

LETTERS

TO A
THIRD YEAR STUDENT



FROM THE CLASS OF 2015
SCHOOL OF MEDICINE

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TABLE OF CONTENTS

FOREWORD

PARITOSH KAUL, MD.....	1
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INTRODUCTION

THERESE JONES, PHD	3
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LETTERS TO A THIRD-YEAR STUDENT

SAM PERCY	5
RACHNA UNNITHAN.....	7
GEORGIA MCCORMICK.....	8
LAURA KENNEDY	9
CARLIE FIELD.....	10
JACOB LEBIN.....	11
MEREDITH ARAGON	12
KELLY GROUND.....	13
AMANDA BARTON	14
CHRIS KENNEL	15
GABRIEL HABERMEHL	17
TORI COLLINS	18
WHITNEY HOOVER	19
KELSEY WARD	20
SAMMIE ROBERTS.....	22
LINDSAY HEUSER.....	23
JOSH BAILEY	25
DIANA TSEN.....	27
DAVID MURPHY	28
NICOLE STUTZMAN	29
ERIC PETERSEN.....	30
TALIA SORRENTINO.....	31
NATHAN ANSBAUGH	33
REBECCA THOMSON	34
JACEY LOBERG	35
CAMRI WOLF	36
EMILEE SANDSMARK.....	39
ERIK ARELLANO	40

AFTERWORD

ANJALI DHURANDHAR, MD.....	41
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FOREWORD

Today, if I were to meet Paritosh who is entering his 3rd year of medical school, what would I say to him? This is my letter to him.

Dear Paritosh,

Congratulations on the completion of the first two years of medical school. You are excited about finally becoming a third year....and you are entering the wonderful and amazing world of clinical medicine. Welcome. In this letter, I will share with you my experiences and my reflections so that you will get more from life and medicine. As you stand on the threshold of your third year of medical school, there are three words that capture my thoughts.

The first word that comes to mind when I think of you stepping into the clinical world is Privilege. I mean this word with the greatest humility and sanctity. It will be a privilege when you can enter the room and ask questions—not the “How long have you had this pain?” or “What makes the pain better or worse?” but more sensitive questions. You will (and I hope you will gain the courage to do so) ask sensitive questions such as sexual identity and attraction, number of sexual partners and then the tougher ones such as “Has anyone touched you in a way you felt uncomfortable?” You will hear the responses, some truthful and some not because the patients are not yet ready to share their truth with you. And it will hurt you when your first patient shares with you her story of abuse. Keep that pain alive to give you the courage to ask every patient that question....asking that question and learning the truth is a privilege. You will also get to touch your patients, sometimes in very personal areas as you take care of them. Know that this is also a privilege, given only to the closest persons in their lives. They will ask you, “What do you think I should do?” “What do you suggest?” It is a rare privilege that someone will trust his or her health or the health of a loved one to your hands. Do not be afraid of living in the light of privilege, be humble and accept it. Do your best; that is all you should ask of yourself.

Balance is the second word I would like you to keep in mind. Balance in everything—in medicine and in your life outside medicine. Find your own balance, which will allow you to thrive, not merely to stay afloat. It continues to be an area of growth for me, and I want you to work on that skill right now. In medicine, there is the balance of science and art: while therapy X is the best therapy, is it the right therapy for your patient? Would therapy Y incorporate and get better adherence, or would therapy Z work with insurance issues? Try to find the right balance for your patient among all three. In your personal life, take care of yourself. Spoil yourself and be generous in your praise of “you.” No, I am not asking you to deny your faults or not work on self-improvement. Rather, I am requesting that you spend five minutes a week thinking about your positive qualities, the difference you make and the inner essence that makes you....you. Another aspect of balance is your family and friends. Give them their due, share with them your joys and fears, and invite them to be part of your journey in medical school. Balance once again in taking time for exercise whether skiing or running or going to the gym. Relax, take time to heal and nurture yourself whether by taking a hike or making a silent visit to the mountains or by following your passion such as photography or painting or music.

The last word I would share with you is Believe. Believe in the wonder of medicine and the art of healing. This is an amazing world....the world of clinical medicine. You can see so many great things happening, a wide spectrum of events, so enjoy each of these moments. There are situations which are overwhelming in medicine—it’s a tough profession, and you see the naked truths of life. Believe in yourself. You are here for a reason, and part of this journey is finding the reason for being in this world. You will doubt yourself, and that doubt is part of the healer in you, it will keep you humble. During periods of doubt, believe in yourself. I know you will stumble a little, we all did and continue to do. At that time remember the Japanese saying, “Fall down seven times, get up eight.”

One word of caution: you will see certain behaviors that are far from exemplary, things you would never want to do. Remember those behaviors, and when the time comes, behave in an exemplary

manner. When you see great behavior, make a note of it and ensure that it becomes part of the professional you are becoming.

From the Upanishads, a Hindu Scripture written in Sanskrit, come these words: “Arise awake and stop not till your goal is reached.” They will serve as your inner compass whenever you feel lost. With best wishes and prayers as you begin your journey in clinical medicine.

Paritosh

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; it if 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 2015 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 Student*. Since I launched this project a number of years ago, I, like all of the readers of all of such letters, have been given the opportunity to learn along with you, to marvel at your courage and creativity, to applaud your stamina and resourcefulness, and to bear witness to your pain and your joy. Just as these letters provide a mirror of your own experiences and emotions in the 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 (Tess) Jones, PhD
Arts and Humanities in Healthcare Program
Center for Bioethics and Humanities

Spring 2015

Congratulations on becoming a third year medical student!

To make it this far, you have had to be organized, diligent, dependable, cunning, and an incredibly talented test taker. In fact, you and your colleagues comprise a “Dream Team” of sorts in the game of test taking and likely fall above the 99th percentile in test taking skill when compared to the general population. Given your adeptness on the test taking court and the fact that you just overcame Step 1, I thought a few practice questions might be in order so as to keep you in your comfort zone when receiving advice on the trials and tribulations of 3rd year.

Question #1

What should you carry in your white coat?

- A) Tissues to wipe away the tears, especially on surgery
- B) A four course meal because you never know when you’ll eat again
- C) Pens, lots and lots of pens
- D) As many papers as you can possibly fit in your pockets, preferably all extremely crumpled papers

Question # 2

What is the most important question to ask your team when starting a new rotation?

- A) What are the five causes of hypoxic respiratory failure?
- B) Where is the bathroom?
- C) What are your names?
- D) Do we get weekends off?

Question #3

How do you know when it is okay for you to go home?

- A) After your resident has answered “No” to the question, “Can I help with anything else,” for the third time
- B) The hospital is now your home, you should sleep in the call room nightly
- C) Your resident told you to go home, you should go home
- D) Everyone else on your team has left and you have finished all of your work

Question #4

How do you balance third year with your personal life?

- A) Sleep less, after all, less is more
- B) What personal life?
- C) Schedule time that is your own and don’t let studying encroach upon it
- D) Tell your team you are going to preceptor and take the rest of the day off

Question #5

You have some downtime during the day at the hospital, what should you do?

- A) Eat. Ideally, eat free food
- B) Read
- C) Get to know your residents
- D) Cat nap

continued on next page

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Question #6

How do you get your attending to write an awesome evaluation for you?

- A) Provide the team with regular, fresh pastries
- B) Show up, ask questions, be nice
- C) Don't throw other team members under the bus
- D) Be present on rounds, make an effort to learn about your patients and be yourself

Question #7

What is the most important thing to remember before opening the email with your final block grade and comments?

- A) Avoid opening email near large windows as contents of email may prompt you to throw computer or other object through said window
- B) Grading is subjective and no matter how many times you get told this the process will still frustrate you
- C) You should have studied more for the shelf exam
- D) That attending that you worked with for 1 day really did evaluate you

Question #8

What should you do on your golden weekend between blocks?

- A) Imbibe liberally at your local watering hole
- B) Call your mom
- C) Remind your significant other of your name
- D) Brush the dust off your skis, bike, kayak, running shoes, or other implement used to pursue your old past times and pack as much fun into the two days as possible

Question #9

How do you pick a medical specialty?

- A) Place all specialties into a hat and draw one at random
- B) Hello, it is all about the lifestyle!
- C) Money and miracles
- D) Pick primary care even if you don't like it so you can stand on moral high ground when meeting with other physicians

Question #10

What is the best part of third year?

- A) Getting meconium on your shoes while delivering a real, live baby
- B) Having a patient give you flowers and thank you for being their doctor
- C) Helping a patient and their family cope with a terminal illness
- D) Finally realizing that this is why you came to medical school

Answers: As with most questions you will get asked during third year, there are no wrong answers. The only exception to this rule, exceptions to rules being another theme you will encounter during third year, is that a wrong answer to question 4 is "D" because that would be lying.

Good luck embarking on your next adventure in medicine where, for better or for worse, not all questions can be boiled down to a multiple-choice test. Stay strong out there!

Cheers,

Sam Percy



Third Year Medical Student Presentation

S: Has experienced intermittent episodes of headaches, nausea, vomiting, and upper abdominal pain over the past five weeks. Attributes symptoms to studying for and taking the USMLE Step 1 exam. Symptoms have lessened in severity, but remain troublesome. In particular, she admits to significant anxiety regarding her medical knowledge and ability to care for the sick.

O: On examination, she appears fatigued and anxious.

Skin: Obvious pen ink stains and highlighter markings on hands and arms

VS: BP 140/95, P 110, RR 16, T 37 degrees

CV: Tachycardic, regular rhythm, no murmurs, rubs/gallops

Lungs: Clear to auscultation bilaterally

Abdomen: Non-tender, non-distended, normal bowel sounds in all four quadrants

A: Recent onset of intermittent headaches, nausea/vomiting, upper abdominal pain. Accompanied by episodes of anxiety and self-doubt. Most likely represents a student finishing her second year of medical school, though similar symptoms can be seen in interns or even attending physicians.

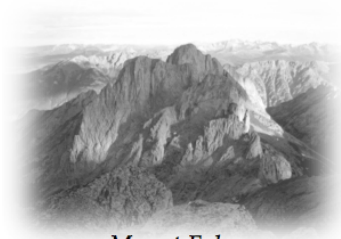
P: Would recommend a year of clinical experience to form relationships between the basic sciences and medical care. Expect that this management will enhance her knowledge base, love of learning, communication skills and passion for medicine.

Addendum: Agree with above. In addition would advise:

1. Patients don't care about your grades or your Step 1 score. They do care about your attitude and your communication skills. Remember, you are often the first person that a sick patient will see, so put a smile on!
2. You will work with a variety of physicians and residents. Some will be extraordinary and some will be less than average. Remember things you like and don't like. Always be thinking that third year sets the stage for the rest of your years as a clinician.
3. Reading about the conditions your patients have is an invaluable way to study. You can easily forget the treatment options for acute coronary syndromes if you have no clinical context, but you will never forget your patient having an acute MI
4. Take time to think about each rotation. What did you enjoy about it? Could you see yourself doing this? What is the lifestyle like? You are allowed to be nosy and ask residents or attendings why they chose their respective fields.
5. Third year is one of the most unique, trying, and fruitful years of your life. Inevitably, a day will come where you will question if you were meant to be a doctor. When this happens, think back to when you opened your acceptance letter to medical school. Remember those feelings, take a deep breath, reassure yourself, and write your next SOAP note!

Congratulations!

Rachna Unnithan



Mount Eolus

Dear Third Year Student,

As you prepare to enter the most daunting year of med school, be sure to take a breath and know that everything is going to be fine. There was so much hype and anticipation leading up to this year that my anxiety nearly got the best of me. You've been preparing for third year and you're finally going to see the patients you entered med school to help. It will mostly be great, occasionally exhausting, and sometimes sad and frustrating- but mostly great. You'll finally get to experience each specialty and find out what interests you and at the end of third year you'll be amazed at how much you've learned (and how much more you need to figure out how to do).

During my third year I tried to follow the advice I received from one of my preceptors: each specialty has a few basic skills that all doctors will be expected to be able to do regardless of the specialty you ultimately choose. Know the basic steps of how to deliver a baby, evaluate a septic patient, and do a great neurologic exam. While you may never expect to have to do these things later in your career, you never know! Working hard and participating in all "optional" activities will allow you to get the most out of your rotations. Depending on what you go into, this may be the last time in your medical careers that you care for an adult, or a child, or a pregnant woman. Cherish your time seeing patients in the protected setting of a student; there will soon come a time when you'll be solely responsible for your patients and you can no longer say, "I don't know, I'm just the medical student." All too soon you'll be the physician in charge!

In conclusion, everything will be fine, you'll do great. Don't worry, you'll be fine!

Sincerely,

Georgia McCormick



Redcloud

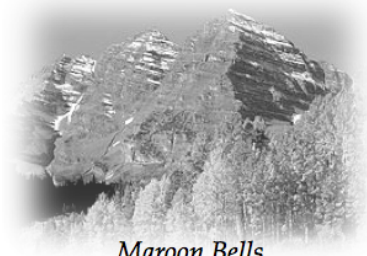
Dear Phase III Student,

Nothing I write can prepare you for this next year. You are unique, with your own strengths and weaknesses and history and hang-ups. Your experience will be very different from mine, and different from each of your classmates. You will barely survive some rotations that your friends get through easily. You will quickly acquire a skill that your classmate struggles with for a whole rotation. And your ways of balancing the demanding schedule with a life you can be happy with will be entirely your own. No advice I can give will apply to all of you, because you are so different from each other, and from me. Just remember: because your experiences will be so different, at times, life will feel unfair. It may even be unfair. But the purpose of this next year is not to be fair. It is to teach you as much as possible about being a doctor. If you focus on this, on learning how to be the best physician you can be, you will find success.

And know this: you are already prepared for third year. You have years of experience being a human, and a solid background in physiology and disease. You already know how to talk and learn and be part of a team. Now you get to build on those skills. Don't be afraid to ask questions. Do your best to contribute to patient care. Learn as much as you can. Be nice to everyone. Then get up and do it again the next day. That's all you have to do. It's difficult and trying and wonderful and rewarding. Patients will call you "Doctor," and smile and thank you for helping them, and that will keep you going. And by the end of the year, you will be amazed at how much you have learned, and how much you still have to learn. If you're anything like me, you may start to have a sneaking suspicion that, in fact, someday soon you will be a physician. At the end of this coming year, with excitement and perhaps some mild terror, you will find yourself another step closer to being someone's doctor.

Congratulations, and good luck!

Laura Kennedy



Maroon Bells

Dear Phase III Student,

Welcome to the best year of medical school! This is the time when you are finally released out of the drab doldrums of the ED1 lecture halls and you start doing what you entered medical school to do – see patients! So put on your crisp white coat, a smile, and enjoy the ride. In this year you will witness the birth of new babies on the L&D floor and you will perform CPR on a pulseless patient. You will have moments of fear, excitement, sadness, joy, anger, exhaustion, failure and success. Soak up every moment: the good, the bad and the ugly. Each has learning potential and will ultimately shape you into the physician you will become. Here are **my tips** on how to make the most of your third year experience and be successful:

Let go of your specialty. You may have entered medical school thinking that you were going to be a pediatrician or an orthopedic surgeon or a pathologist. Forget this during third year. Treat every rotation as if it was your chosen specialty. Immerse yourself fully in the learning for that area of medicine for the 2-week, 4-week, 6-week or 8-week block. Not only will you be grateful you did this for the knowledge you gain, but your final grade will likely reflect your dedication and interest as well.

Ask questions. If you don't know the answer to something or you don't understand why a patient was managed in a certain way, ASK. Ask your questions now, as a third year, because as you rise in the ranks to sub-intern, intern and resident, it becomes more difficult and embarrassing to ask those questions. Often times you will find that other people on the team had similar questions or didn't know the answers either.

Let your patients be your teachers. Most patients are very knowledgeable about their disease. Ask them about it. Find out how the disease has affected their life and their relationships. Understand their story and connect this to the illness. You will remember the patient and this will help you remember their disease and the details you need to know for pimping and for exam questions. These patient stories will stick with you far longer than memorizing a textbook table.

Be open to learning. You will be pimped. It can be demoralizing if you don't get the answer right. Most attending physicians expect you to know nothing and they are using the pimping questions to get a sense of what you already know so that they can teach you something new. Try not to let your ego get in the way of learning something useful for patient care or for the shelf exam.

Remember, medicine is a privilege. It is an incredible honor to take care of patients during their times of need. Some patients will be having the worst day of their life, others the best. You will be privy to the intimate details of patients' lives and their bodies that they often would not even share with their closest family members. It is easy to get down when you are tired or hungry or when you receive a bad evaluation, but just remember the big picture of why you are doing this and how lucky you are to be where you are.

I hope that you enjoy this exciting year as much as I did. It will go by incredibly quickly so try to appreciate every moment. I wish you all the best.

Sincerely,

Carlie Field



Mount Sneffels

Dear Phase III student,

Congratulations! You've defeated the beast that is Step 1 and you're ready to begin the simultaneously exciting and terrifying experience of third year. As you begin this journey, it's important to reflect on the words of those who've come before you. Some may describe third year as the "best year of your life". I, personally, would liken my third year to childhood memories experienced in my backyard sandbox. While it may not make sense to you now, I'd like to offer you five third-year survival tips for when you come to this illustrative, yet inevitable, conclusion.

1. Play nicely with others in the sandbox.

Remember the kid who would throw sand at you? Don't be that kid. Be pleasant. Act interested, even when you're not. Be humble. Be enjoyable to be around. Engage. Respect your fellow medical students. Laugh. Do not pimp others. Arrive on time, even early. Don't take critiques personally. Don't ask questions when others want to leave. Don't blurt out answers when others are being pimped. Be the kid you would want to play with in the sandbox.

2. Play outside of the sandbox whenever possible.

Remember the kid who stayed in the sandbox even when his mother yelled at him for the tenth time that it was time to go? Don't be that kid. Go for a walk in the sun. Eat lunch outside. Ski the glades. Have a date night. Visit your family. Play fetch with your dog. Indulge in a good book. Watch your favorite TV show. Go out for ice cream. Tell a bedtime story. When told to go home, go home. There's more to life than the sandbox.

3. When in the sandbox, play the game.

Remember the kid who would start crying when they were tagged "it"? Don't be that kid. Trust your instincts. Choose evaluators who like you. Complete your assignments. Study for the shelf. Do practice questions. Fight for what you think is fair. Cultivate relationships. Choose rotation sites strategically. Speak up early for the easy questions. Always answer yes if help is needed. Take risks, it's ok to be wrong if you're trying. Don't correct your superiors. When you're tagged "it," embrace the experience.

4. One day you'll leave the sandbox and play elsewhere.

Remember the kid who was too old to play in the sandbox? Don't be that kid. Some days will be rough. You may even cry. Certain rotations will be frustrating. Some residents will be rude and difficult to work with. Some attendings won't care that you're there. You'll be lucky to be acknowledged some days. The sandbox may resemble a litter box. But, don't worry. Third year is temporary. Greener pastures await you. It will be over soon. You'll look fondly upon your time in the sandbox once you leave so for now, enjoy it for what it is.

5. Lastly, what you find in the sandbox depends on how hard you dig.

It may be dog poop. It may be treasure. You won't know unless you jump in and play.

Good luck student doctor!

Jacob Lebin



Congrats on making it to third year! As I was told before starting the year and now know to be true: this will be the best year of med school yet!

Here are a few tips and ideas that helped me make it through third year with a surprisingly small amount of crying or feelings of being overwhelmed:

- **Stay positive and be enthusiastic.** Unfortunately, not everyone you work with will be following this rule. At first, it might seem fun and harmless to go along with others and their cynical commentary, but in the end this just makes for a negative environment and steals the wonder from the daily life on the wards or in the clinic. Do your best to keep a smile on your face and a positive tone to your voice. Your goal is always to learn as much as possible, and your responsibilities as a student are generally quite manageable. How awesome that you've been given this opportunity. You can do this! Say it to yourself!
- **You can contribute in a unique way.** It took me most of third year to get over worrying about looking stupid and to become comfortable with my role as the least experienced member on the team. I eventually realized that I was a true contributing member of the team, with unique skills and ideas. Though I didn't have the medical knowledge of my interns or residents, I realized that as the student, I had some pretty nice advantages. I actually had time to go back and check on my patients, as often as I saw fit. I had the liberty of going back in to ask questions I'd forgotten initially, or simply to have a nice conversation with an interesting patient. I had the time to ask my patients if they needed anything, and then to actually come back with whatever they'd requested. Take advantage of this opportunity to get to know your patients. When note writing and paperwork gets you down, go visit your patients. You'll remember why you wanted to do this in the first place.
- **One day at a time. And, you can do anything for a month.** These are the words I kept in my mind during my surgery rotation when getting up at 4 AM still wasn't getting any easier and during OB/GYN when I would feel nauseous on my way home after working the night shift. I realized that though I may feel like I'm suffering at times, a month really isn't that long. I found that usually the first week on a new rotation feels like a year, the second and third weeks fly by, and then it's already the last week of your rotation with less than enough time to study for the upcoming shelf exam. Take advantage of the time you've been given and before you know it the month will be over!
- **Read or do questions everyday.** This may sound crazy, especially after the longest days in the OR and on the wards. I realized early on in third year that I wasn't going to do any work if I had to sit at my desk after a 14 hour day at the hospital. However, I could make myself sit in the comfy chair in the living room for 30 minutes (with a cup of tea and some chocolate!) and read a few pages or do 10 practice questions. This proved to be more than enough time to look up the answer to that question I missed on rounds or to learn just a bit more about the disease my patient had. These 30 minutes may end up being the only time you have to dedicate time purely to studying, so make it happen. That being said, if you have a rough day and really need a break, take a break and do something completely unrelated to med school.

I wish you a remarkable year filled with medical learning and self-discovery.

Meredith Aragon



Dear soon-to-be 3rd year medical student,

Although this is the start of your third year of medical training, in my experience it was truly a year of countless firsts:

The first time I delivered a baby by myself, bringing new life into the world.

The first time I took care of a dying patient and felt helpless to save them.

The first time I helped a patient leave this world with peace and dignity.

The first time I was called “doctor,” which felt awkward and undeserved.

The first time I experienced conflict with those I worked with over patient care decisions.

The first time I truly understood what being utterly exhausted, both mentally and physically, felt like.

The first time I made a medical error that affected a patient in a negative way.

The first time I discovered some crucial information about a patient no one else on the team had the time to find out.

The first time I asked a patient if they were considering taking their own life and they answered “yes.”

The first time I cried with a patient and his family about a new cancer diagnosis.

The first time I learned that if I do not take care of myself, I cannot effectively take care of others.

The first time I did compressions on a patient who was in cardiac arrest.

The first time I grasped just how hard it is to get our patients to make changes for the better, yet how important it is that their providers continue to push them towards health.

The first time I witnessed true health care disparities.

The first time I touched a beating human heart.

The first time I did a successful lumbar puncture on an uncooperative patient.

The first time I saw the devastation substance abuse causes to patients and those around them.

The first time I realized that I was more resilient, independent and flexible than ever before.

The first time I understood why they constantly emphasize good communication skills in our curriculum, because they actually make a difference to our patients.

The first time I felt a little terrified every morning when heading to work

The first time I thought that waking up at 6 a.m. was actually “sleeping in.”

The first time I intubated a patient, an extremely frightening but exhilarating experience.

The first time I stood in the same spot for 12 hours in a row.

The first time I counseled a young woman about the decision to terminate her pregnancy.

The first time I discovered that my very best resources are my fellow classmates and that it can be hard for others outside of medical education to relate to our experience.

The first time I took care of a WWII veteran and listened to his stories of war, love, and loss.

The first time I had to balance taking care of those I love with taking care of my patients.

The first time I appreciated the art of medicine, because many times my patients' needs were fulfilled without any traditional “medical” intervention.

The first time I absolutely loved what I was doing on a daily basis.

Most important of all, it is the very first time I actually felt like a doctor.

Kelly Ground



Mount Eolus

Dear Phase III student,

You are about to enter the most exhausting, time consuming, emotionally draining year of your life. It may also be the most rewarding year of your life. This is the year you will grow and learn the most as a future physician. It's the year you will finally be able to say "I get it now" for the practical applications of all that nonsense you were tested on for Step 1. There will also be moments where you'll get disappointed that everything you learned up to this point is wrong because a new study just came out disproving it (but don't forget your exams were written before this study). In short, it is by far the best and worst year of medical school.

I'd like to offer you some practical advice based on what I've learned and my experiences. Keep in mind, everybody experiences things in a different way and yours might be vastly different than mine, your friend's, or even the other student on your team. This is okay. Actually, it can be a benefit to you if you know how to use it. If you're not having a good experience, think about why. Ask those around you who had a great experience and why to see how you can make the most of a rotation, and be available to answer similar questions from your peers. Be open to talking to your residents and attendings if things aren't going the way you hoped they would. And keep in mind that if you hated or loved the experience, maybe that just makes your career decision that much easier. Pay attention to your reactions concerning certain rotations and how that is translated to your personal life. You'd be surprised what your loved ones pick up on.

The question you will get during every rotation, and often the first day of the rotation is, "What do you want to be when you grow up?" or some variation of this. There are many varying opinions on how you should answer this ranging from ambiguity to lying to always picking the profession of the given rotation or, what I would advise, to the truth. I found that when I gave an ambiguous answer, people didn't know how to teach me and thus I received apathy. With a solid answer of truth, they were often able to tailor my experiences and education towards my chosen profession. Even if that meant teaching a topic in a way that would highlight the differences between children and adults, people tended to embrace helping me towards my future career. Keep in mind that not everybody will accept your choice easily, but if it's what you want to do, it won't matter.

The number one way you can make your life easier during this year is to get to know your support staff. This includes unit secretaries, CNAs, social workers and most importantly your nurses. You will quickly find out how much your work depends on these people and if they don't like you, they can easily make your job miserable. If you get on their good side, they will trust you and treat you as a member of the team. You'll be able to get updates on your patients, get things done for your patients, get your "stupid" questions answered and have a much better overall experience.

One final piece of advice: enjoy this year. Realize that this is the only time you will have the opportunity to catch a baby, talk to a 97 year old vet, go to court for psych meds, intubate a patient, see a stroke alert, take care of 3 generations in a single visit, cast a broken bone or play video games with your patient. No matter how stressed you are, you are embarking on the opportunity of a lifetime. So embrace it, enjoy it, love it and remember, you signed up for this.

Amanda Barton



Redcloud

Dear newly-minted MS3,

When I was in your shoes, and even during my first year, I enjoyed reading the letters to phase three students because I found them encouraging, interesting, and filled with little pearls. I looked for tips to be a more successful student, but the truth is that every experience in third year is unique. Your third year is fundamentally a time of transformation; it's a forge that will shape the kind of physician you become. So from that perspective, here are a few broad concepts that I found helpful through the experience.

Have you ever been an apprentice? I was a carpenter for seven years before medical school and started out knowing next to nothing, but by the end I was able to supervise projects. If you've never been a real apprentice—the kind that has to struggle with mastering a job over years—third year may feel unsettling and even scary. In carpentry, my work was constantly visible at the end of the day, and therefore open to scrutiny. I worked on a team with highly skilled people who had what seemed like infinitely more knowledge than I possessed. So how did I become one of them?

It starts with observation born of curiosity. This is true in art or carpentry or medicine. Before you can suture well, you must have a vision of what you want to create, see the tissue in detail and observe how each tool is held and manipulated. Before you present well you must see how others do it, paying attention not just to the words that are said but how conceptual relationships are being woven. Before you hold a family meeting or diffuse a hostile situation, you must observe how a skilled facilitator builds consensus and understanding. Wherever you are, constantly ask yourself why things are done the way they are, and try to perceive nuances that underlie those with exceptional skills. On one of my first days of third year I scrubbed into a laparoscopic Whipple procedure not knowing anything about it and was asked to hold the camera, which lasted about five minutes due to the fiasco that ensued. I spent the remaining five or so hours observing as the chief resident took over my job—watching how she stood, when she paused to clean the scope, how she moved the scope relative to the surgeons' tools—and the next time we did that procedure, I was able to hold the camera for two and a half hours straight.

The next thing you need to do is let go of trying to be a good medical student. You're not a medical student anymore—that's for the first two years. You are a doctor in training just as I was a novice carpenter when I started. Building a new house is simple, while working on an old, crooked one is a real challenge. If you go the path of least resistance, you'll be able to handle simple problems and might be excellently mediocre. If you seek out difficult patients and challenging hospitals, you'll feel pushed and inadequate. You'll have less time to study, but in the end, you'll become stronger without realizing it. When you take the shelf exam, visions of your patients will appear, and you'll know which answer to pick, not because you studied it but because you lived it.

You might have heard that third year involves waiting around, but this isn't the same as inactivity. While waiting for subcontractors or inspectors on construction sites I frequently tried to build my day's or week's work in my head, tracking materials I would need and trying to anticipate problems. Keep your mind active, especially when it wants to wander. I remember watching a urology resident go over an informed consent document with a patient, and instead of just listening, I tried to list out all the complications I could think of in my head first. Then when he got to them, I checked myself and repeated the ones I had missed. Ten minutes later my attending asked me for the complications of the procedure, and I was able to rapidly state each one. So if you're retracting in surgery, try to name all visible structures in your head and anticipate the surgeon's next moves. While rounding, if someone mentions a drug, quiz yourself about its mechanism of action or adverse reactions. Many times you'll know the answer to an attending's question before they ask it because you had already pimped yourself, and you'll also learn what you do and don't know.

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Not all carpentry jobs went smoothly for me, and I believe a person's character is most evident when problems emerge. On one of my first jobs, I put a chisel into my hand. As soon as it happened, one of the company owners stopped work and asked everyone to come over to see how it had happened. I retraced my moves so we could all see what not to do, thus preventing a recurrence. In my final week of third year, I lacerated a woman's cervix by improperly removing a tenaculum, which resulted in blood loss, the need for sutures, and a slightly longer procedure. It was embarrassing, and I felt bad for the patient. What would you do in my situation? After the procedure, I went over to the scrub nurse and asked to examine the tenaculum and acorn holder. Together we walked through what I had done, and I found the error in my technique. I explained to the attending why I screwed up the simple task of removing the tenaculum, and in the next procedure she gave me more responsibility and allowed me to place and remove all vaginal/cervical tools without incident. Though she was known as a demanding attending and could have reduced my scope of activity after the accident, I think she valued owning up to mistakes and learning from them.

Nobody expects perfection from medical students, but they do expect students to handle failure in a mature fashion. In carpentry I had a policy of working without wages to fix any mistakes I made, no matter how long it took. On one rotation I arrived at the hospital later than expected and failed to preround on a patient, which became painfully evident during rounds. I felt awful for being unprepared, like a real failure. After rounds, the chief resident offered to take the team to coffee, but I flat out said, "I don't deserve a break. I failed the team this morning so I will return to my patient and perform the work I should have done." Later that day the sub-I told me she was impressed by how I handled myself, and in the end I received an amazing evaluation for that rotation.

Lastly, always thank your teachers. At the end of every workday or OR case, I always tried to thank the residents, attendings, nurses, and other staff who had instructed me. Tell everyone who teaches you something, even something minor, that you value their effort because they are helping you become a better doctor.

Welcome again to third year, or to your first year of being a doctor every day.

Chris Kennel



Three (Easy) Rules to Follow (Poetry Style)

Dear Phase III Student,

I have things to tell you and it would be most prudent that you listen well. This will make third year much more translucent.

The first rule to follow is bring a snack bar. Glucose will help your brain perform like a star. Don't just bring one, but bring two or three. Be sure to couple with your favorite iced tea.

Coffee might ruin important sleep hygiene and Weissburg would say you must stay a lean, mean, diagnostic machine.

The second rule to follow is never complain, even when under considerable strain. Attendings and fellows won't like your disdain or that you aren't aboard their specialty train.

Don't worry, you don't have to enjoy everything you see, just be sure that you do not miss a once in a lifetime learning opportunity.

The third rule is the most important of all—one you might not realize until you hit a brick wall and feel for certain that you are going to fall.

Never forget, you are never alone. Your fellow comrades walk with you on the same stepping-stone.

You also have people who care about, support, and love you. I bet they would be happy to listen over a cold brew—or maybe two?

So now young fledgling as you are preparing to fly and you are balancing on that precipice so very high, always remember these three rules to follow and instead of sinking you will fly with Apollo.

Gabriel Habermehl



Mount Eolus

Dear Phase III Student,

You have heard it said that third year is the best year of medical school, possibly even the best year of your life. This may or may not be true for you, and if it isn't, that doesn't mean you're a bad student! It just means that third year is hard, and please know that it's hard for everybody, but it's worth it to finally be able to participate in the care of real patients. If you're struggling at any point, it's important to remember that you're not the only one. In that vein, I am going to offer some practical tips to hopefully make everything just a little bit better during this pivotal year.

1. Be yourself. Grades are subjective, so acting genuine will go a long way. Be interested in the rotation you're on, but don't prevaricate about your eventual career goals.
2. Borrow books from classmates on different rotations to save money.
3. Do whatever you can to stay healthy and to keep your mood up. Try to exercise every now and then, get a good night's sleep at least twice a week, keep fresh flowers in your kitchen.
4. If you can, do your surgery rotation at an AHEC site.
5. You will probably cry at least once during Medicine, but try not to cry in front of your attending.
6. When someone asks if you want to do a procedure, say 'yes' and figure out how to do it later. (Don't worry, they will teach you.)
7. Do not put off going to the dentist.
8. The private hospitals will usually give you free food, coffee and parking.
9. 200mg of caffeine is equivalent to a thirty minute nap (Essentials of Family Medicine, 8th ed.) After 5:00pm, try a sugar rush to keep you awake—it won't keep you up later.
10. Set aside 15 minutes per day for worrying, and then let it go. You will be awesome, and someday you will even be a real doctor.

Sincerely,

Tori Collins



Mount Sneffels

Dear New MS3s,

The first two years of medical school were horrific for me. Thrown back into academics after years off from school, it was an abrupt awakening to what it was like to be a student again-- in a highly competitive, yet unmistakably self-conscious environment. I have never been one to excel in classroom learning and medical school proved no different. The biochemistry and mechanistic basic science of the first two years were a never ending, up-hill battle for me. I watched as my peers advanced in classes and were forthcoming with their impressive successes, gawking at my dedication to study despite never achieving good grades.

Needless to say, entering the third year, I was petrified by the prospect that my mediocrity in the first two years of medical school would be perpetuated. I had mastered being an average student, an unimpressive accomplishment to some, but an achievement for me that provided an undeniable comfort level. Third year changes all of this. It erases your comfort as a student. You are thrown into an environment where you are challenged, you feel defeated, and your confidence is shaken. I approached this reality with trepidation similarly to many of you I am sure.

Fortunately, I write this as a new fourth year medical student. I have completed what many had told me would be the most difficult year of medical school. They were wrong, and so was I. Third year was incredible. It reaffirms why we chose medicine: to care for the patient, to make a difference, not to study for Step I and stress about which questions Dr. Taylor will throw out on our last exam. Third year gave me my life back. I had fun, and incredibly I excelled. It is a different skill-set no doubt, but once you get past the fact that you are learning, at the bottom again, you realize how amazing being a doctor is going to be. Additionally, despite being on the bottom you will inevitably run into a first or second year medical student and realize how far you have come.

Remember this as you lament about the unknown of third year and the future. There is an end and regardless of how hard or scary people want you to believe it is.... it isn't. People around you will crack, so find your balance and ignore their negativity. Third year is challenging, it is trying, and you will question your skills. You will also learn more than you ever have and realize that the road to attending-hood is getting shorter and shorter. You will make it and it will be awesome.

Sincerely from the other side,

Whitney Hoover



Redcloud

Dear Third Year Student,

I am sitting here as a sparkly new fourth year who has had a week and a half of ICC to sit and contemplate what advice I could possibly offer you. I realized that you would most likely receive a lot of letters of deeply contemplated advice filled with compassion and inspiration in this book already. So, I thought I would offer some practical, slightly tongue-in-cheek, and partially inspirational thoughts instead.

1. **Don't be a jerk.** It is really easy to become cranky and mean when you are exhausted and feeling overwhelmed. You will quickly realize this in your peers and superiors during your rotations. Try to avoid it at all costs. A smile, and holding back that sarcastic comment, can take you a long way. Your mood and your team will thank you for it.



2. **Carry at least two pens.** You are an easy target when your residents lose theirs and you don't want to be the one looking lost and scurrying around for a pen to write something down.

"Loving Others 101",
Rule #1:
Don't be a jerk.



han·gry

(han-gree) adj.

a state of anger caused by
lack of food; hunger causing
a negative change in
emotional state.

3. **Always bring food. Always.** You don't know upset until you experience being truly hangry after a 10 hour surgery when you didn't eat breakfast. Plus you might pass out and then be the joke of the team for the remainder of the day, um...year.

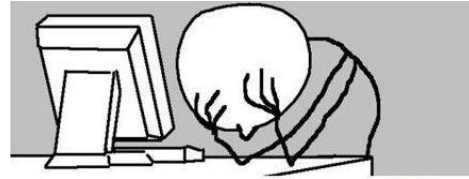
4. **Don't be overly sensitive.** You will get a LOT of feedback throughout your third year. Some of it is delivered in a vehicle of caring, encouraging words. Others are delivered by a bulldozer. Try to remember that you are NOT supposed to know everything and people are trying to teach you

even when their delivery leaves something to be desired. And ultimately people do feel badly if they feel like they are hurting your feelings. So be thankful for feedback, not upset when someone corrects you!



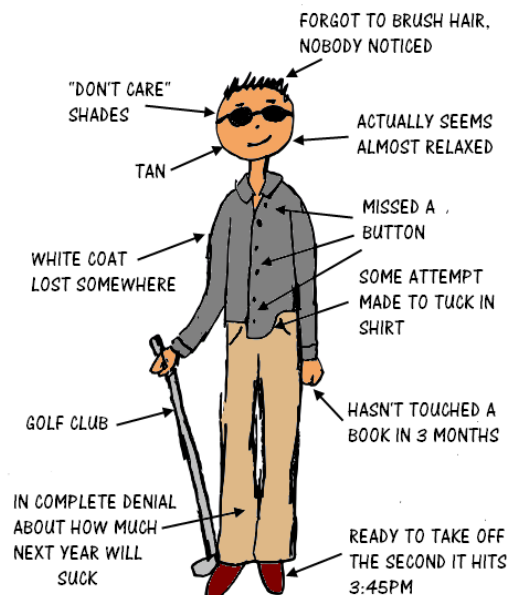
5. **Get a dog. Seriously.** No explanation needed. They will love you when no one else does.

6. When you write those never-ending papers in third year, make sure your computer does not require a "mandatory restart".



7. You will eventually get here...

PROFILE: 4TH YEAR MEDICAL STUDENT



FAVORITE QUOTE: "WHAT DO YOU MEAN CLINIC STARTS AT 9:30?? THAT'S SO EARLY!!!"

8. Even when you feel here....



Even medical students sometimes have to repeat a year.

9. **It is not about you.** Shocking I know. When you are in the hospital, the patient comes first. Your education comes second. They are both extremely important. But remember, (this is the inspirational part)... we, colleagues, are the lucky ones. We enter this challenging, beautiful and devastating world of medicine on a daily basis. The depth at which we can learn and change the world around us is boundless. A case can present itself so unexpectedly: touching you in mind and heart, reaching out and taking hold, giving you the chance to change the life sitting right in front of you, forever. Don't ever allow yourself to become so beaten down in the day-to-day grind that you forget to notice the potential. Potential for change, potential for healing, potential for hope. It is, after all, the reason why we chose this path in the first place.

10.

you are enough.

Kelsey Ward



Crestone

Dear Third Year Student,

I remember standing in front of the mirror in my first month of third year and coaching myself: “Hands on hips, wide stance, back straight.” I hoped my aggressive posture would be an effective façade of self-confidence, and that maybe, if enough people were fooled by it, I would be able to fool myself into believing it, too.

Eight months later, in the pre-op area at the VA hospital, an ophthalmology attending I had worked with greeted me: “Hi Sammie. Look at Miss Confident No-Nonsense over here.” He was teasing. I realized I was standing with my arms crossed over my chest, stance wide. I laughed. The posture had become second nature to me; and it did not feel like a façade anymore.

Confidence had grown in me slowly, not all at once in a flash. I think the single thing that propelled my confidence forward the most was the insight that I have something to give.

This insight occurred four months into rotations, when my heart quietly left without my noticing it. I sat down for a quick lunch in the cafeteria at The Children’s Hospital one day and looked around for it, and it was missing. I do not know what happened, but my desire for medicine was gone, I did not want to see patients or learn anything new any longer, and dropping out of medical school seemed more rational than continuing on without a heart. I decided, however, to continue going to work each day while I tried to sort things out, since the hassle of organizing my withdrawal from medical school would probably supersede that of continuing on for the moment.

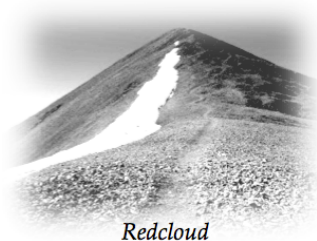
Insight came slowly by means of prayers and tears. I realized I had bought into that common sentiment that the hard work and prestige of working in medicine would somehow fulfill me. That assumption was shattered when my heart went on vacation without notifying me. But if I could be fulfilled by something else, I thought, then I could continue my work in medicine because I would have something to give. I realized that God is the only one fit to fulfill an empty soul and return my heart to me. Thus fulfilled, I have something to give: compassion to my patients, grace to my classmates and myself, kindness to my supervisors—ultimately so much more important than all the knowledge and skill in the world.

Why does this matter to you?

Work in medicine will not fulfill you. But a fulfilled person has so much to offer in the work of medicine.

Be confident! You have something to give.

Sammie Roberts



Dear Phase III Student,

Much like Dorothy at the onset of her trip down the yellow brick road to the mystical, magical land of Oz, so too are you at the onset of your journey into the mystical, magical land of third year. Much has been said about this kingdom. During the first two years as you slogged through didactic courses and spent hours cooped up in a small dark room studying for Step 1, third year existed as a sort of Shangri-La on the distant horizon. A place where rainbows and unicorns and puppies will play as you joyfully frolic from clinic to hospital and back again. All would be good with the world once you had made it to third year. Indeed, what kept you going was the idea of this third year.

And now, the idea of third year is just that. A mere idea. Third year is not perfect. Much like the mythical kingdom of Oz and the illusion of its great and powerful wizard, there exists a uniquely human element that precedes the illustrious reputation of the third year. It taps into the heart of what makes us who we are. It is where we struggle and where we triumph. It is where we laugh and where we cry. It is the complex, human version of the perfect experience we had all envisioned in our heads prior to starting the journey. Third year is not perfect, and that is precisely why it's so special.

Here are some tips to help you as you venture down your own yellow brick road:

- 1) Go into each rotation with an open mind. While most people have some idea of what they want to go into at the onset of third year, you might surprise yourself with how much you enjoy certain specialties. Don't lock yourself into a box of preconceived notions. Be open to all experiences, and follow your passions.
- 2) Know that you can do it. Certain sites and certain rotations have reputations that precede them. Do not be intimidated by them. Certainly, there will be rotations and sites that you enjoy less than others. Part of the beauty of third year is that it reveals to you the extent of your resilience. By the end of third year, you will be 100% positive that you can survive anything for a month. A new rotation is always right around the corner in third year. During the hard times, know that a new day will soon dawn, and you can continue skipping down the yellow brick road.
- 3) If a resident ever tells you to grab lunch, do it right away. This is especially important on your surgical rotations. If you forgo the chance at that moment, you may not have the opportunity to eat later, and trust me, having to stand for hours on end with a rumbling belly while holding a retractor never makes for a joyful day. In that same vein, carry granola bars in your pockets if you can. Maintaining quasi-normal blood sugars during the day can help you to be the best version of yourself while on rotations.
- 4) Know that third year grades are inherently unfair. Unlike the first two years, you are now in a zone where grades are dependent on an attending's or resident's ability to write thoughtful comments about you. Sometimes, an attending is delightfully articulate about your skills. Other times, it may seem as though the attending can barely craft a coherent sentence. Perseverating on these sorts of things in third year can drive you nuts. While grades are a massive deal now, it is highly unlikely that you will have any recollection of them when you're an attending. Go through your rotations with a positive attitude, keep the patients as your main focus, and try your best on each rotation. The grades will follow.
- 5) Spend time with friends and family whenever you have the chance. Channel Dorothy and spend time with the Scarecrow, the Tin Man, and the Cowardly Lion. Pet your Toto. These are the things that will keep you sane when you're feeling burnt out from endless hours of

rounding, exhausted from 5AM wake-up times, and tired of feeling like you have no idea what you're doing. Friends and family will be your rock when you're at your wit's end. Remember, there's no place like home.

And so, third year student, may you enjoy the adventure as you journey through your third year. It will likely be far from what you originally expected, and it certainly won't be perfect. The bricks in that golden road may have some cracks, and the Emerald City might not have the luster you once envisioned it would have. Regardless, the journey will be delightfully and deliciously unique. It will be unwaveringly flawed and steadfastly multifaceted. It will be the human behind the Wizard. Cherish it for what it is, for faster than you ever thought possible, it will be behind you.

Best of luck in this year and beyond!

Lindsay Heuser



Mount Sneffels

Dear Phase III Student,

There are many experiences awaiting you in the upcoming months. Each of your experiences will be unique. Some of you will find the schedule, the limited autonomy, and even the medical culture exhausting. Others will be energized by newfound passions and touching patient encounters. Most likely, the answer will be “all of the above.” I know it was for me.

There have been many noteworthy and formative moments throughout my third year. I started with my surgery rotation, where I observed the grief and strain of separation of a wife from a badly burned and mechanically preserved loved one. On psychiatry, I had a woman “save me from her magical powers” by bursting forth singing, “Climb Every Mountain.” In my pediatric neurology rotation, I stared into the unresponsive eyes of youthful potential cut short by anoxic brain injuries. During my hospitalized adult care rotation, I sharpened my diagnostic and management skills, and functioned as both patient advocate and educator as I saw everything from Salmonella poisoning to malignant carcinoid tumor causing bowel perforation. On pediatrics, I delved into my more playful nature, set aside the white coat and waddled into the wards as a giant penguin on Halloween. In my OB/GYN rotation, I coached a 16 year-old girl through the process of birthing her first child as I also experienced a novelty as my hands were the first to welcome this new life into the world. In emergency medicine, the spectrum of humanity paraded before my eyes in all kinds of conditions and mental states—intoxication being a common theme. I watched—and helped where I could—as an experienced team handled two simultaneous life-threatening ski-related traumas with baffling skill, expertise and fluidity. On my family medicine rotation, I saw a little bit of everything and everyone, and on the same day! All of my third year training was applied in this field as I sutured a migrant worker’s nose, shared the heart-wrenching news of a miscarriage to an expectant mother, did well child checks, and managed the big four of HTN, HLD, DM, and hypothyroidism in a patient-centered medical home.

These stories and the many people that permeate them have all been unforgettable experiences that are sharpening my person and molding me into the compassionate, knowledgeable, sincere-but-lighthearted physician I want to be. However, the one universal theme that connects every specialty, every narrative, every patient-physician relationship is the unfathomable privilege it is to be in our position. It is a privilege to serve people in the capacity that we do. In many regards, I think the sentiments of what a privileged position we are in expands with the degree of vulnerability our patients are experiencing. The responsibility to support, protect, and empower also grows proportionately with their vulnerability.

With this theme in mind, I want to revisit the experiences I shared before. On surgery, I was struck by the incredible trust a patient places in the anesthesiologist and surgeons’ hands. Where else do persons willfully submit themselves to be disconnected from reality and sliced open to have their inner parts revealed? On psychiatry, I was taken aback by the courage it takes for patients to share some of their darkest, or oddest, thoughts and fears with a relative stranger. And what an honor it is to be the listener. In neurology, I was astounded by the patience it takes to walk with patients into a realm where treatment and our knowledge of disease is often most limited. During internal medicine, I was stunned by the privilege of working with people who had momentarily lost their health and were forced to encounter the frailty of their humanity, or those who had struggled for years with an illness that would ultimately confirm their mortality. On pediatrics, I was honored by the trust parents put in physicians to help their greatest treasure get beyond their sickness and experience the vitality of their youth. OB/GYN involved revealing parts of one’s body generally reserved for bathrooms and private encounters, or trusting a health professional with both your life and the life of one to come. In the Emergency Department, the one thing that brought this varied population through the same double doors was the search for refuge from their brokenness. It was my responsibility to meet them there. In family medicine, I was enthused by the

unique position of knowing patients and their families intimately in this continuity of care model. As a family doctor I was on the front lines of care, treating and educating patients before disease set in and helping them recollect themselves after it had wreaked its havoc on persons' sense of self and security.

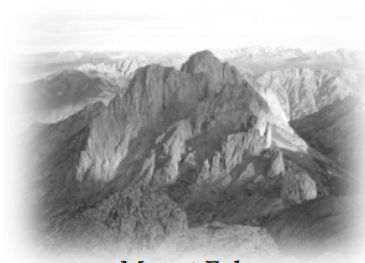
What an immense honor it is to be the trusted confidante in all these roles.

Becoming a physician is truly a resocializing process. Things are repeatedly revealed or exposed to you that may not have been entrusted to another individual ever before you, or again. Because of this inevitable power differential, which is often widened by other forms of institutionalized disparity, it is paramount to remain trustworthy, and to both mind and narrow the gap by empowering patients through education, advocacy and compassion.

I am confident you can fill this role and serve your patients in times of immense vulnerability. Remember that you should not attempt it alone. Reach out to your healthcare teams, to your classmates, to friends, to family, to significant others, and to those who have gone before you. Remember that patients are not their diseases. Remember that you are not machines. Remember to be humble and to be human. Remember these things and the reasons you went into this field, and you will succeed.

To your journey,

Josh Bailey



Mount Eolus

Dear You,

Here is a list of concrete, use-it-hot-off-the-press advice for the coming 12 months. Mostly because I have zero gift of creative writing, but also because you deserve some tangible how-tos.

- 1) As early in the rotation as it's not awkward, ask your senior resident how you can be most helpful to the team. This is a subtler way of getting expectations without sounding like a slacker who's just trying to get away with the bare minimum. In the early stages it's also great if you can specify goals you've set for yourself (e.g. for peds, I want to look in 10 sets of ears and be able to tell what I'm looking at). This makes it easy for residents and attendings to target teaching points with you.
- 2) Get comfortable with being uncomfortable. Residents and attendings LOVE med students who actually have a plan (no matter how wrong it is, just throw something out there). Volunteer to read chest x-rays, offer to call consults (get a few pointers from an upper before dialing), help organize discharge, etc. So get outside your comfort zone because the mere fact you're brave enough to try is major brownie points.
- 3) Protein bars in the pockets. Always. And hydrate. Don't be the med student who got kidney stones on service.
- 4) When your intern assigns you a new admit, look up discharge summaries, recent notes, operative procedures, med reconciliation. Proceed to look like a rockstar.
- 5) Before heading to the ED to see said new admit, double-check your DDX with your intern. That way you're confident you can take a more focused HPI, and you can answer those "dangit I should have thought of that!" questions your intern asks while you present. Solidify rockstar status.
- 6) Feedback is a tricky beast because you'll often hear "You're exactly where you should be!", in which case you should be asking, "So what else would I be doing at a sub-I level?" Plus if you laid out some goals as I suggested above, you can ask specifically about how those ear assessments are coming along.
- 7) Befriend the nurses. They know EVERYTHING. And can unleash hell at a moment's notice if they smell an arrogant, disrespectful or irresponsible med student. They share stories with each other too, so don't think you'll get away with it after that rotation's over.
- 8) You have the time to go the extra mile. Call the overnight nurses on your patients because sometimes important things (like increased requirement for pain meds) aren't communicated to cross-cover. Go down to radiology to check out your patient's CTPE. Walk Mr. Smith on the pulse ox to get his home oxygen requirements for discharge. Rack up some more brownie points.
- 9) Some apps I found helpful: UpToDate (everything), Micromedex (drugs and dosages), Diagnosaurus (DDx based off chief complaint), MedCalc (FENa, corrected Na and Ca, all the med equations you dreamed of and more).
- 10) Check in with your MS4 advisors! They're here to make this year as smooth and painless as possible, and to make sure you succeed. And if they don't have an answer, they'll find someone who will.

Godspeed,

Diana Tsen



Mount Eolus

Dear Phase III Student,

Here are my two cents on how to make the most of your 3rd year. Now that you have completed your first two years of medical school and passed Step 1, the game changes. It's now time to take back the reins of your education from rote memorization of factoids and endless study guides. Sure, you will still have to learn the base content for each rotation by studying learning objectives, and preparing for shelf exams. (My advice for this is to make it a priority and read heavily up front at the start of the rotation in order to familiarize yourself with the material you will be seeing in clinic.) But, I am referring here to dedicating yourself to the type of learning you will be doing throughout your entire career. It begins today. On every service that you rotate, identify your own learning objectives. Identify your knowledge gaps, and be deliberate when selecting things you want to take away from every rotation. These topics may pertain to a specialty of interest or something that you just find curious. As I was most interested in Emergency Medicine as a student, I made sure to be a whiz on ectopic pregnancies and vaginal bleeding during my OB rotation, dug up the landmark PECARN study and developed my own asthma exacerbation algorithm on pediatrics, dedicated myself to parse out the suicidal from every patient endorsing SI while on psychiatry, familiarized myself with every urologic emergency while on the Urology service, and so on. Not only did this direct my own interests, I found it was consistently very well received by residents and attendings, who noted that self-directed learners take the burden off them to find teaching opportunities. Further, directing your learning will be an imperative when your interest and enthusiasm wanes in the grind of third year or when you find yourself on less engaging rotations. Ironically, this is the time to be curious, dive into the literature, and figure out what lies at the base of current practice patterns. Call it distraction, call it sublimation, call it whatever you like but just do it. Lastly, I would recommend that you keep 3"x5" index cards somewhere in your white coat, as they can be quite helpful on the wards. Each day jot down a list of 10 things to look up or review when you get home. This will take just a few minutes but you will be surprised how often it proves helpful. While medicine cannot be learned in a year, starting your career with self-directed learning will cultivate a healthy relationship with information, help you be a steward of your education, and undoubtedly make you a better doctor.

David Murphy



Uncompahgre

Dear Phase III Student,

Congratulations on completing the first two years of medical school and beginning your clinical years. When I was in your shoes, I was terrified! I was excited to leave the classroom, but terrified to leave my predictable schedule and enter the unknown. Now at the end of my third year, I look back and realize what an eventful year it was. I laughed, cried and learned a lot in between. As you begin your journey, here are some tips:

Show up on time! This is one of the most important and easiest expectations that you can fulfill as a third year student.

Start each day with an open mind. Every day is going to have its ups and downs. Mistakes will inevitably be made, “pimp” questions will be answered incorrectly (usually in front of a large group) and you may stumble over your words in your oral presentation. It’s okay! Hold onto the expectation that it will happen and that it’s part of the learning experience. This will make you a happier person.

When you find a resident that you click with, keep in touch with them particularly if they are in your field of interest. You will meet people you don’t jive with and people you will jive with. When you have a positive relationship, hold onto it for dear life. Sometimes it’s easy to be distracted by the negative experiences you have in third year. Don’t let them cloud the sunny days.

Have a monthly “talk” session with a pair of classmates that you are closest to. At times it will feel like you are the only person in the world who didn’t know the answer to the attending’s obscure questions. It helps to hear about what other people are going through and to know that you really aren’t alone.

As mentioned above, tears may be shed. Don’t let it stop you. Buy tissues and take it one day at a time.

Most importantly, remember that life goes on despite the inflexible schedule that you are blessed with in third year. Do the things you enjoy, spend time with the people you love and take care of yourself. When you spend so much time in the hospital, it is easy to start thinking that it is the center of the universe. It’s not. Please remind yourself daily of that with a quick walk in the park or reading a magazine before bed. It will make the above bumps in the road seem less earth shattering.

Sincerely,

Nicole Stutzman



Dear Anxious Third Year,

How are your presentations? Mine weren't great either. In fact they still need some help, but it is hard to make progress when you are the center of attention and anxiety rules your thought process. At least that was how it was for me. To tell you the truth, I was so nervous presenting for the first time I almost passed out. The world began narrowing and I grew lightheaded. I reached out to find a place to sit, but I settled for leaning on a nearby wall. I instantly felt a level of embarrassment beyond anything I could imagine, which only compounded my anxiety. I couldn't even look at the team anymore. How bad is that? The one saving grace? My first rotation was pediatrics and my attending, chief, and intern all made me sit down and catch my breath. Not only that, they got me some water and crackers and waited for me to stabilize. (Did I mention this was all in a patient's room?!) I don't know who was looking out for me by putting pediatrics first in my schedule but I am so thankful they did. Can you imagine if that had happened to me on surgery? I'd have been left for dead and no one would have been the wiser. It would have been minutes to hours before a kind-hearted nurse would have helped me. (Always be kind to the nurses.)

Regardless of my own anxiety, by now you've already given some presentations in front of a full team, and you've probably made it out all right. Congratulations, you are way cooler, calmer, and collected than I was. During your first presentation you might have bounced from section to section and then completely forgot to relay something critically important only to hear the patient inform the attending of your negligence three seconds after you finished. You might have felt crappy that it wasn't perfect, and your attending falling asleep didn't help. It doesn't matter. I want you to know that you did great.

How do I know this? I know this because you did it. You made it through the presentation and you did your best. It doesn't matter that you weren't perfect or that your attending walked into the patient's room before you finished your patient's medications list. What matters is that you had the courage to present in front of a very intelligent (and insanely judging) crowd. You sat down with a patient, listened to their story, collected and organized it, and willingly chose to retell it. (Mostly willingly... you are never technically forced to do anything during third year.) You put your money down on a diagnosis and plan and you owned your words. Could you have done that two years ago? One year ago? Look how much you've changed already, how much you've learned.

I want you to keep that feeling in the back of your mind. It took you a minimum of six years of higher education to get where you are standing and only now do you really get to start practicing medicine. Welcome to the club. Third year isn't all golf and mansions (and your future won't be either), but you have already let a patient step into your life and change it. They made you think and, more importantly, they made you feel. Medicine isn't about your attendings or chiefs. It is about your patients—and it's about you. Let your patients always be the focus of your learning and allow their stories to make you a better physician. Practicing medicine is just that, practice. You will never be perfect, and you will always have more to learn. Own that fact just like you did your assessment and plan. Accept that you will make mistakes, that there is no ending to your job, and be willing to work hard at the areas that challenge you. You are well on your way to becoming a great physician. You'll get there. Trust me.

Please continue to have faith in yourself and try not to pass out,
Eric Petersen



Dear Third Year Medical Student,

Congratulations! You're half way there. You've learned 15,000 new terms, mastered about a hundred biochemical pathways, and passed Step 1 (the first step indeed, but by no means a baby one). You are about to embark on an incredible experience. Third year will change you. As students, you will grow, and distinguish yourselves from each other in unique and powerful ways. After spending the last two years with your head in a book, striving for excellent grades, and mourning over lost points, this is the real moment of truth, and your opportunity to shine.

Foremost, I want to review etiquette. Be polite. During third year, you will meet, and interact with hundreds to thousands of people, from all departments of the hospital. Each and every person deserves your respect and gratitude, not only your patients and attending physicians. Play nice, and you will be handsomely rewarded. It was a Respiratory Therapist who told me to "explore the hospital, and learn your way around." He informed me of the tunnels at Denver Health, which make the long walk to the parking area, in the dead of winter, while wearing paper-thin scrubs, more bearable. Also, there is a particular environmental service worker I can always count on to bring a smile to my face with a joke or a hug, no matter how rough of a day I've had. As you go forth in your careers, whatever specialty you choose, you will meet these people again and again, whether that be through consults, conferences, through shared patients, in the halls, or even as future patients yourselves. Many people will forget you, but you will be surprised by the things people remember.

Secondly, learn the system. I was told the point of third year is to be a sponge. Absorb as much as possible! Not only with regard to the vast medical knowledge from all the different specialties, but especially with respect to how the system breathes and functions efficiently. It is impossible to know the experience a patient goes through: from PCP, to specialty clinic, to diagnosis, to tears, to surgery, through enduring complications and an ICU stay, to recovery, accepting limits and ultimately to living life again. During the coming year, you will be privy to each of these steps, for innumerable patients, and as such, you will have the opportunity to make an impact. Anticipating the challenges in coordinating each step of care, ensuring adequate follow-up, access to resources, and even the ability to pay, may seem beyond the scope of a third year medical student, but beginning to understand how these pieces impact your ability to provide care to your patients will benefit you in the very near future as practicing physicians. Yes, as sponges you will get full, and sloppy. Practices will change, new medications and techniques will be pioneered, but at its heart, the flow of the system will remain the same.

Be ready. Always know the patient. As a future surgeon, I am obligated to prepare you for the operating room. Read the H&P before the case, and know the indications for the procedure. Introduce yourself to the patient. Meet them in pre-op, and walk with them back to the OR. On entering the operating room, do the same three things every time: write your name on the white board, introduce yourself to the circulating and scrub nurses, and grab a pair of gloves. No, not the sterile ones. Those will come later. Grab the flimsy blue nitrile ones, and put them on. Demonstrate that you are ready to help, to be involved, to learn how to position the patient, start IVs, insert Foley catheters, and that you are not merely there to observe. I was told by a great surgeon, one minute of OR time costs \$60. Efficiency is an essential part of the system. You are an extra set of hands. Be brave, but humble. When you meet a scrub nurse for the first time, he or she will assume you know nothing (even at the very end of your third year). No matter your prior knowledge or experience, the Mayo stand is a protected space. Being able to hold the suture scissors is a privilege that must be earned (every time). Closing skin for the first time is not the place to learn to suture. Have a basic understanding of how to hold the tools, and tie two-handed knots. Appreciate the variability in different techniques you will learn from different residents. There are often many right ways to complete a particular task. Learn the advantages of each of them, so that you can develop your own style.

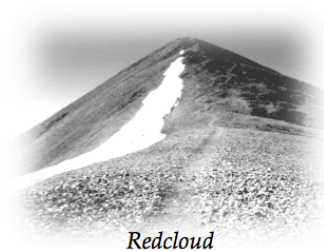
Importantly, learn as much as possible, and participate as an active team member. Be eager. During third year, you will learn more about medicine, and yourself, than at any other point during your undergraduate medical education. As a learner, you will be repeatedly thrown into new environments, some of them interesting to you, others not as much, and you will be expected to hit the ground running regardless. So you think you want to go into pediatric neurology and you find yourself hating your surgery rotation. Ask yourself, “What else can I take away from this rotation?” You can still learn how to be an efficient intern, collect vitals, labs, prepare discharge paperwork and check in with nurses. Learn the nuances of different systems. Paper charts at Denver Health will teach you the value of brevity and pertinence. Electronic records allow you to justify your plan and differential to yourself and others in logical, eloquent, and exhaustive detail, and explore zebra diagnoses. Take the opportunity to teach the team about post-operative pain control in patients with complex neuropathy. Actively seek out these opportunities to teach your team. Try to pick something interesting. Many times you will feel like you are preaching to the choir, but remember, two years from now, you will be an intern, and step 1 will be two years behind you. Instead your 80-hour workweek, and 4 hours of sleep per night will very much be in the present. As a result, you will be grateful to your medical students for these reminders about important mechanisms and their suggestions about how that information may change management in your patients’ care. Ultimately, at the end of an exhaustively long eight-week medicine or surgery rotation, no matter how well I did on the shelf exam, I never felt like much an expert in anything, and you will too. But at the end of the year, you will find yourself simultaneously more frightened by and more confident in your abilities to take care of patients. So take heart, work hard, and trust in yourself.

Remember above all, the point of third year is to inspire you to read and learn on behalf of your patients. Through your patients you will find your purpose. So be human. Talk to your patients. When you talk to your patients, remember that your conversations don’t always have to be about medicine. You are allowed to not know the next step. Instead, talk about the Rockies’ baseball game or fishing in Wyoming. Ask about their family, hiking clubs, and art classes. By remembering that you are a human too, you will know in your heart how to best care for patients. Yes, eventually, you will be expected to know the details about your chosen field, and be able to advise your patients of all the risks, and say with confidence why you think a particular plan is best for a particular patient. But that will come with time, repetition, failure, refinement and experience. With your team, now more than ever it is okay to be wrong. You are expected to know nothing. In fact, it is better for you to be wrong now because you will learn more from your mistakes. So put your own plans forth with confidence on rounds in the morning, demonstrate your effort, and be brave. Remember that even if your plan is completely off base, you can still be an expert on your patients. They will inspire you. Take this opportunity to serve them.

Before I end, again I want to congratulate you on how far you’ve come. Even more so, I want to congratulate you for the opportunities you are going to have this year. So as you go forth, remember, be polite, be humble, be brave, be ready, be afraid, and be great.

Sincerely,

Talia Sorrentino



Redcloud

Dear Phase III Student,

Before I started third year, I remember reading through all of the “advice for phase III” letters and feeling like there were so many “dos and don’ts” that I could never keep them all straight. A lot of the advice was very good I might add, but for me, those “dos and don’ts” came down to style and strategy, and for the most part, I just learned as I went, as most of us do. So I’ll leave the detail-oriented advice to the rest of the folks and focus on something a bit different. Amongst all the great advice I got about how to succeed as a medical student, the greatest hurdle and really the crux of the true challenge of being a third year student in my experience and the experience of many of my peers was something that I never quite figured out until several months into third year. Maybe it is not that someone didn’t say it- I’m sure they did. Regardless, either I didn’t want to hear it, didn’t process it, didn’t appreciate it, or simply unconsciously chose not to acknowledge it. Then three months into third year when the whole shock of the new life and transition to the hospital started to die down, I realized why I was so exhausted, and why charging ahead through the rest of 3rd and 4th year seemed so daunting.

It comes down to this: I am not perfect. Well, duh, right? This is not the first time I have realized this, in fact it occurs fairly frequently for me. This is, however, the first time I couldn’t escape it, I couldn’t hide it, I was forced to own it, and above all, I had to do this relentlessly day in and day out with people I just met who I wanted to simply adore me in a setting that is unrivaled in the pressure we all feel to be perfect.

If I add up all the people I worked with over the course of the 12 months of 3rd year, I worked directly with approximately 48 attendings, 52 residents, and countless others including all the nurses, speech therapists, PT, OT, consults, front desk staff, etc. Of the residents and attendings, more than half of those individuals were directly involved in evaluating me and commenting for my Dean’s letter. Everyone tells you that third year is like starting a new job every couple weeks with all new faces, all new tasks, etc. It is way more than that. On top of the roughly 24 new jobs you will feel the need to master during those 12 months in addition to all the new faces you feel the need to impress, it is hard not to feel the need to be a superhero, to be perfect, to be someone that each of those 48 attendings, 52 residents, and countless others remember as “outstanding” when you leave. Yet, like I said, we are not perfect.

So, what is my advice? Pretty simple: *cherish your imperfections*. Do your best to acknowledge and appreciate the imperfections of others. Understanding this about yourself and others will remind you not to take things personally, that medicine is called a “practice” for a reason, and that we are really all on the same team and struggle with similar things. At some point you will likely find yourself completely exhausted and desperate for an escape to a familiar place with familiar faces who won’t judge and will love you regardless of your imperfections. Third year is not a game of better or worse, or a transition from imperfection to perfection. Third year is simply an exploration of managing your imperfections, figuring out what needs a little help and asking for it, being brave enough to forgive yourself for feeling stupid or small, and learning that by the nature of the beast, you will also not be perfect in coping with your imperfections. If you are stubbornly intentional about forgiveness for yourself and others’ imperfection, you will not only learn more, but you will be stronger, courageous, inspiring, and human, all of which will make this year, in all its challenges, well worth it.

Nathan Ansbaugh



Uncompahgre

Dear Third Year:

One of the worst things you can be admitted to the hospital for is constipation. Not only are you likely insanely uncomfortable, but people are prodding you all over, you're having liquids forced into every orifice, and all anyone ever asks you about is if you've pooped.

I saw not one, but three patients during my inpatient geriatrics month, all with this unfortunate diagnosis. You probably won't see that many, but you'll see multiple patients throughout the year who are hospitalized or coming to clinic for seemingly silly reasons, some medical, some purely social. In wards and in clinic, the simplicity of these patients means they often get less face-time with the attendings and residents. As a third year, this is where you come in. Even though it doesn't feel like it, you have time. You have time to check in with the constipated patient several times throughout the day, for just a minute or two at a time. To say hi and offer to grab more pudding for the hospice nurse with a new diagnosis of metastatic pancreatic cancer, while the rest of the team sits and waits for her placement to be determined. To explain to a young woman that the reason she's falling constantly is because she has multiple sclerosis. This may be the third visit in three weeks in which she was told this, but before she only had a twenty-minute slot, and now you are able to talk to her for three hours.

You're also the one who can stand up for these patients on rounds. You're probably the only one who knows that this depressed teenager's recent suicide attempt was due to a recent run-in with his former abuser. When a patient comes into clinic and "doesn't remember" why she made the appointment, you're the only person who knows she's worried about getting turned into immigration and is probably listed under a different name in the EMR.

You're the only one who was present in each of another patient's appointments: when she found out that she was pregnant, when she miscarried, and when she needed an immediate procedure. You can thus alert the gynecology team about her intellectual disability and her preferred method of communication before the procedure begins. (Another plug for trying to follow the same patient as much as you can, even when you're on a different team or working with a different provider.)

When your patient is transferred from the ED to the ICU, or the general peds floor to the adolescent psychiatric ward, go visit them. They'll be happy to see a familiar face, and you get to share info with the patient's new team while maybe learning something yourself.

In short, go out of your way to spend time with your patients (you are here to learn from them, after all). You can make a huge difference in their care just by checking in with them, looking out for them in the clinic, and following up with them whenever possible. Even if they don't say anything, they notice, the nurses notice, your residents and attendings notice. And your heart will be more full at the end of the year because of it.

Rebecca Thomson



Conundrum

Dear third year medical student,

Third year is hard. Really, really hard. And not in the academic sense you would think of. Sure studying for shelf exams is a tough job, but passing them is hardly ever an issue. Third year is hard because you're forced to be a chameleon for an exhausting 365 days. You start over with a new group of people, with a new set of expectations, in a new location every 2-4 weeks. You are graded and evaluated by people with very different personalities and you're expected to show interest in every subspecialty of medicine.

The main thing I hope you keep in mind this year is that you truly cannot compare yourself to your classmates. Doing so will not only drive you crazy, it will leave you with a false sense of inadequacy. One could argue that medical students are the best of the best—so isn't it ironic to feel as though you're not good enough? Because we are all used to being so damn good at everything we do, few of us will admit when we are struggling.

So what is normal to feel during third year? Normal is just trying to get through the rotations you're less interested in, but working your butt off in the specialties of your choice. Normal is not studying for the shelf exam every night after a 12-hour day. Normal is feeling nervous at the beginning of a new rotation, and even feeling nervous throughout the whole dang month. Normal is feeling stupid frequently on rounds, and being mortified when you can't answer a pimp question. Normal is to feel mistreated by residents or attendings on occasion. And finally, it is normal to not click with one or more members of your team.

So when classmates brag about how on top of it they are as a third year, one of two things must be true. A) This person is making up for some huge personal deficit if they feel the need to tell everyone about their success. Or B) they are totally lying. Whatever you do, please do not turn into that person. Be humble and relatable, and support your fellow classmates. Simply be the type of third year that you would wish to be around!

Jacey Loberg



Mount Eolus

Looking back on Phase III

To myself at the start of the third year of medical school:

This year will change you. Sometimes it may be painful, but this will be the exception rather than the norm. Overall, the year will be kind to you. Sure, there will be plenty of uncomfortable situations and you will spend many long days navigating uncharted territory, but in the end it will be a great 12 months.

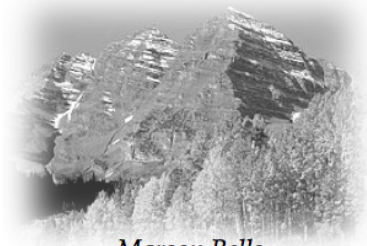
Here are a few survival tips to guide you along the way:

1. *You're about to start a 12 month-long job interview.* Try to be appealing, but please do not fake it – it will be obvious to your team. Be on time, act professionally, and try to be 'on the ball' (or at least act in a way that others think you're on the ball).
2. *The learning that is about to take place will be incredible.* Take notes, keep a journal, or at least fill out your patient loggers. You never know when you will want a quick reminder of the patients you've seen and the things that they have taught you.
3. *Learn to go with the flow.* Try to seamlessly integrate with your team (keyword: try). So what if you're on anesthesia week, but the attending surgeon needs an extra assist on the case? You had better run out the door and get scrubbed in as fast as you can. That might be the most interesting case you'll ever see, and let's face it, your intubated patient isn't likely to be doing anything crazy behind that sterile curtain.
4. *Bring your own food, everyday.* If you eat every 3 hours like an infant, you will want pockets stashed with fuel (which your team will likely also appreciate...CANDY!). If you are a snake and eat one enormous meal every other day, you might not need this tip. But if you decide to spontaneously volunteer for an overnight call or to fly to Nebraska to pick up a set of lungs, you will probably at least want a Clif bar.
5. *When you go home for the night, please sleep.* Your day should NOT look like this: "pre-round, round, admit, admit, admit, evening call, home for food, studystudystudy, cramcramcram, study...pass out." You will be miserable, you will be tired, and you will be embarrassed when you nod off at noon conference. Go home each night, learn a couple of high yield topics (the basics) and get 8 hours of sleep when you can.
6. *Play nice with the other students on your team.* You don't have to hold hands and skip down the hall, but at least have each other's backs. It is very obvious when one student tries to dominate, answers questions directed toward the other, or tries to manage every available patient on the service. And no one likes a dramatic super-gunner. Do your job efficiently, do it well, and cooperate. Your attending will appreciate it and you will have fewer enemies in life.
7. *Bring an extra cell phone charger.* Enough said.
8. *No matter which rotation you're on, befriend your intern.* Help them out with vitals, lab values, coordination of care on every patient, not just the ones you're following. Chances are your poor interns are feeling in over their head, just like you. Helping them out makes you look on top of things (see point one), will make you a key part of the team, and will teach you some bonus skills for when you are an intern. That day will come sooner than you think.
9. *Keep your family and friends involved in your life.* Third year is busy, but it's not a time to shut out your loved ones in the face of a busy schedule and stressful days. They have been there to support you throughout your life, and that certainly isn't going to end now. Call them with crazy

stories (HIPAA approved, of course), go visit them when your schedule allows, and communicate with them about what a typical day is like for you. Not only will they be proud of all of the great things you are doing and learning, they are more likely to understand when you have to miss a Sunday dinner or two.

10. *Most importantly, keep your head above water.* How? By using the coping and life management skills that have brought you this far. If you are a runner, run. If you stress- bake, bake (and share). If you need to come home and be completely alone, there is no shame in doing that. Do what makes you tick, what keeps you grounded, and makes you feel like 'you.' This is still your life, after all – third rotations are just a [big] portion of it 😊

Camri Wolf



Maroon Bells

Dear freshly crowned MS3,

Congratulations on making it to the best part of medical school! I hope that it has finally sunk in that classes and labs are over, and most importantly, you are on the other side of Step 1. It is finally time to take all of the facts that you learned from a textbook and apply them to a real-live person. It is the moment we all wait for and the reason we go into medicine.

Indeed, it is a time of excitement. It is also a time for change. During the first two years, our sense of responsibility is largely self-imposed. We can perform less than ideally on exams, and as long as we are passing the course, we are the only ones who know the details of our grades. There are no patients to please and no physicians to impress. Essentially, there is almost no opportunity for external judgment and little opportunity for embarrassment; hence our pride stays relatively intact. However, the game totally changes when we begin our clinical rotations. Oral presentations provide a rich venue for embarrassment, so take my following story as testimony to always prepare for your presentations, and know exactly what it is that you want to say.

On your internal medicine rotation, oral presentations are very important, and it will be the time you will get the most practice with them. Often residents will offer to meet with you before rounds to discuss future management with the patient, so you can appear prepared, and maybe even a little intelligent in front of your attending. One morning, I met with one such resident just minutes before we were scheduled to meet the attending doctor to begin rounds. It was very rushed, and I had several patients to run by her. One of our shared patients was a diagnostic mystery to everyone at the hospital. He was undergoing a very extensive work-up, and almost all sub-specialties had been consulted and were involved in his care. Naturally, with his exotic presentation, I was very interested, and as an ambitious medical student, I felt motivated to crack the code. What a hero I would be!

During my discussion with the resident, she mentioned that perhaps we should consider some infectious disease as a cause for his bizarre combination of symptoms. The patient was from a rural town in Colorado and owned livestock (including several llamas), so exotic parasites and other uncommon bacterial infections were important considerations. As an example, she mentioned echinococcus infection. It had been awhile since I had heard of this particular parasite, if indeed I had ever heard of it at all. (As you know it is often hard to distinguish between what we have forgotten and what we never knew. In any case, this particular infection didn't ring a bell). At the time, I didn't ask for any details, but I should have, or at the very least I should have clarified the proper pronunciation. To me, "echinococcus" sounded a little like "a kind of coccus," so I assumed I could think about this and figure it out before my presentation.

As we went about our morning rounds, we soon ended up at the bedside of the patient with the mystery ailment. As nervous as bedside rounding makes me, I actually delivered my presentation relatively smoothly at first. As I neared the end, I started to outline my plan (really the resident's) to pursue a more extensive infectious disease work-up. "And based on the fact that he is meeting criteria for 'fever of unknown origin,' and therefore infection is part of the primary differential diagnosis, I think we need to look into a.... um....a....hmmmm (what did she say a again? Was it "a kind of coccus?" I meant to ponder what she meant by this. Crap, what did she mean? No she must have said something more specific. Was it gonococcus?)...a....umm...gonococcus infection," I mumbled almost incoherently. It had just then occurred to me that I didn't know the exact pronunciation of the infection we had discussed earlier and hadn't spent any more time thinking about it, so I quickly slurred over it, hoping they would intuitively know what I was talking about. Even if I had perfectly understood her, I didn't know much (or really anything) about an echinococcus infection, but a gonococcus infection is relatively common, and I just assumed that must have been what the resident had mentioned. I hastily went on to talk about a few more diagnostic possibilities and plans for further work-up, and then finished my presentation. I waited expectantly for questions from the team.

My attending nodded encouragingly at the end, but she said, "okay good, but I just wanted to clarify one point you mentioned. What type of infection are you concerned about?"

Me, still not being exactly sure which infection I was literally having trouble talking about, I quickly slurred over it once again, "I don't know, maybe, a gonococcus infection." I quickly went onto explain my thought process, "You know, just because he is around livestock a lot, and I guess, you never

know - just to cover all of our bases.” I essentially had no idea what I was talking about. I thought I was just relaying everything that the resident told me.

After hearing my response, such as it was, the attending doctor looked even more alarmed, “Wait, I am sorry... what are you saying? Gonococcus?”

I don’t think she was trying to be overly critical, and still less do I think she was trying embarrass me. She was just trying to tease out what I had said.

I shrugged my shoulders and sheepishly answered, “I don’t know, maybe?” I quickly followed up with, “but I know, that is probably stupid and pretty unlikely.” I truly didn’t understand her skepticism. I thought maybe she was incredulous because this bacteria was so rare that she couldn’t believe I would suggest it. It would not be the first time (nor the last time) that I would suggest something so implausible that it provoked this type of mystified response.

It was the first “kind of coccus” and the only “kind of coccus” I could think of. I thought there must be more than just the type associated with the venereal disease. But, as I am sure you are gathering, there I was, earnestly suggesting to my team of interns, residents, and attendings, and to the patient and his family, that I thought he had gotten gonorrhea... from having intercourse... with his livestock.

The attending had the horribly strained expression of someone who is trying to mask a baffled smirk. (Looking back, I almost feel sorry for her. As entertained as I am by my ignorance, I am sure she felt twice as amused.) In a calm, and noticeably quieter voice, the attending continued to press my opinion. “So I am sorry. I am just trying to clarify what you think is going on. You think he might have a gonorrheal infection... from his livestock?” (In hindsight, I think she was doing her best to genuinely decipher my thought process, but keep the discussion vague enough to protect the patient’s pride.)

When she finally used the term “gonorrheal,” my mistake dawned on me and the reason for her confusion became very clear. At this point, I was profoundly embarrassed, to put it mildly. I looked desperately at my resident for help, believing she had gotten me into this mess, so she had better explain herself quickly.

The resident chuckled, fighting back more uproarious laughter. (As you can imagine, it’s generally not appropriate to be laughing hysterically at the bedside of a sick person with an undiagnosed ailment. In this case, however, some laughter was warranted). “No, not gonococcus, echinococcus.” All along she had assumed I had been trying to talk about the parasite infection she had proposed earlier. She had no reason to believe I wasn’t saying what she told me to say, so she didn’t notice the difference in my pronunciation. (Obviously, “gono” and “echino” don’t sound especially alike, but when this part is slurred and the rest of the word, “coccus,” is the same, there is room for confusion.) Apparently, I am a master of incoherence (this time on purpose).

Now the attending and the rest of the team were laughing. I finally had the nerve to glance at the patient. Unfortunately, now he was the one confused. I was still utterly humiliated. I couldn’t believe that I had been confidently giving my presentation while all the while my attending thought I was implying that our patient had intimate relations with his livestock. Luckily, the attending took over the conversation and explained the amusement to the patient and his family. Now they were laughing, and the patient swore his undying love for his wife, although he did admit to owning some very charming goats.

We all “enjoyed” a chuckle at the miscommunication, but my eye was glued on the door, wishing I could make a beeline out of the room. I felt like I had long overstayed my welcome, and besides, I had to go figure out what the hell echinococcus was.

I am using this story at my expense, not to scare you, but for one, to encourage diligent preparation on rounds. But secondly, and far more importantly, it is to demonstrate that things happen. We mess up. Everyone shares a good laugh (albeit at your expense), but at the end of the day, the medical team appreciates medical students for exactly this reason. Therefore, my ultimate piece of advice to new third year students is to preserve your sense of humor. It will undoubtedly serve you well, and it will keep others smiling around you. Good luck!

Best,

Emilee Sandsmark



Conundrum

Oh, The Things You Will Learn

You have the facts in your head
And a pretty white coat.
You have your gizmos
And new skills of which to gloat.

You're on your own
You don't know what you don't know.
You might feel alone
But, all your wondrous talents you will show.

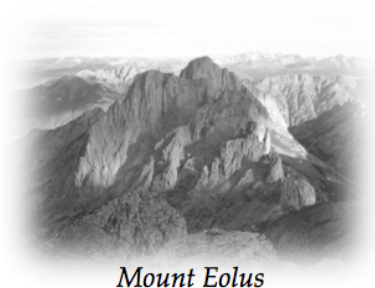
Oh how wide your eyes will be
You'll wonder how there's time for sleep.
Never a time to blink
And your sanity you will try to keep.

You'll fill your pockets with widgets, thingies and doodads
You'll help people in a bed, on a sled, and maybe in their head.
You will be lost and maybe found
And on your shoes someone might have bled??

You will cut and sew and struggle with knots.
That cuddly baby will give you an epic cold
And how did everyone get all these clots?
You might even wonder how you got this old.

You'll laugh, you'll cry, some will die
And maybe a family will wonder why.
Oh how hard you will try.
Oh the things you will learn.

Eric Arellano



Mount Eolus

AFTERWORD

We are so grateful for all of the creative and thoughtful letters we received this year. The letters are a diverse mix of humorous poems, poignant prose, and lists of practice advice. Some are encouraging and funny; others are cautionary and contemplative. Reading through them I discovered a lot of wisdom and good advice, even at this stage in my career. These letters serve as an invaluable gift for our new third-year students. We would like to thank all the students who were willing to share their thoughts and experiences to help their younger peers navigate through this amazing and challenging phase in becoming a physician. Thank you so much and best of luck in your careers!

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

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SUBMISSION GUIDELINES

We welcome submissions to the future edition of Letters to a 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. Please identify your advisory college when you submit your letter. If you choose to submit your letter anonymously, stricter criteria for publication will be applied. Please submit your letter to Dr. Therese Jones (therese.jones@ucdenver.edu) and Dr. Anjali Dhurandhar (anjali.dhurandhar@ucdenver.edu) for consideration for publication. The submission deadline is August 1, 2015. If accepted, your letter can be included on your curriculum vitae as a publication. We look forward to your letters!