying late to lurk in the corner is not likely to get you honors in the course. You will have plenty of time to hang out at the hospital when you are receiving a paycheck in exchange for your inability to go home. By all means, if there are educational opportunities available, then stay. But when the daily learning capacity has been maxed out, go home.
9. **Appreciate your teachers.** Most residents and attendings will teach you here and there, but few will really take a substantial amount of time to do this. Capitalize on these individuals' knowledge, but definitely don't take it for granted. This also includes patients; in fact, they are undoubtedly our most important teachers.
10. **Keep the bigger picture in mind.** As the year drags on, mental, emotional and physical fatigue sets in. Remember why you applied to medical school in the first place. This too shall pass!

You will have amazing experiences and meet inspiring people over the next twelve months as you continue to move toward your goal of becoming a physician. You will no doubt redefine yourself and your view of medicine, possibly several times over.

Most importantly, enjoy the ride.

BEST OF LUCK,  
BRITTANY FOLKS



DEAR PHASE III STUDENT,

GET EXCITED! Third year of medical school is fun... I promise.

I have compiled a list of little tips that may help you out on your rotations. All are learned from experience...

**For Surgery:**

- Hold the scalpel like a pencil.
- Brush up on your classic rock trivia. You will be pimped on this far more than the layers of the abdominal wall (which is amazing because you get pimped on that every day!).
- I had never passed out before, so I had really no concept of what it was going to feel like. For me, it felt like the room suddenly got very HOT, and I was sweating a lot. I felt like I should start breathing deeply to get through it (this does not help). This is the point you should say, "I need to go sit down" or simply walk away from the table. It is okay to do this, and no one will judge you for it. In fact, it is much preferable to ending up face first into the open abdomen... I should know!

**For Neuro**

- Do a frontal assessment battery on a patient with a frontal lobe lesion. At the last step, they will grab your hands. It is amazing and terrifying. Go try it!

**For Internal Medicine**

- If you have a patient that you are worried about (i.e. they look very sick or they are a daily heroin user with central venous access making frequent visits to the parking lot), pay attention to where the Code Blue buttons are located. However, in a pinch, yelling really loudly for help will do the trick.

**For OBGYN**

- If you want to deliver the baby, learn to put on your PPE very quickly. If you definitely do not want to deliver the baby, putting on your shoe covers VERY slowly is a good way to avoid it, especially if the patient is a G7P6.
- Don't drop the baby (luckily that one is not from experience).

**For Everything**

- SMILE.
- The more enthusiastic you are to participate, the more you will get to do. This relationship is linear or possibly exponential.

SINCERELY,  
A FOURTH YEAR MEDICAL  
STUDENT...  
AND YOUR FUTURE INTERN...  
AVERY MACKENZIE

DEAR THIRD YEAR STUDENT,  
CONGRATULATIONS AND WELCOME TO THIS MOMENT.

You have completed several years of labor to be here. You have your Step 1 exams behind you. The lectures and didactics are in the rearview mirror. You are about to embrace *the clinic*. The full reality of what takes place behind closed doors in hospitals and offices every day is about to become apparent to you. And you will be an active participant – not just on Tuesday or Thursday afternoons in your preceptors' clinic – but everyday.

You should be excited. This is an auspicious point in your life: a period between *before* and *after*. It is a rare gift to know ahead of time when your life is about to change. I would tell you what lies ahead, share my experiences, but in a handful of days you will be having experiences of your own, experiences you can write about to third year students a year from now. Your experiences and interpretation of those experiences will be unique from mine. Besides, my narrative will not change your sense of anticipation.

But what I can provide you, from the security of my own point of view, is *perspective*. My perspective is not so substantial, for I am only a little bit further on than you, but I think you will find it useful. This is perspective that I did not have when I was in your shoes.

Listen. You are going to be okay.

You are used to being knowledgeable about things, and you are used to understanding difficult concepts with a short latency period. But you will not be able to master obstetrics and gynecology or medicine after six or eight weeks. No one can, and no one should expect to. These are lifelong pursuits, and you are at the very beginning. Try to glean what you can, but be *patient* with yourself. The more patient you are with your own shortcomings, the more you will enjoy things, and the more you will know how to address shortcomings when they are exposed. Everyone, including you, has to start somewhere. Have faith in this process. You will learn. You are not stupid. Do not let anyone make you feel that way.

You may find that your classmates are coming up with brilliant answers at conference or morning report. This is because your classmates are brilliant. But you are brilliant, too. Your peers will have unique knowledge, framed by unique experiences. By and large, you will find that the individuals who are experts in vasculitides are not the same individuals who are experts in endocrinology or neoplasms. Everyone has unique expertise as a byproduct of the patients and attendings they are exposed to. You have unique expertise, too. If you are worried about this, you still have time to learn the differential diagnosis of hypercalcemia before your first day on the wards. But do not be discouraged when your classmates come up with answers. Learn from them, and teach them when you have the upper hand. Again, have patience in yourself, and have faith that you will learn what you need to learn.

You may become worried about learning skills or procedures, or having exposure to certain diseases in your first rotation. For example, you may be worried that you need to learn everything about diabetic ketoacidosis when you are working on pediatrics because you may not see diabetic ketoacidosis again. Or you may be worried about learning to suture in surgery. Rest assured that you will see diabetic ketoacidosis during your family medicine rotation and your internal medicine rotation. And you will suture during obstetrics and gynecology and during emergency medicine. You will note many repeating themes throughout your year, and I want to reassure you that if you do not master a topic once, you will at least understand it better when you encounter it again. And you will encounter it again.

Lastly, I want to encourage you to pay attention to your attendings and to bear in mind that, while in the near term you aspire to be a resident, in the long term you aspire to be an attending. As you pay attention to the people around you and consider what you want to do in your career, plan to be an attending and not a resident. Residency is temporary, but your career is not.

That's my perspective. You will get there. Go easy on yourself. Learn from your mistakes. Do not be discouraged when you find you don't know something. Realize you will see many of the same diseases over and over again during your long career. Take a long view of your learning. And plan to be an attending, not just a resident – consider that as you make your career choices.

Congratulations. Remember, I'm only a little bit ahead of you. You will get there. And beyond.

YOURS,  
JONATHAN KURCHE, MSIV

## AFTERWORD

WE ARE FILLED WITH DEEP GRATITUDE for the many thoughtful and creative 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. When I perused through the letters and read advice on what not to do, I smiled as I reflected upon the memories of my awkward third year self, committing all of those blunders. This collection of letters would have eased my transition into third year and hopefully, will provide guidance to the new third year class. We would like to thank the many students who were willing to share their experiences and wisdom to help to create this invaluable gift for their younger peers.

ANJALI DHURANDHAR, MD

## ACKNOWLEDGMENTS:

We would like to extend a heartfelt thanks to Dr. Wendy Madigosky for writing her poignant foreword and for supporting this project as a part of hidden curriculum. We are also deeply grateful to Dr. Henry Claman for founding and promoting the medical humanities on our campus and for his help in this assignment becoming a part of the curriculum.

## SUBMISSION GUIDELINES:

We welcome submissions to the future edition of Letters to a Third Year Student. There is no word limit, but we prefer submissions to be fewer than 1000 words and should not include identifiable patient information. We accept both poetry and prose and encourage you to be creative. If you choose to submit your letter anonymously, stricter criteria for publication will be applied. Please submit your letter to Dr. Therese (Tess) Jones [therese.jones@ucdenver.edu](mailto:therese.jones@ucdenver.edu) and to Dr. Anjali Dhurandhar [anjali.dhurandhar@ucdenver.edu](mailto:anjali.dhurandhar@ucdenver.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!



