

LETTERS

TO A THIRD YEAR STUDENT

FROM THE CLASS OF 2017
SCHOOL OF MEDICINE



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720-338-3284

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PRINTING: BILL DALEY, CITIZEN PRINTING
BDaley@CitizenPrinting.com

APRIL 1, 2017

LETTERS COLLECTED FROM HIDDEN CURRICULUM, FOUNDATIONS OF DOCTORING,
THE STUDENT ADVISORS FOR THE ADVISORY COLLEGES, THE GOLD HUMANISM HONOR SOCIETY
and
THE ARTS AND HUMANITIES IN HEALTHCARE PROGRAM

*This publication was made possible by the generous support of the
Undergraduate Medical Education Office in the School of Medicine,
Arts and Humanities in Healthcare Program
Center for Bioethics and Humanities
University of Colorado Anschutz Medical Campus*

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FOREWORD

Dear rising third-year students,

It seems like only yesterday that I was telephoning you, congratulating you and telling you how our admissions committee thought you would be an outstanding addition to your class. Some of you cried. Some of you screamed. Some of you were speechless. In that moment I was, and continue to be, so proud of each and every one of you. I was excited that you were going to start a new chapter in your life. And now you are about to start another new chapter in your lives. The stories that you read on the following pages will tell the tales of entering that next chapter.

As you begin the journey into the breathtaking, beautiful and completely imperfect world of clinical medicine, I want to remind you that you have the opportunity to be powerful – a powerful visitor in your patients' lives.

Some of you may begin in inpatient internal medicine. You may find yourself on a service like ACE, an inpatient service dedicated to care for our hospitalized elderly patients. More so than any other time during the year, you may feel like what you hear here is most memorable. Patients' stories will take a form far more powerful than just their symptoms. You will hear the stories of patients who have lived as hidden children in WWII, those who were young adults at a time when not everyone in our country had the right to vote, and those who can remember these details in far better detail than they can remember what they had for breakfast. And just like in the land of Dixie, you will hear patient stories that are music to your soul. When you're there, you will be decades younger than your youngest patient, but those same patients will respect you because of your white coat and your stethoscope. They will share the most intimate details about their lives with you. Even though you might feel inarticulate with your oral presentations, inept at creating a differential, or still low on the totem pole of the team, your power with each and every one of your patients will still be evident.

Others of you may begin your journey at Denver Health. Here, you will bear witness to the brokenness of our society, to the lack of access to care that plagues so many. You might feel paralyzed by this, but at the end of it all, it is my genuine hope that you will remind yourself to treat your patients all the same, to advocate for each and every one of them, regardless of their lives, their habits, their crimes, or the insurance status on their admission face sheet.

Your next journey may take you to a transplant surgery team. Here, like at every single other clinical site we have, you may see the sights of interns struggling through too many tasks and long hours. Don't focus on that but on being a witness to some of the amazing things happening there as well. If you are lucky, you may get to be part of one of the world's most amazing gifts - a second chance at life that a patient has with a liver transplant. You will feel the power that society has given surgeons, allowing them to use tools that can do great harm as well as great good—tools that would be considered weapons in the hands of others.

Through it all, you will be a powerful visitor into the lives of countless patients such as the father whose son didn't survive a car crash or the teenager too depressed to get out of bed.

You will be able to put a toddler at ease, suffering her fifth ear infection that year. You will have the power to provide honest, clear answers to a child's mother when she silently poses the question that she is too afraid to ask—whether or not her baby will be able to hear after all of this.

And after all of the talk of broken healthcare systems and biochemistry equations that you've heard over the past two years, these kinds of things may seem really small, but it is the small things that matter. It is the person that matters. You have the choice to decide whether or not you will enter the lives of these people as a visitor, a visitor who genuinely cares about that patient. A visitor who wants to learn and understand what their disease, their injury, and what *your* visit into their life means for them.

You have the power to decide. You can march into their rooms, announce to them curtly that they need this treatment or that, with your white coat flapping in the wind behind you. Or you have the power to embrace your patients, to learn the music of each and every soul you encounter. You have the power to serve them while embracing their dignity, to be a true healer.

You have the power to say, "Let me pull up a chair. Tell me about what this journey has been like for you. Thank you for inviting me to help. Thank you for letting me visit." And at the end of the day, long after you remember writing notes in the electronic medical record, or the "zebra" diagnosis you learned about at morning report, I want you to remember these memories of yourself as a powerful visitor.

Nichole G. Zehnder, MD
Associate Professor, Department of Medicine
Assistant Dean for Admissions
University of Colorado School of Medicine

INTRODUCTION

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

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

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

Members of the Class of 2017 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

To the Third Year Class:

The first patient I ever took care of was a corpse with pink toenails.

On the day of our first meeting, however, I knew only one piece of historical information: that she was dead. As I stared down at her, the fluorescent lights radiating from above seemed to reflect off of her pale, waxy body, making it shine almost luminescent on the cold, stainless steel table. Gritting my teeth, I made the first opening incision down the midline of her back from the base of her skull to her sacrum. I remember feeling confused by the sensation of her flesh beneath my fingers as we pulled her skin taut under the scalpel. Human flesh, at once familiar and alien. The impossibility of these dual realities clashed in my brain as I tried to focus on my task for the next four hours: to neatly enter the dura mater of the spinal cord and isolate just one of the elusive, delicate and easily destroyed dorsal root ganglia. With a stiff exhale, I bent my head to the grim work of getting to know this very first patient.

Over the next twelve weeks, my three teammates and I dutifully probed, sliced and sawed our way to a deeper understanding of the mechanism of the human body. We worked section by section, progressing from the back to the abdomen to the limbs. Finally, after weeks spent carefully dissecting the musculature of the thigh and delicately unraveling formaldehyde-soaked gauze as we inched down the lower leg toward the ankle, we deliberately unwrapped our patient's left foot and were greeted by a sight even more jarring than that of a dead foot on a table: a dead foot on a table adorned with impeccably painted, sparkly pink toenail polish.

The unexpected discovery of a characteristic so unique, so charmingly human, so carefully concealed by a patient I thought I had come to know intimately, humbled me in that moment, as it would two years later when I rotated through my clerkships. The memory of those pink toenails haunted me in clinics and on the wards as I constantly wondered what my patients weren't sharing with me, what I was failing to elicit from them. What was the man with atypical chest pain in room 824 afraid to ask me? When was the last time the woman with fibromyalgia in room 2 thought about suicide? What unique, charmingly human, carefully concealed mysteries had contributed to their hospitalization, or would shape their course to safe discharge?

These are the questions that aren't covered on the shelf exam when, as third year medical students, we transplant our learning from the lecture hall to the bedside. At the bedside, patients become our teachers, and their living bodies the cryptic texts that we'll spend countless hours learning to decipher as we once did their corpses. William Carlos Williams, the renowned physician-poet, described medicine as "the thing which gained me entrance to these secret gardens of the self," but I counter that third year medical students are more likely to find this entrance, like so many aspects of learning clinical medicine, obscured. Patients don't tell medical students about their pink toenail polish, and so we may never learn about the loving daughter who took unpaid leave from her job in order to provide 24-hour care for her ailing mother and who spent anxious, insomniac nights gently painting those toenails as her ailing mother slept too peacefully. These stories are the mysteries that reveal themselves to us under only the most careful, deliberate, unraveling hands.

These are their stories, and now ours.

Sarah Axelrath

University of Colorado School of Medicine Class of 2017

On Behalf of the Gold Humanism Honor Society

Dear Phase III Student,

Ok here you go...

Day 1:

It's 7pm the night before your first day of 3rd year surgery... You have your crisp, very white coat filled with pens, your Maxwell book, a new, clean notebook, a pen light, your stethoscope, your Dr. French anesthesia cheat sheet, your badge, and some fresh snacks. You've made sure to download all the latest and greatest reference apps on your phone, your scrub outfit is picked out and just the right size, and your alarm is set for 430am. You're nervous, but excited and FINALLY you are out of the classroom, done with Step 1 (obviously passed, right?), and ready to scrub in (once someone teaches you how...). This is what you came to medical school for and you know you are about to learn A LOT.

When your alarm goes off, you are quick to jump up and out of bed, showered, dressed, checked to make sure you have all you need, and to the hospital with 15 minutes to spare. Wow, off to a great start! You find your way to the right call room, walk in slowly thinking about what you are going to say, and stumble upon "Hi, my name is and... I am the new 3rd year medical student on pediatric surgery for the next 2 weeks." Ok, you've got this, pretty basic so far right? With looks of exhaustion and oh another medical student, the residents politely introduce themselves, tell you a million facts about rounds (what?), expectations, times to show up, who's in charge, patients, and operations scheduled for what sounds like the next few months. Holy crap, it's on! Welcome to 3rd year! It's going to be awesome!

Day 307???:

It's 5:58am on the Wednesday of your last day of 3rd year medicine (because obviously you talked your way into Thursday off to "study"), and you are just turning on to the street where you can see the hospital. You pull into the parking garage, drive up to the closest spot you're allowed to park in, grab your bag (which hopefully has your stethoscope, but definitely has papers, more papers, some sign-outs, and more random papers) and walk leisurely into the hospital... killin' it, only 7-ish minutes late. You obviously left your white coat at the hospital because you can't imagine bringing that dirty, grey, stained thing into your car, much less your house where you have to live. You wait for the elevator because you're still kind of on time, and you deserve it, you're tired. You walk in to the call room, say a quick "hey," grab a sign-out (already printed for you), quickly pre-round (vitals, meds, labs) to see all your patients, and start your notes for the day. The day continues much like they all did... rounds, consults, orders, notes (yours all done by 11am now) and some other medical student "educational" tasks. Before you know it, it's 4pm and the senior resident says why don't you get out of here a little early...

So you stop by room 513 to say goodbye and best of luck to your aphasic patient you have helped care for the past 2 weeks. He tells you thank you, good luck (the most lucid things he has been able to say in weeks) and hands you a picture he says he drew for you. Putting them in your bag to keep (in a spot other than all those other random papers), you RUN down the stairs and out of the hospital. You did it! You made it through 3rd year! You were constantly tired, always hungry, never felt organized, comfortable, or knew entirely what was happening, but you were a part of the team, and you learned how to function like a doctor. Most importantly you learned more about medicine and about yourself than you thought was possible, met some really cool people along the way, and made a huge

difference in the lives of many patients and their families (while letting them make a difference in yours). Congratulations, if that isn't an accomplishment then I don't know what is! Now on to 4th year and a big nap...

In all of this, I want to give you 2 important pieces of advice: relax and take it all in. Never again in your career will you have the opportunity to make silly mistakes, to ask a million simple questions, to sit and talk to your patients and their families for a hours, to be completely lost and confused and not be the one responsible, to magically switch specialties every 4 to 8 weeks. It is the perfect opportunity to learn and to jump in and try things, so DO IT! And make sure to take a second to relax... nobody cares that you don't know the answer, you will pass your shelf exams, you will get some really weird evaluation comments, and you'll pass your clerkships even if you take an afternoon to watch that Netflix show or a whole weekend to ski. It's all part of the journey, so make it yours and have some fun.

Sincerely,

Brianna Dix, MS4



Dear Third Year Medical Student,

You should be nothing but excited to start rotations! There are very few careers where you have the opportunity to test out a variety of jobs before making a commitment. As you embark on this next phase, I would like to share the answers to this quiz with you. (Don't worry, this will not result in any Honor code violations!)

- 1) I should ignore my hobbies and family to focus on my studies.

TRUE FALSE

Correct Answer: FALSE. Your support system is just, if not more, important than your studies in third year. Your patients and team can tell a lot about you from your outside life, and it generally makes you more pleasant to work with if you are happy and centered. The knowledge will come with time, so be sure to carve out time to nurture your other interests.

- 2) When someone tells me to go home, I should go.

TRUE FALSE

Correct Answer: TRUE. Call yourself lucky if your team recognizes that you have finished your contribution for the day. You have exams to study for, food to eat and laundry to do. Leaving early is a rarity for residents, so take advantage of that precious time. No need to check with all of the team: whoever told you to leave will stand up for you, and it is likely no one will notice you are gone.

- 3) I do not make a difference.

TRUE FALSE

Correct Answer: FALSE. There will be days when you feel useless after spending hours writing notes that no one will read, standing in the corner of the OR trying to stay warm while trying not to touch anything forbidden, or getting a series of questions on rounds that you just don't know the answers to. Don't let these moments make you lose hope. You might not be helping with the actual surgery or getting the questions right, but you are helping the team become better teachers simply by being there. Kind words of encouragement, offers to play cards or get some fresh ice water, or discussions about interests go much farther with patients than we might ever understand. Take time to cultivate these meaningful experiences.

- 4) If I don't know something, I should make something up.

TRUE FALSE

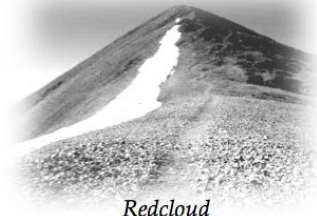
Correct Answer: FALSE. It is ok to say, "I don't know", and it is ok to say it a lot. The key is that when you utter these words, you should be prepared to look up the answer or be genuinely interested in learning it. We obviously have a lot to learn and won't learn it until we see it, but our attitude about learning makes a huge difference.

- 5) I should have fun.

TRUE FALSE

Correct Answer: Definitely TRUE! Remember, medicine is an occupation and your team members have other interests too. They probably don't want to work longer hours, skip meals or avoid taking a bio break for 10 hours straight either. There are certainly times socializing isn't appropriate, but take the opportunity to have fun when it reveals itself. The highlight of my year was serenading my patient with the Hokey Pokey with the team dressed in yellow gowns and gloves. I hope you find that if you put your whole body in and shake it all about, you will have a great time in 3rd year and learn a few things too! Best of luck and have fun!

Meara Melton, MS4
GHHS



Dear Third Year Student,

You will get a lot of strange, impossible-sounding advice about starting third year. But it's also mostly true. So here's my contradictory advice for you:

It's okay to be scared, but be more confident.

You will be scared and you will not feel confident, but pretending to be confident actually does work. If you're 20% sure about an answer, just say it anyway. Sometimes it will be right, and when it's wrong you'll learn from it. No one will think poorly of you if you're wrong. A wild guess is better than saying nothing because if you say nothing they will assume you know nothing.

Attendings will pimp you, and it will be humiliating, but they only want to help.

When an attending or resident asks difficult questions, it is not to humiliate you. It's to find out what you don't know so they know what they should teach. It's okay to be wrong. You're there to learn. And maybe that little bit of humiliation you felt will scare that fact into your long-term memory.

You might have some mean patients, but remain empathetic and caring.

At some point, you will have a patient you don't like and that's okay. Think about why you don't like them. Then think about why you're here. Whether they're your favorite patient or your least favorite patient, you can help them. You can show kindness even when what you feel inside is irritation and exhaustion. You can show empathy even if their problems seem trivial. Sometimes you have to pretend. Those times, you're learning how to best deal with these patients in your future career. Because no matter what specialty you choose, you will have difficult patients. It's okay to dislike a patient. You're only human.

Your scrubs will never fit, but they'll be your favorite outfit.

Scrubs come in size small-in-all-the-wrong-places and size clown-suit, but you're basically wearing pajamas to work, and it makes getting ready in the morning so much faster. That extra five minutes is something you'll treasure.

You'll spend most of your time at the hospital and the remainder of it studying, but make sure you take time for yourself.

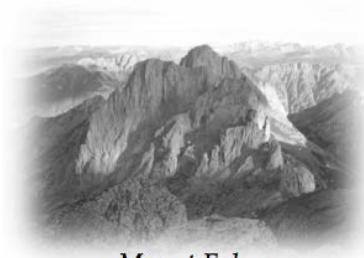
During some rotations, you'll feel like all you do is work. It's going to be hard, but you'll learn to manage time like you never have before. If a resident says you can go home if you want to, GO HOME. It's not a trick. Sometimes you might have to ask your team if you can go home to work on a paper or presentation if it's not too busy. Don't be afraid to take a break. You will work more efficiently, and you will be happier if you take a break. Take some time to do something that relaxes or energizes you. It might sound silly, but you might have to actually schedule it. You can't be your best self if you don't recharge, and you need to take care of yourself because no one else will.

Do a thorough presentation, but keep it under three minutes. Unless you're on surgery. Then it should be thirty seconds.

At the beginning of third year, you will not be good at presenting. You might get halfway through your Assessment and Plan before you realize you left out the entire physical exam. It's okay. We've all been there. Keep practicing. If your residents and attendings don't give you feedback, ask for it. You may have two different attendings who give you opposite advice. There are a thousand ways to present, so if you don't ask how you can improve, you'll never know what that attending was looking for. On surgery, they'll cut you off. Maybe after one sentence. It's not you. They're just busy. Your presenting skills will dramatically improve through the course of your third year. By the end, you'll wonder why presenting used to be so scary. In fact, you'll wonder why third year was scary at all.

The best advice I can give you is to focus on the good. When you're exhausted and overworked and hungry, remember how excited you were to be accepted to medical school. When you get a pass even though you thought you deserved honors, remember that you're here to learn, and you accomplished that. When it feels like all your classmates are doing better than you, take a good look at those amazing people and realize that they might be thinking the same thing about you. Third year is a time to experience a glimpse of your future. It is a time to discover what you want to do and what you absolutely don't want to do. Third year is when you finally feel like you're becoming a doctor.

Good luck,
Christine Cliatt Brown
MD Candidate, Class of 2017



Mount Eolus

Dear Phase III Student,

My third year of medical school is over! Like a breakfast cereal variety pack, each new block has held its own awesome flavors. Neurology required me to hit the patients with hammers. Pediatrics introduced me to my nemesis, the tiny ear. Psychiatry forbade neckties and showed me that real electroconvulsive therapy is different than in the movies. Surgery had a gauntlet of treacherous hand washing rituals. Now the year is done. The Cocoa Krispies seemed to vanish in only two bites, but even the less exciting Corn Flakes have been emptied.

If I may pass along some humble observations:

- I am grateful for all of the support I received from family, friends, teachers, and all of my classmates.
- I left every day with more stuff on my list to Wikipedia.
- No matter how many times I read the chapter on the nephron, I still have to review how every problem seems to wreck my patient's kidneys.
- My most rewarding and challenging relationships were with the residents and attendings. I spent far more time with them than any individual patient.
- There are at least two curriculums for medical students, the exam and the clinic. Far more if you account for each attendings' individual preferences!
- The 47 year-old woman, 22 weeks pregnant, with no cocaine "since the Super Bowl parade," isn't on the test, but she is in the clinic.
- The syllabi say the test is only worth 20% of our grade. In reality though, it was worth 100% of the grade if I didn't pass it.
- The intensive care unit rewards the medicine team that takes too long with a C. difficile infection for their patient.
- I felt most useful this year when I was able to coordinate for a veteran to receive his chemotherapy on time when he arrived in Seattle. Or when I insisted that our neurology team take the time to enroll a patient in urgent psychiatric and primary care.
- I regret not stopping my resident team from making fun of another resident in their program because of a movement disorder. Instead I stood quietly to the side, in disbelief that fifth grade had started over again.
- I was amazed at how the patients would open up to us, and I truly enjoyed learning their stories.
- I had a big grin on my face every morning walking into the VA hospital, no matter how dark or early it was!

Third year of medical school. It wasn't the easiest year, and it wasn't the hardest. It was very memorable. Enjoy!

Sincerely,
Chris Varani



Mount Bierstadt

Dear Phase III medical students:

Congratulations on completing the first half of medical school! You must be feeling fantastic after putting classroom time and step 1 behind you. What is coming at you right now is something called “the third-year,” when swimmers keep on swimming, and non-swimmers learn how to swim. In other words, you have to learn how to swim... wait, I mean, get through the third-year.

Think about third-year as going into an international buffet that you have never seen before. It is full of food selections, and you were given the starting plate and told to explore each station of the buffet. It is exciting, but also scary... Let’s go walk around this third-year buffet, and perhaps learn a few tips from our tour.

You come to your first sushi station thinking, “yea right, I have seen pictures like this California roll before.” You end up tearing after the first bite. The cucumber inside is replaced by wasabi. It is indeed a wasabi roll... What can you do about it? You may like it entirely because wasabi is your favorite food. You may spit it right out because there is no way you can do it. You may also swallow it thinking that was interesting, and let me think about it whether I want to have it again. I guess what I am trying to say is: be ready to get surprised.

You recover from the wasabi roll, pick up a bunch of food, return to your table and get ready to enjoy your meal, but wait there are no dining utensils, drinking glass, or napkins. Someone just “borrowed” your table salt and pepper, and your waiter disappeared for a break. And you forgot to take your antacid for GERD, and you are having symptoms even before you start eating. You always have the option to eat with your hands, to wipe the sauce with your shirt, and to suffer through your GERD symptoms. I would highly recommend you not to do so. Get your bases covered first, plan ahead, and be prepared for it. If you need anything, don’t be afraid to ask your friendly neighbors for help. Bottling it up is not a good long-term solution.

You finally finish your first plate and get ready for something special of the day. The seafood station offers fresh lobsters, but they are limited in numbers. These lobsters are offered on a merit-base, only the “most whatever” customers will get it. First of all, you do need to assess your own competitiveness. Get to know someone and really understand what “most whatever” means. Work with this person, listen to his/her advice, or get to know the chef in the kitchen to get ahead of the line. Do not quit based on your chances because you can never get the lobster if you do not try.

Finally, it is the last course of the meal. You roam to the dessert station and pick up a crème brûlée. As you crack through the crusted caramel, you find the custard layer totally unsolidified. It is salted, instead of sweetened. Please inform the restaurant manager what happened in this case because this could have happened to somebody else as well. Don’t be afraid to confront the authority of the chef if you feel you have been mistreated. Please report those incidents and stand up for all the customers behind you in the line.

Maybe that is not the most amazing buffet you have gone to, but I hope it still offers you an opportunity to explore. This is an once-in-a-lifetime experience for every doctor and doctor-to-be. Hang in there! See you at the checkout counter.

Zeta Chow



Maroon Bells

Poetic advice

I'll mention a few things from every rotation
That I have learned over the year.
Of course, my suggestions will need exploration
By you, dear reader, that's one thing that's clear.
For Medicine block, please read the chart
To know the patient's history,
You'll find it hard to sound smart
On rounds without that, that is no mystery.
On Family Medicine, please don't be scared
To check someone's prostate; it's easy to miss
Pathology because you were not well prepared
To deal with an uneasy moment like this.
For Pediatrics, remember to smile.
Kids aren't too fond of your serious face
Try to adopt a sillier style.
Attendings use it; it's not out of place.
The Ortho block is only two weeks,
Sign up for a surgical site!
I missed out on joint injection techniques,
Which was a major oversight.
Anatomy block had scarred me for life,
So Surgery made me afraid.
It turned out surgical concepts are rife
In medicine, so this block I couldn't evade.
Surprisingly, it was a great rotation
I did it at a rural site.
It honestly felt like a little vacation,
I got to sleep almost every night!
The rural sites are great because
You work so closely with the doc
Being first assist, which there I was
Makes you forget about the clock.
In the OR you should move slowly
It calms the surgeon when you do.
Be helpful, always place a Foley.
Be sure that your notes are true.
For Ob/Gyn I think you should
Accept that patients might not care
When they are completely in the nude
You have a reason to be there.
Autonomy is patient's right,
They asked you to step out?
It's nothing personal, alright?
You say, "No problem!" and walk out.
While you might think you need to know
By heart the details of cross-sections
For Neuro block, but gladly, no!

I doubt I'll hear many objections.
It's much more clinical than I had expected.
You get good at doing exams,
You know which brain area was mostly affected
And draw for your patient a stroke diagram.
A psychiatrist told me once in ED,
An interesting pearl that he found
And since then I have come to agree:
That if a patient is anxious to leave when you round,
Be very careful not to give in,
And if a patient insists on staying
You likely safely can begin
The discharge process without delaying.
And finally, my advice for Emergency block:
Take less than a minute to present—
Brevity is Emergency's bedrock,
Excessive info can disorient.
I hope you liked all this advice,
And can forgive the poor rhyming.
I know this poem's market price:
It's just two cents, and it's not climbing.

James Yarovoy



Uncompahgre

I remember thinking, almost immediately, how similar third year was to being a busser.

I worked at a fine-dining restaurant in college. When I started, I was easily the lowest on the totem pole of a group that took themselves very seriously. I didn't know how to pronounce 'haricot verts,' or what was in the demi-glace that evening, and I knew nothing about wine besides color. I wasn't sure when I was talking too much to our patrons, or when I was just making more work for servers and the manager. Despite my efforts, I wasn't particularly good at my job. Finally, humbling day after humbling day, I had a novel idea. I decided to simply focus on being useful. After careful observation I realized this could mean anything. For example, Lisa liked when I updated her on special counts, and Tyler wanted to know whenever someone wasn't satisfied with their steak so he could smooth things over. Chad liked the tablecloth folded like *this* and not like *that*. It's unglamorous, and it certainly didn't get me up in the morning. But then something magical happened. Suddenly, I was useful. Suddenly, I was part of the team. And these same people, no longer seeing me as a nuisance, began looking out for me, teaching me their craft.

Third year is a lot like this.

And now for something more concrete. People have piled advice around you since day one of medical school, but push some penguins off the iceberg for the following:

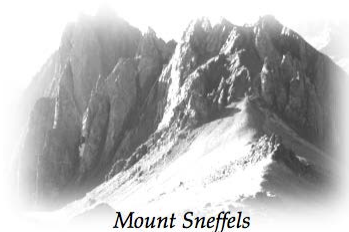
Whatever conceit you have, abandon it now. The hierarchy is real. You will be amazed at what offering to go retrieve a patient sticker will do to an otherwise surly resident's demeanor. This means more teaching, more experience, and more responsibility (all good things!).

The intern is your lifeline. They are closest to you in training and understand your plight better than anyone else. They will protect you from chaos and keep you on track. I remember once my general surgery attending pimped my intern on pelvic vasculature. The attending said her answer was wrong, and then asked me what I thought. "Actually, I thought her answer was right," I responded. I had no idea what the answer was, but backing up your team is always correct. The intern's answer was right by the way, so, double-win.

Trust the process. It's no longer about facts, or finding the buzzword in a question stem. There are no multiple choice questions on the wards. Rather you will be crafting a framework for reasoning you will continue to annex for the rest of your career. You will probably forget more on a weekly basis than most people learn in a year. But your mind can take it, and more will stick than you think.

Finally, you will meet so many benchmark physicians you respect and hope to emulate. Take something tangible from each of them for your own toolbox, so that you may become an alloy of everyone who inspires you along the way. Remember you will soon be amongst them, breathing that rarefied air, and looking after someone who feels very much like you do now.

Tyler S. Okland, MS4



Mount Sneffels

Retrospective musings of a current rising 4th year:

- I wonder how many pens were stolen from me over the past year.
- Wow, I was usually fairly competent with only 6 hours of sleep.
- **My dentist is not going to be happy with me. What's her name again?**
- At what point in the year was I completely indoctrinated into the act of folding every piece of paper hot-dog style? I can never go back to hamburger.
- How many other students have been labeled as "pleasant" in their evaluations?
- What sadist chose to make white coats white? There isn't enough bleach in the world.
- **Is it possible to eat *too* many protein bars in one year?**
- I vow to never lose my excitement at the possibility of free lunch.
- What horrific bacteria/viruses/fungi are living on the surface of my phone/stethoscope/white coat?
- How many hearts did I listen to in this past year?
- **The secret to looking good in scrubs is to stop caring.**
- Coffee is the greatest medical discovery.
- I've never experienced so many different emotions in one day.
- Nothing that anyone told me could have mentally prepared me for 3rd year.
- Nothing brings competitive medical students closer than being lost together on the first day of a rotation.
- **Surgeons are robots. No food. No sleep. No peeing.**
- Does my very first patient of 3rd year remember me now? How many patients do remember me?
- Is there a job where I can relive my nursery week and just hold newborns all day? I can change diapers!
- What quantity of reading is considered to be *enough* by my evaluators?
- What volume of hand sanitizer has been rubbed on my hands in the past year?
- People actually prefer 9-5 jobs to this?!
- **Will the mother whose baby I delivered remember me? Did she name her baby after me? Oh my gosh, what if she named her baby after me?**
- Never mind she probably named it after the anesthesiologist who did her epidural.
- Anesthesiologists get breakfast and lunch breaks?!
- Do any physicians *not* own Danskos?
- How many of my treatment plans really were complete and accurate?
- I wonder what a heart murmur sounds like...
- **I could never do any career but medicine after 3rd year.**

Brenna Benson
GHHS



Magic

"...but no explanation, no mix of words or music or memories can touch that sense of knowing that you were there and alive in that corner of the time and the world."

--Hunter S. Thompson

As a third year medical student, your job is to learn. Whether it is learning by example or through practice, every second of every day is an opportunity for growth if you are open to it. More than this though, your third year is the time when you experience real life magic.

Every new patient presents a new challenge, requiring a solution composed of a specific treatment or technique. To a trained medical professional, these techniques are skills or 'competencies' requiring mastery in order to advance to the next level of training. To a layperson however, these skills are akin to magic.

Live donor kidney transplant | Occurs via two simultaneous surgeries whereby a kidney is removed from one patient in one OR and transplanted into the pelvis of the recipient in the adjacent operating room.

Diazepam | A benzodiazepine that can quickly resolve a seizure in a violently seizing patient.

NG (nasogastric) Tube | a tube passed through the nose into the stomach which can be used for decompression of stomach contents; may also be used to provide nutritional support.

Neostigmine | An acetylcholinesterase inhibitor used to jumpstart colonic motility in a patient with Ogilvie's syndrome who is refractory to more conservative therapies.

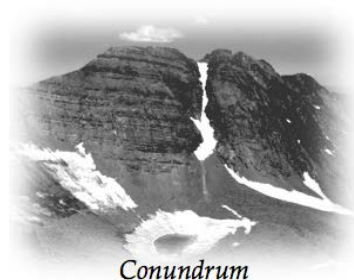
ED thoracotomy | A large window made in a patient's thorax where you can touch and see their beating heart, or not beating heart, as the case may be.

Carotid Massage | A bedside manoeuvre that can be used to resolve a supraventricular tachycardia.

The list of the 'new and exciting' is truly endless, and the aforementioned magic tricks are by no means exhaustive or the most impressive. *They are simply a compilation of tricks I saw over the course of one single- albeit busy day on the wards.*

In retrospect, succeeding as a third year medical student is simple and has nothing at all to do with the grades you will receive at the end of each rotation. In a year when your own learning is paramount, you will be at your best when you simply exist, being fully alive in the moment, absorbing all that you can. Just as you will become smarter and more experienced with each passing day, so too will the wonder of these tricks fade. So enjoy the ride, prepare to feel and to experience all that is novel and exciting, and strive to open your eyes to see the magic in it all.

Alyssa Blood



Dear Phase III Student,

Welcome to the newest chapter of your ever-changing life.

Some of you are excited. You're ready to impress your team with your knowledge of microbiology and the biochemistry pathways.

Some of you love every aspect of medicine, and you can't wait to spend a little time sampling all the specialties and finding out which one inspires you the most.

Some of you feel competent, enthusiastic, and can think of nothing you'd rather do than spend the next year in the hospital.

To those of you, I wish days filled with answerable pimp questions, perfectly written notes, passionate attendings, and an always-crisp white coat.

But this letter isn't for you.

This letter is for those of you who feel scared, intimidated, or even unsure of whether or not you can move forward.

This is for those of you who can barely make it through the next few hours, let alone the next 12 months.

This is for those of you wondering if medicine is even the right career anymore, and is it too late to turn back and take that PR job you turned down after college?

You are not your classmates.

You might love medicine, or hate it, or maybe you loved it once upon a time and now you can't remember why.

And that's ok.

I'm going to be honest. 3rd year will be hard for you.

It will not be the formative adventure it is for your optimistic, impassioned classmates.

It will challenge you, exhaust you, and take you to the edge of stress and anxiety.

But it WILL NOT break you.

You will struggle to the other side, slowly, one step at a time, but you will get there.

You will find the things you love, and confirm the things you really don't. And in the end you will leave 3rd year with a better understanding of who you are and why you are here – even if you don't quite know what to do with that yet.

So allow yourself to cry and laugh, sleep and stay up late, celebrate the victories and commiserate the injustices, and in the end both love and hate all the different experiences that make up this year.

Because whether your 3rd year is brilliantly bright or devastatingly dark, you are moving forward.

And when you finally slow down enough to look back at it all, you'll realize that your 3rd year, in all of its perfect chaos, led you to exactly where you need to be.

Jennifer Sternberg
CUSOM Class of 2017



Mount Bierstadt

Dear Phase III student:

Welcome. What an exciting year you have ahead of you and oh my, the places you have already been. Congratulations.

I have no doubt that each of you will experience a big moment this year - a time when you will feel particularly elated (your first delivery) or particularly dejected (your first death). Yet, what has sifted through my memories as I reflect upon my 3rd year are the small, tiny, mundane moments: the meals, washing my hands, walking through doors, riding the elevator. (See the attached *9 places to eat during 3rd year rotations* as an example.) It makes me realize that this is our life now. This is the first year of the rest of our careers.

My advice, then, is not to get too bogged down in the seriousness of it all. Ground yourself in the small moments. Try to focus on staying present and open. Be available for all sorts of things: opportunities to learn, to make friends, to crack a joke. You will be surprised by how quickly it all goes by. And above all, you are exactly where you should be. You are much more and no less.

I believe in you.

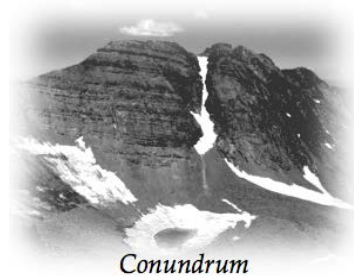
Mimi Chau
GHHS

9 places to eat during 3rd year rotations

1. **In the cafeteria**, sitting down, using a fork, with a classmate, like normal people do.
2. **In the locker room**, between surgical cases, two hours past noon and your hands are shaking and your heart is racing because you consumed 200 calories 8 hours ago.
3. **In the staff lounge**, in the corner by the flyers documenting the number of adverse events the unit had that year and the sign-up sheet for Dr. Wallenberg's baby shower party.
4. **At your computer**, as you type up the note for the patient you presented on rounds today, and your cracker crumbs spill into the spaces on the keyboard and you can no longer use the letter P and realizing that your patient is suffering from pericarditis, pneumonia, and pleural effusions.
5. **By the ice cream case** in the University cafeteria as your team buys coffee during the 3 o'clock slump, and you rebel by eating a frozen mango fruit bar instead.
6. **During grand rounds** when you were lucky enough to get a box lunch with a sandwich, a quinoa salad, and a cookie, but not lucky enough to get something other than ham and cheese.
7. **At happy hour** after your resident lets you go home early, and you happen to be rotating with your two best buddies and it's springtime and the sun is warm and all you want is to dogwatch while drinking a margarita.

8. **In the car.** Especially at 4:45am and no one is on the road, and you're going 15 miles over the speed limit and you accidentally bust through a stop sign because it's dark and you're already late for morning rounds.

9. **At home,** after you ask your resident if you can do anything to help, and she replies, "Nope, you did a good job today. You should go home." You thank her for the fun day, pack your things, and go home.



Your Name

Know your name. I'm not talking about your birth name or your nickname; I'm talking about the name you will be known by on the wards: The Medical Student. Like me, you may start your first day of third year looking sheepishly around the nursing station (at least, you thought it was the nursing station) until a kind nurse asks you if you're lost. You're most definitely lost, but you muster up the little confidence you have and say, "I'm _____, The Medical Student, do you know where the medicine team is?" The nurse then lets his coworker know he will be taking The Medical Student to the team. Thus begins your journey into clinical medicine with your new name. Your resident and intern, when referring to you, will often call you The Medical Student. The nursing staff will come in and ask you a question to which you reply that you don't know since you are just The Medical Student. Your patients will look at you inquisitively when you introduce yourself as _____, The Medical Student and will take a cue from the intern and resident and start referring to you as The Medical Student.

At this point you may start to feel frustrated – doesn't anyone know that you have a name? That you find it, secretly, a little shameful that you are only just The Medical Student? These are all valid concerns, but I am here to tell you after a year's worth of being The Medical Student to embrace the name. Own the name. Pin a scarlet "M" to your dress clothes everyday so everyone knows who you are (though a short, white coat probably does the trick). Consider it an honor, and here is why: the first nurse you interacted with doesn't consider you just The Medical Student. He sees a physician-in-training and an ally in the healthcare system, an approachable and direct line to the attending. Your resident and intern are excited to have you and call you The Medical Student out of endearment and a respect for the role they will play in shaping your career. By the end of your rotation the nursing staff will be asking you questions knowing you are just The Medical Student, and you will be confident answering them (with maybe a little help from your intern). Finally, when the patient gives you a funny look after you introduce yourself, it's because he doesn't know what The Medical student does. He might not have ever thought that physicians need to be trained. Most, if not all, patients will be excited to have The Medical Student around. You have the time to listen to their stories, understand they are more than just their illness, and advocate for them when they cannot advocate for themselves. Who knows, your patients might just forget your name and accidentally call you The Doctor.

Austin Park



Dear Phase Three Student,

It is of no doubt by now that you have received innumerable bits of advice, survival guides, horror stories, and tips and tricks. The year ahead is truly as rewarding and frustrating as you make it to be. You will encounter challenges, you will have times where you feel incompetent, and you will endure moments where someone will be angry at you for reasons unknown. But, that is of no surprise. As daunting as it may seem, embrace it.

Though the challenge is now different, you have built a foundation that will take you far, and you will embark on an opportunity that few will ever see. Jump into every moment uninhibited and heartfelt.

Though at times the frustration will be palpable, don't discount the resilience you have. Press forth knowing that you possess the strength or that you can build the skill to take on any situation that comes.

To my colleague, I offer a phrase that I bring from my studies in Japanese Kendo: “質実剛健” - unaffected and sincere, with fortitude and vigor. A simple philosophy that I believe can take many very far.

Always press forward,

HoanVu Nguyen
Phase IV Student



Mount Sneffels

Dear Phase III Student,

You should know that nothing you read can really prepare you for your third year of medical school. It's an awesome/awful adventure that you will each experience in your unique way over the next year. That said here are a few tips and tricks based on my experiences in the last year that will hopefully help you throughout any situation you encounter in your third year: good, bad, or ugly.

The Good:

Write down the good things. There will be lots of amazing experiences, encouraging compliments from residents and attendings, and patient encounters that will lift you up and inspire you. Unfortunately, as a busy third-year medical student, it's easy to forget or minimize these moments. To help you remember the positive aspects of third year, write down at least one good thing every night. It doesn't matter whether it's in a physical journal or in a Word document on your computer, just make sure to actually write it down. Some days the good thing you write down will be small like that the vending machine candy bar you ate at 3 am was especially delicious. Other days what you write down will be big like the smile of joy on a new mother's face while you deliver your first baby. Either way, writing down at least one good thing can help sustain your positive attitude throughout third year.

Smile. When you're nervous, smile. When you're sad, smile. When you've had to pee for like two hours, but you can't seem to find a good moment to leave rounds, smile. Smiling has been shown to improve your mood and is the epitome of the phrase, "fake it till you make it." Plus, who doesn't love a med student who is smiling and looks excited?

The Bad

Know what keeps you motivated. Where will you turn when things get rough? What motivates you to get up and go through your day, even if you are miserable? I would love to say that every day of third year is inspiring, and you just can't wait to go to the hospital; that would be a lie. It's easy to feel bad about your coping mechanisms, but do whatever you need to do to keep going. For example, I ate ice cream for dinner every night on a tougher rotation because I kept promising myself that if I could get through another day, I could have ice cream for dinner. Overall not the best diet plan, but I sure did make it to the end of my rotation.

Be kind to yourself. You will feel stupid. A lot. You will mess up frequently. You will likely answer questions wrong on rounds every day. I can tell you now that you're not stupid. You worked hard, and you deserve to be here. Embrace your mistakes because third year is a safe space to make them while you've still got an intern and a resident watching over your shoulder.

The Ugly

Say hi to your classmates. They're the only other people who are going through this process on a daily basis the same way you are and can pull you out of your saddest moments. When I was at my lowest point in surgery, a classmate who didn't know me very well saw me in the hallway. He stopped me, and gave me a giant hug because he thought I looked like I needed one. Fortunately, his hug kept me from ugly crying in front of my attending later that day, so I owe him forever for that. Your classmates are your people and can help

you in ways you can't even comprehend now, so go ahead, say hi, and let your classmates know when you need to lean on them for support.

Being human is the most important. There will be truly awful days during third year. You'll have patients that will be hard for you to work with and talk to. You'll have patients who make you feel defeated as a future physician. The thing to remember is that medical knowledge is sometimes less important than your lifetime of knowledge about how to interact with other humans. If you're not sure where to start with a complex patient or an upset family member, use your human instincts. Hold people's hands. Listen while they cry. Simply exist in a moment with them. You're better at this medicine thing than you think.

Emily Hause
GHHS



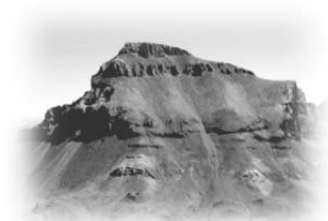
Dear Phase III Student,

You are about to enter a very exciting time in your medical education. The wards. The clinics. The operating rooms. Or what have you. Many feelings might occur to you at this time. Excitement. You get to do things finally! Nerves. Will I like my team? More importantly, will they like me? Panic. Is it possible that I've forgotten everything since Step 1? Somehow, yes. You seem to know nothing, absolutely nothing. What if they ask me something I don't know? How do I respond? Wonder. How is it possible to learn everything there is to know about medicine? How will I possibly learn it all? Frustration. I don't seem to "get it," why? What is wrong with this person? Curiosity. That which pulls you towards something, to know it deeper. Passion. Why we are all here.

As the year started, it may be normal to be worried about things such as grades, your shelf exam, how your team sees you, how you are developing your clinical reasoning skills, or practicing your examination skills, or expanding your knowledge base. You are part of your team, but you wonder how much you're actually contributing. I received lots of advice about how to tackle studying. There seems to be two ways to learn while working on rotations. The first is the above approach. Take your studying home with you and learn, sitting behind an impersonal computer about diseases, their mechanism, and how you manage it. It is easy to compartmentalize your life during rotations, and sometimes necessary. If you're having a stressful, unrewarding day, it is all too easy just to turn it all off the minute you leave the site and drive off. Then you're home, exhausted and even the thought of opening your Uworld question bank makes you yawn. It is very hard. It is a kind of tired that you may have never experienced before. Your mind is being pulled and stretched to the limits. And it is exhausting. And sometimes physically if you've been standing in an awkward position all day in the OR "helping" retract some tissue. I'm pretty sure a metal rod could have taken my place, and contributed about the same to the discussion.

I found that there is a second way to study, and it is much more rewarding. I have been told by attendings and residents that the best way to really retain it in a meaningful way is to see it in person. Ah. That is what third year is about. It not to make us experts in a year. Not even close. But it gives us that first exposure to something that will stick in our memories. We may all remember the classic presentation of acute appendicitis: RLQ pain, nausea/vomiting, WBC, and fever. But it really takes someone sitting in front of you in the ED writhing in pain and clutching their lower right abdomen for that to stick. It takes many, many cardiac exams to appreciate normal. Ah that sounds like a heart. What's the clinical picture? This may not make much sense to you, but as the year goes on, you'll appreciate all the different factors of how to approach your differential, what medications or therapy will you suggest? How will you build rapport with the patient? What will you take away from it? It's so much more than simply having good communication skills or knowing the right questions to ask in a history or which exam skills you try or what diagnosis you're considering. I didn't appreciate this until well into the year. Consider the patient. They are your story, your study materials. If you see something interesting that day in the OR, read about it, learn more so that next time you see it, you will know it. Your question banks and textbooks are quite helpful, but apply them to what you're seeing. It will click as it did for me. You will learn so much from them, and many are all too eager to allow you to get to know them.

Rachel Janoso



Uncompahgre

Anecdotal Evidence

Sometimes it's hard to keep smiling.

Do it anyway. It's your most valuable skill. No anecdote necessary.

You know more than you think you know. And sometimes your patients know even more.

Anecdotal evidence: He was a 93-year-old WWII veteran who put up with me because he had to (and because I brought him snacks from the nurses' station). The second morning of his stay, I tried to shake his hand goodbye after rounds. He started to tear up. "I'll give him his space; he probably doesn't want me to witness his tears," my inner cowardice dictated. I hadn't noticed his left hand supporting his right in order to shake mine. That night, way beyond the time limit for lytics, one of the nurses noticed focal neuro deficits. He had been having a stroke that morning and didn't know how to tell me. If I had recognized his symptoms, or more importantly, asked him why he was crying, who knows how things would have turned out.

You are, despite all evidence, a valuable human being.

The following story, in some form, will almost certainly happen to you: She was a 70-year-old lady who had broken her hip a couple weeks ago and now was back in the hospital with an ileus. I had time, so I went back to chat with her. We hike in the same places (although she generally hikes farther), she was a Women's Studies professor at a college near my undergrad, and she was more than intelligent enough to be very aware of all her small bodily functions and to ask questions about them. Yeah sure, I could have been reading, whatever. I think I probably spent 10 hours in her room by the time she was discharged. And when she left, she hugged me and said, "I can't wait for you to be a doctor. I'm so proud of you. Thank you so much for everything; I never would have made it through this without you."

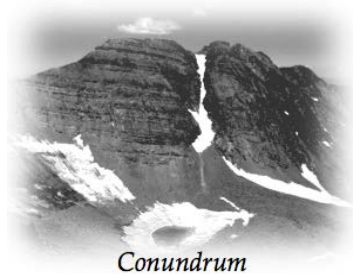
Don't be afraid to care. Even if it hurts more than you can imagine.

This is the story of how I found myself sobbing in the back corner of the ICU family waiting room at 5 am: He was only 54, and his daughter had found him in his apartment after falling down the stairs. "His whole place was... covered in...in...in his own shit," she said. He was an alcoholic, an embarrassment, and had at times been abusive. I picked him up as my patient because I thought it would be a good challenge to treat him the same as my other patients, despite how much he reminded me of my dad. At first we couldn't find anything wrong with him. But every day another organ system would show signs of pathology. "We're just waiting for him to find a new baseline," I told her, "just a few more days." One morning, he seemed really uncomfortable in bed. When I asked him how he was feeling he said, "Tori, I feel like I'm gonna die in the next couple days." I smiled, reassured, wrote that into my note, and moved on. His room was so sunny when I saw him having his family visit that afternoon. He was sitting up in bed with his trucker hat on eating the biggest box of Dots I've ever seen (with an empty box at his feet). He grabbed my hand, introduced me to his family, and said, "thanks for caring." The next morning, he was intubated in the ICU. He died four hours later. I tried to chase his family out of the building, but I couldn't catch them. I walked slowly back up to his room to say goodbye. He was so gray. And then I just fell apart. Looking back now, it was worth it. It took a long time to recover emotionally, but it was so worth it. This is why we do this.

Drink delicious beer.

Do it. It's your most valuable skill. No anecdote necessary.

Tori Holtstaul, MS4



Dear newly minted MS3 with your clean white coat and unbridled enthusiasm,

Welcome to the real world of medicine! No more (well, way less) classroom work, where patients never present like the textbook, and what you learned about Goodpasture syndrome should be stored all the way in the deep corners of your mind because you'll probably never see it. I'll be honest: this year is going to be hard. You'll work long hours, get little sleep, may go hours without eating or using the bathroom, and all the while, you'll be expected to be engaged, enthusiastic, and on your game. Hey, I'm here to tell you something: you can do this. This is why we're in medical school, to work with patients! Find that silver lining in every patient encounter, even that dang admission that rolls in at 4:55pm just as you were contemplating if eating dinner in bed is acceptable. Every patient encounter, whether they are the easiest bread-and-butter case or the most difficult and hostile patient, has a lesson to be learned. It can be a lesson on medical management, interpersonal skills, empathy. It could even help you learn more about yourself as a person. There is ALWAYS something to be learned.

However, this isn't my biggest advice for the upcoming year. No, the most important lesson I learned is to take care of YOU. Physicians have this awful reputation of being bad patients, and we are. I frequently found myself getting so caught up in my patients' care that it ended up taking a toll on me. So, take a breath at the end of every day to re-center yourself. Remind yourself of why you wanted to be a physician. Schedule the time to pursue those hobbies that take you to your happy place. You are just as important as your patients because if you aren't 100%, you won't be giving your patients 100%.

Okay, to summarize the learning objectives here:

Although that white coat might not be so white by the end of the year, don't lose that enthusiasm you feel right now! Don't be jaded as the year goes on. Be more compassionate, empathetic, and understanding. Become the physicians this society needs. Lastly, take care of yourself. Eat, sit, sleep whenever appropriate. Don't lose sight of yourself and your goals along this incredible journey.

Wishing you all the best,

Mindy Nguyen



Crestone

Dear Phase III Student,

Congratulations on making it to this point in your career! It may sound cliché – but it is an absolute truth when I say it is a huge accomplishment.

As I write this, I am beginning my fourth year and am trying to decide between two specialties, a position not many, but some of you may find yourself in and I would like to give you some advice. This piece of advice is probably one that you have heard over and over again in many forms (and may be tired of already): my advice is to keep an open mind, but even more so, to keep an open heart.

My story of needing this piece of advice began in my third week of my Phase III clinical rotations. I won't bore you with all of the details, but I was in the middle of my two weeks of Emergency Medicine when I lost a person who was very important to me, and it was truly heart-breaking. At home, in the car, at the gym, out with friends or family, even as I lay in bed at night trying to fall asleep, I felt sad, abandoned, angry, confused ... you name the emotion, I felt it. But, as soon as I walked into the emergency department at University Hospital, all of those things- the negative thoughts, the doubt, the roller-coaster of emotions- disappeared. For that six-hour shift, nothing outside of the ED could touch me. I was completely and wholly absorbed in my patients, the interesting lessons to be learned, and in gleaning all that I could from the residents and attending physicians with whom I was working. My personal turmoil became unimportant, and all that truly mattered was my patients and what I could do to make them feel better, and this made me feel better.

I tell you this story not so that you feel that you also need to have a dramatic or life-changing event of any sort to associate with your future chosen career path. I honestly hope that you do not have to experience this. Instead, what I hope you gain from this is that although you may have a possible specialty or field already in mind, be open to each experience and find the one that gives you your sense of purpose. Find the place that settles you and allows you to focus on why you entered this profession in the first place. This will be different for each of you. For many of you it may already align with your current desired specialty, and for some of you, it will appear in an unexpected arena. It is often said that certain specialties attract particular personalities. Each field has a "stereotype" for some reason, but I would hope that you keep your heart open. Keep your heart open to each rotation, to each patient, to each teacher and experience you have because this is how we should really choose how we want to spend the rest of our careers. It may change your mind, or it may confirm what is already there. You may even find it in multiple places, like me. I also found my sense of purpose in my days on rotation in the specialty that I entered medical school for, and now must explore where I truly find that purpose the most consistently and completely. I hope that you will do this as well, but do not dwell on that just yet.

Good luck this year, you all will be fine (trust me). And remember, keep your hearts open.
Sincerely,

Molly Ray
M.D. Candidate
Class of 2017



Mount Eolus

Dear MS3,

I remember sitting where you are and feeling inundated with information, advice, and recommendations. There is so much that we wish to tell you to save you from our hardships and share with you our triumphs and acquired wisdom. But in truth, very few of my words would be genuinely useful to you. So, I urge you to consider just three things: be flexible, throw out any expectations, and be your own advocate.

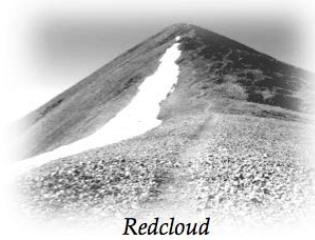
Your patients, schedule, team members, and environments will be constantly changing. As a result, your role and what is expected from you will continue to evolve, perhaps even daily. It is okay. Breathe, adapt, be flexible.

While you may share patients, residents, and attendings with students before you or others in your class, your third year will be just that, *YOURS*, unique to you. Do not let another's experiences thwart what third year has to offer. Throw out any expectations, not because your rotations will fall short, but because this will allow you to recognize and partake in opportunities that could not have been anticipated.

Much of third year will feel out of your control - schedules, patients, decisions, outcomes, grades, feedback - but learning, that is entirely yours to influence. Seek out the patients, diseases, or encounters that interest you. Identify your weaknesses, and rather than concealing them, make yourself accountable to your team for improving in that area. This is your time to be your own advocate.

Now go out and experience for yourself the joys and complexities of medicine!

Natasha Sanchez Volny



Redcloud

Dear Phase III Student,

Congratulations on finishing the first half of your medical education and taking Step 1! If you're anything like I was, you must be feeling a mix of both excitement and apprehension over the imminent beginning of clinical rotations. In retrospect, what I feared most were the many unknowns of third year. Would I be one of those students who excelled in the classroom, yet couldn't operate clinically to save my life? As rotations began much of my anxiety dissipated as I began to figure out the role of the MS3 and learned to assimilate into a variety of healthcare teams. There were undoubtedly difficult moments (fortunately never tears!), but overall the year exceeded anything I could have imagined. You have been prepared well in the first two years and know more than you think you do. Here are some things that I learned during third and fourth year that will help you excel and get the most out of every rotation:

Be assertive and take responsibility for your own education. Your residents and attendings are busy and won't always have dedicated time to teach you. Read about your patients' diagnoses and, if you can, teach your team something whenever you can. Present (briefly!) a research article on rounds that applies to patient management or give a short talk on a subject of interest for the residents. Become as integrated into your team as possible and take ownership of your patients; trust me, you will learn so much more and will have much more fun in the process. You will also learn more if you think through diagnostic and management plans for yourself rather than just regurgitating something your intern or resident told you.

Be nice to everyone you work with, including your classmates. Never throw your peers under the bus to make yourself look better; it will only have the opposite effect than you intended. Half of the battle of clinical rotations is appearing interested and getting along with everybody (including nurse and all staff). If you appear professional, kind, and interested, your residents will be much more inclined to dedicate time to teaching and helping you out. Interpersonal skills play a pretty important part of any clinical rotation from here on out.

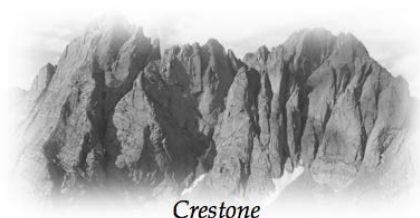
There is something to be learned from every specialty. Even if you are 100% certain of your career path, make sure that you are engaged in every clinical rotation, even if it something you will definitely not pursue. Don't feign interest in a specialty, but do be interested in learning and open to feedback. Identify something you want to learn or a skill you hope to master that is applicable to your future career. Let your residents and attendings know your learning goal and they can help you to achieve it!

Live a little! It's important to not let your time at the hospital take over your life. You will be much happier if you figure out how to have some kind of work-life balance early in third year. The schedule of residency will become even more demanding, so this is an important skill to develop now. Though it is important to study for shelf exams and read after a day at the hospital, you need to take a break now and then to do something that you really enjoy. Spend your day off skiing or going to a baseball game, whatever makes you happiest.

If your residents tell you to go home, please do! They really do mean it, and you might only annoy them by hanging around.

Good luck with the first part of the rest of your medical education!

Alyssa Self, MSIV



Letter to a struggling 3rd year:

Sleep! Set your life up in a way that protects your sleep. Create a cave with curtains and place your phone and computer outside your room. Use a real alarm clock. Set a bedtime and practice nightly rituals to wind down. It's a vicious cycle trying to learn while battling sleep deprivation.

There are rotations that test your endurance and strength. Surround yourself with other students who know what you are going through. I spent most of my time with people who don't talk about medicine at all, and it wasn't until third year was over that I regretted not making allies with my peers. My non-medical friends could not fully grasp what I meant when I said I was working long days and getting consistent feedback about how much I needed to improve. I began to doubt if this year was truly a challenge and questioned if I was alone in feeling discouraged. Commiserating with medical students has its place.

Let this be the year you teach those in your life how to support you. Be specific. Let them know you are taking on something demanding and stressful. Let them support you: let your friend make you dinner and vent about your day to your mom. Tell the people in your life that you will need to be reminded regularly that they believe in you and your own mantra is 'you got this, you got this, you got this.'

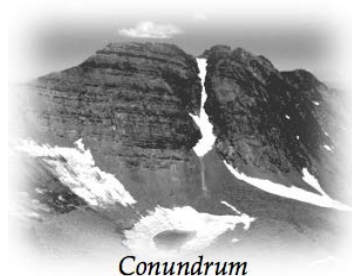
Celebrate saying no to commitments as an act of self-care. You need to say no to anything that doesn't serve you this year. You might do an inventory of who in your life is worthy of your limited time. Those people who know you well will self-select anyway as you disappear for months at a time. I am still working on deprogramming a culturally imposed belief that self care is selfish. I now replace the thought "I am such a bad daughter/ sister/ girlfriend/ friend" with "what I am doing is demanding and requires that I practice basic self care." Perhaps just check if you are regularly saying nice things to yourself.

If you encounter the moment when you find yourself in self doubt, please remember you have an amazing ability to learn, your best is enough and your unique strengths will ultimately be your differential advantage as a residency applicant.

Finally, don't take yourself too seriously. One of my favorite quotes is by Alan Watts:

This is the real secret of life- to be completely engaged with what you are doing in the here and now. And instead of calling it work, realize it is play.

Amy Lou Winstead



Dear third year,

Congratulations! You've made it through the first 2 years of med school; the hours upon hours in Ed1 are behind you. So what now? It's exciting and scary, harder than the first 2 years and easier. It's sad and happy, frustrating and uplifting. You'll meet physicians you want to emulate and physicians you'll vow to be nothing like. You will meet patients you love and unfortunately, patients you hate. You will learn to treat these patients the same: to care for them with dignity and respect. But there's something else you need to learn during third year, something that isn't taught or tested. You need to learn to care for *yourself* with both dignity and respect.

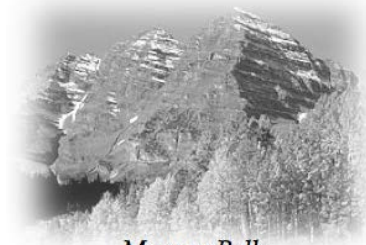
I remember countless moments on rounds kicking myself for failing to answer the one question they asked me all day. Standing in the shower replaying that presentation I did and knowing that a 3rd grader could have formed more complete sentences. Wincing at that awkward attempt at a joke in the OR. Working hard with an attending and getting a bland evaluation or worse, a negative comment. These are mistakes third years make, and self-flagellation comes naturally to physicians. None of us would be in the medical field if we did not look back and evaluate our errors and realize we could have worked harder, done better. You will need to learn to give yourself constructive criticism, change the things you can, and shake off the things you can't. Give yourself credit for the great things you did. Maybe you forgot that you nailed 3 pimp questions in row the day before. Maybe that presentation felt so bad because normally, your presentations are stellar. Maybe you weren't as prepared because you spent 30 minutes with that patient during pre-rounds instead of perfecting their problem list. Maybe you just had an off day and looked like an idiot. In the 336 possible workdays of 3rd year, many will be good, bad, and many mediocre. That's right, downright mediocre. This is your time to learn from your mistakes, and believe me, there will be lots.

But, enough existentialist musings, here's the real and tangible advice:

- **Tell everyone on your first rotation that it's your first rotation.** Don't be obnoxious, don't use it as an excuse after you mess up, but let them know when you meet that you're BRAND NEW and need extra guidance in how you can help the team. Being a "new third year" works for the first 6 months or so.
- **Your intern is your best friend.** They just finished med school and know how green you really are. Save your dumb questions for them, help them and you'll help your whole team.
- **Your other best friends are the nurses, techs, and scrub nurses in the OR.** They can make or break you.
- **When your resident tells you to go home, GO!** Get out! Before someone finds a task for you.
- **If you want to go home,** every resident knows that "is there anything else I can help you with?" is code for "I'm not doing anything, give me a task or let me go!"

- **Eat lunch with your residents** sometimes. They make jokes, talk shop, and you get to bond with them.
- **Let your resident buy you coffee if they offer.** It's a gesture of love.
- **Your white coat should contain** a pocket reference of some sort, your stethoscope, at least 2 pens at any time, blank paper in some form, and a snack. Maybe 2 snacks, one healthy, one made of sugar. You'll need a real reflex hammer when you're on neuro along with some safety pins. Optional items include trauma shears, Chap Stick, mints, tiny water bottle, stickers for children, tide pen, and ibuprofen. You should also wash that short white coat. OFTEN. I recommend Oxyclean to avoid bleaching out your name.
- **Put your credit card in the sleeve with your badge.** Inevitably, your intern will want to dash off to lunch and you'll be 2 floors and 7 hallways away from your bag. Have cash with you if you work at Denver Health.
- **SLEEP.** Sleep is good; you should do it as often as you can. Make time for this.
- **Watch some Netflix.** It's ok. Here's your permission.
- **Forgive yourself for the inevitable mistakes** and pat yourself on the back for the inevitable wins.
- **Cry with, laugh with, and hug your fellow third years.** You will spend time with new classmates on clerkships. Some will drive you bonkers, and some will become new friends. You all learn, deal with stress, and try to impress your residents in different (sometimes obnoxious) ways. You have different passions and struggles. Love each other through it and remember you aren't alone.

Bailey Johnson
CUSOM Class of 2017



Maroon Bells

Dear Phase III student,

Congratulations, you've made it! You're probably used to hearing that by now, but haven't fully understood the impact of the phrase's meaning. If you're like me you're probably a little bit confused by the acclamation. When I was sitting in your chair reading another MS4's words of wisdom, I didn't understand why people were congratulating me for something that I chose to do and wanted to do. I didn't understand what a privilege it was to be a trainee in this profession. I thought it was just the next step in realizing my career aspirations. That is no longer true.

Throughout my clinical rotations, I had the opportunity and pleasure to be a part of something special. I was there for someone's happiest moment and regrettably I was there for someone's worst. You too will have those opportunities. Whether you get to be a part of delivering a couple's first child or have to tell a family their loved one is dying, these experiences will change you. My advice to you is: be open. Allow these experiences to wash over you and reflect on them—learn from them. Don't let them fall off like water off a duck's back. It will be difficult but try to take the time to take stock of what is happening around you and to you. You are not separate from these experiences; you are no longer just an observer. However, you are not alone in this: ask for help. Talk to your superiors, peers, friends and family.

I could provide you with a 125-point list of do's and don'ts for your rotations but trust me when I say that no amount of advice or rehearsal will adequately prepare you for what is about to happen. Know that you will be able to handle it. You not only chose this profession but you were chosen for it as well. Trust that this is where you are meant to be and make the best of it. Do as much as you can and learn as much as you can but above all take care of yourself.

Good luck and Godspeed,

Julio Montejano



Mount Sneffels

Dear Phase III Student:

GET READY. It's coming.

I bet you think you're going to wake up, head to the hospital, and start changing the world on your first day of third year with your knowledge of CYP inhibitors and enthusiasm alone. Well I have some news for you: it's not going to be nearly that glamorous. You're going to be wrong (a lot), forgotten, ignored, tired, hungry, almost definitely get some poop on you, be heartbroken, and feel completely worthless. But you're also going to have the most amazingly transformative and eye-opening year of your life. You're going to do a lot of things, and a lot of them won't matter. But some of them will.

You're going to show up to clinic and be so excited to actually be helpful that you search for 10 minutes for a 'Telfa' without any idea of what that actually is because the future of this patient's wound is absolutely contingent upon your important task and your attending will certainly be so impressed when you finally find it.

You're going to have to figure out how a pager works. And who a charge nurse is. And why you pre-round and round, sometimes table round, and sometimes card flip.

You're going to call a consult and, while presenting the patient, make the mistake of saying you're a medical student and proceed to be 'pimped' by an attending you've never met.

You're going to break the sterile field. Probably multiple times. Maybe even in the same case.

You're going to make a kid cry. Maybe by touching her broken arm. More likely by just asking her a question.

You're going to say something awkward while inserting a speculum.

You're going to try with all your might to suppress your laughter when you're told by an overtly manic patient that you are, in fact, Obama's brother.

You're going to confidently diagnose a patient with a cranial nerve III palsy just to find out that that is just the way their eyes are.

BUT...

You're also going to learn from some of the smartest people alive.

You're also going to be absolutely overwhelmed that you get to be a part of such amazing and life-changing procedures and operations.

You're also going to meet at least one patient who will change the way you view medicine.

You're also going to (ungracefully) pull a life into this world.

You're also going to make a kid laugh even though he hasn't been feeling well.

You're also going to be the person a patient trusts more than anyone else.

You're also going to learn more than you ever have before.

So throw on that tiny coat, use that enthusiasm, start asking questions and making mistakes and change the world.

GET READY. It's coming.

Ericson ("Sonny") Stoen
University of Colorado School of Medicine
M.D. Candidate – 2017



Dear Third Year Student,

I'm going to tell you what the school doesn't want you to hear: you have been betrayed. You have been taught that medicine is collaborative and cooperation is the best way for everyone to succeed – cavemen hunting together will bring home a mammoth, and the whole tribe benefits. But your tribe has cast you out, and now you must try not to let those mighty mammoths trample you, while you fend off saber-toothed tigers with your puny frog-spear.

The elders are still high on the hill, watching, calling out that they have not forsaken you.

But you are alone.

How can you survive this trial when all you have is a white coat and a tiny spear good for picking a tiger's teeth?

Alone and badly equipped.

Third year is different than the first two; it is both more challenging and more rewarding, and at the end, you will feel different. In that way, it's like a rite of passage, and as is true of all such rites, not everyone is strong enough to pass. I almost gave up, in fact. I became so burned out that I couldn't see the point. What kept me going was the realization that I was not actually as alone as I felt.

I said you were betrayed, but that's also not entirely true. It just sure as hell feels like it sometimes during third year when you are so caught up in the culture of performance that you forget why you're actually there.

It's hard to recognize when you're burned out or depressed. You might hear during the next year that when people are depressed, they know it and they seek help. That was a line I heard several times from several doctors. I'm writing this so you know that's not true. Burnout won't always pounce with a roar, just as often it stalks from the shadows and you may never realize it was there until much later.

There's a lot of advice I wanted to share, from enlightened to practical, from practicing mindfulness to practicing good posture. But what I really want to say is this: help each other. It is something you are already good at. It is something you've been practicing for the last two years. You might not recognize if you're burned out, but you might see it in your friends—they need your help and you *can* help them. If everyone remembers this, the reverse is also true—your friends will help you when you need it. So watch each other's backs. Third year doesn't have to be the brutal jungle it sometimes is. You're better equipped than you realize, and you aren't as alone as you feel.

Sincerely,
Clayton Garthe
GHHS



Uncompahgre

No, Thank You

Let me tell you about a guy on my Medicine rotation, on the ACE service. That's Acute Care of the Elderly. His name was Buddy. Not his real name, just what he went by, so I'm pretty sure it's not a HIPAA violation to tell you. It was my first rotation of third year, so obviously I had no idea what I was doing, but I think he was in for renal failure. Anyway, with a name like that, you can imagine that he was a great guy. Whenever I didn't have anything to do, which was often, I would stop by. To hang out. I wasn't doing any medicine. Half the time I interrupted his nurse doing real things.

But I would stop by, plop down on the recliner chair next to him, and ask him what's new. He would pause for a moment and look over at me with a goofy smile. His smile was a little crooked, a little wrinkled, thin lips slightly pursed, with a twinkle in his eye, and a hint of a smirk. It was such a warm smile. He would reach out with his hands, wrap them around mine, and take a slow deep breath.

He told me about his golf game. Before he got so sick, he would get out on the green every week. It's true, his wife would add. He wanted to work on his putting game. I know nothing about golf, but it sounded like he was pretty good, at least from the way he told it. He told me about his love of Alaskan Ambers, but he hasn't had a beer in a very long time. Not quite true, his wife would point out. The new craze for hops is crazy, he declared. He told me about his daughter in Texas with whom he hadn't spoken in 5 years. He was not sure what they were still fighting about. Me neither, his wife said quietly.

One day, Buddy has really dark stools. Nearly black, and tarry. I have never seen melena, so I go into the bathroom to look at it. It's medical school, you have to learn, right? They aren't kidding, it's like pitch black tar. I come back into the room to see him clutching his stomach in pain. He is a bit pale, a bit nauseous, a bit afraid. I tell him it's ok, we'll figure it out. I have no idea what I'm talking about.

We get labs, hemoglobin is low. Type and cross, transfuse a couple units. Hang a PPI drip. Make him NPO. New day, new labs. Low hemoglobin. Transfuse. Obviously, the plan isn't working. Do you want to get an esophagogastroduodenoscopy? "A what?" He declines.

We sit down. We look him in the eyes. We tell him we are out of options. The EGD is necessary. It's scary, it's uncomfortable, we know. We don't really know.

He sits up. He looks right back at us. He is scared, but he agrees, and I accompany him to the endoscopy suite. I have never seen an EGD either. It's supposed to be fairly straightforward, or so I am told. Sedation, camera goes in, look around, take some pictures, done. But trouble starts at the very beginning. Although he is hemodynamically stable, it is precarious, so sedation is light. He starts bucking and coughing and pulling and pushing, and more hands are needed to hold him down. I take a slow deep breath, and wrap my hands around his.

Over the next few days, he waxes and wanes. There are options, but none of them are good ones. Right before I am supposed to take my day off, he and his wife decide that hospice will be the best choice. When I stop by to see him on my way out, he has on his crooked smile, asking whether he might be able to get in a few rounds of golf at hospice. "Maybe," I chuckle back.

The next morning is a lazy Sunday morning. My phone buzzes with a text message from my resident: "I know you were close with Buddy. I'm not sure how much longer he's going to make it. They're trying to make it to hospice today, just wanted to let you know." I am stunned. Now? Today? As a third year medical student, you learn pretty quickly to take advantage of your days off. Whether it's laundry or shopping or seeing friends, the hospital

is not where you want to be. But today, the hospital is exactly where I want to be. Maybe bring him that beloved Alaskan Amber. Am I even allowed to bring alcohol to the hospital? Not sure.

After a quick stop at the liquor store, I pull into the visitor lot, since today, I'm a visitor. I throw my jacket over the beer, still paranoid, and walk in through the lofty steel and glass lobby. The hospital looks quite nice from this side. Outside his room, I pause and take a slow deep breath. A quick knock, a push of the door, and I am welcomed by that now familiar, but weaker, smile. His eyes twinkle again when he sees my loot. His wife gives me a hug, and we pour out a few samplers of the Amber. Then, with some questionably permissible beer bubbling in small plastic disposable cups, as a beginning third year medical student who can barely function in the hospital, standing next to a man who was a complete stranger just two weeks ago, having contributed nearly nothing to his medical care except sitting down to say hello, I hear two words meant the world to me. "Thank you."

Allen Ruan



Mount Bierstadt

Dear third year medical student,

Congratulations! This is big. I remember finishing Step 1 and thinking, “This is it?” After all the build-up, anxiety, tears, caffeine - I had assumed I would walk out of the exam into an entirely new world. A world in which I felt accomplished, graceful, and confident. This was not the case and if it was not the case for you, don’t worry, it will come. It will not be a “wake up one morning” type of situation; it will be a day-by-day, moment-by-moment realization. For me, I had a thousand small moments, usually followed by me doing a happy dance in the hospital elevator or crying on my drive home.

So what’s next? The big black box of third year. If you are like me, when things are unknown, you become anxious and when you become anxious, you plan. And that is exactly what I did. I planned. And like any normal human being, I wrote those plans in my planner. With check boxes next to them. Like I said, normal. As they are forever immortalized in my Pilot G2 07 point ink, I have the opportunity to reflect on how well I followed my plans for your reading pleasure:

Eryn’s goals for third year (actual title in said planner)

- 1) Meeting up with friends every Thursday night.

We actually made a Facebook group for our “book club” that was really meeting for happy hour at a small pub on Colfax each week. I think we successfully executed this meet up a total of three times. Not completely a failure. OK, but if you look a little deeper into this item – what was I worried about? I wanted to hold tight to my friends. And in the face of the unknown, there was some security in placing that small box, anticipating a neat “X” that comes with me being the best supportive friend I could be throughout this year. Turns out I didn’t need our book club to keep them. I absolutely was not the perfect friend that they deserve. But that was all right.

Our scheduled pub nights turned into spur of the moment taco nights, ordering in meals comprised only of fried items, and teary knocks on the door. And even when I wasn’t with them, they were with me. I would have a difficult patient interaction, and think, “What would Amelia do?” or see a toddler that was too cute to handle and know that Allen would lose it if he were here. So you may worry what comes when you don’t see your people every day. You may not even see them every Thursday, but they will be with you and you will be better for it.

- 2) Going on a creative, new date every week.

We actually made a list of the new things we planned to try every week. If you haven’t picked up on it yet, I like lists. I think you can probably guess how this goes or rather didn’t go. But again, I think this was Eryn saying to future Eryn, “Don’t let him doubt that he is the most important thing.” Turns out he ended up reminding me of this fact with his endless patience, even as I melted down over unfolded clothing.

- 3) Cook at home and exercise three times per week.

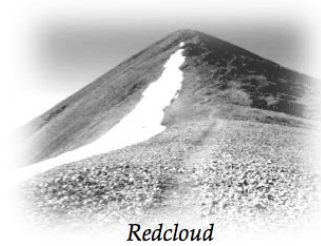
So this didn’t happen. I lived off vending machine candy bars. End of story.

Okay. So here is the issue with my list. It is meant to be a reminder to maintain myself

in spite of third year. But what if being me and being a third year are not at odds? What if my messy attempts at life give me humanity and make me a better provider?

Here is what I learned and my advice for you: be a friend, a lover, a provider, a medical student, a sometimes graceful, sometimes awkward, sometimes dancing, sometimes crying, messy third year medical student and you will thrive.

Best of luck,
Eryn Thiele
GHHS



Redcloud

Dear Phase III Student,

Take a deep breath. And let it out. Here is third year in a nutshell: as long as you try to be as prepared as you can and don't worry too much over the fact that you'll never really be fully prepared, you'll be fine. This is especially important to those of you who are on the shy side, like I was. The more prepared you are, the easier it will be to project some amount of confidence, and this will allow you to actually demonstrate your knowledge and skills. You will definitely feel uncomfortable. I know I did, but it's par for the course, and you'll be better for it in the end.

Third year is also a test of your flexibility. Often you have very little control of what you want to do with your day, and your plan for the day can change at any second (another reason to be prepared). At times you will have amazing supervisors, make treatment plans that are right on point, make great connections with patients, and feel legitimately useful. At other times you will be ignored, feel like a burden rather than an asset to your team, struggle to get through a barrier with a difficult patient situation. You'll see things that amaze you, things that shock you. At times you'll feel like you have plenty of time to balance school and life, and at other times you'll realize you went through a whole day with hardly anything to eat or drink.

There may be many things or people that will help you succeed as a student and as a human during third year, but I want to highlight the importance of your colleagues. You (collectively) are your biggest support. Third year is the first time that you are very directly compared with all your classmates. That is an uncomfortable thought. Do not let this get in the way of the relationships you have developed over the past two years. You're all going through a similar experience. Sometimes that 30-second chat in the cafeteria line, or the quick hug as you pass each other at the entrance to the hospital can help you through the day. I'm not saying third year will be the same for everyone; you will all have different specific experiences, and you may be very envious of a classmate's experiences. Third year can be unfair at times, but it tends to average out over the year. Don't hold it against your classmates.

It was strange. Despite spending much less time with my classmates and really only seeing a few of them over the year, our entire class became a lot closer at the end of it. I made new friendships and got to know some of those classmates with whom I had not even exchanged a single sentence in the first two years. I encourage you to do the same. Third year can be isolating, especially for those of you who do not have family or a significant other in the area, like me. If you do, it can place tension on those relationships, which can be even worse. I can almost guarantee you that someone else is feeling the same way. Reach out to your classmates. And, this is the important part, if someone reaches out to you, be responsive. Yes, you'll be busy. You have to finish that case report, or study for that shelf exam, but if you take the time to be there for your classmates, they are more likely to be there for you.

What are some things you can do to be a good team player? Share any tips for the students coming on to your rotation or service after you. Sometimes you don't know, but sometimes it is easy to figure it out. After your week on the gyn onc service, send an email to the next student. "Attending A wants you to present this way. Resident B wants you to come in and help with ___ in the morning. Use this tab in Epic to get the information you need." If you find an opportunity on your service that is not general knowledge, give the next student a heads up to keep his or her eyes open or ask about it.

Oh, and I would recommend never throwing your classmates under the bus. Not only does it look really bad to your supervisors and graders, it also goes completely against the unique and amazing culture we have fostered at our school. I mean it. Don't do it.

All this scary stuff said, I truly enjoyed third year. Not everyone does, but most do. Try to have fun with it. Try to pretend that every rotation is the specialty of your dreams. But if you know your true interest, do not be afraid to let that guide your experience. Be your own advocate. There isn't a lot of hand-holding, and most of third year learning is through informal teaching or self-directed learning. Make sure to get acquainted with the nurses. Always keep a granola bar in your white coat pocket, and find a way to carry your credit card around in your phone or badge holder as you never know when your resident will decide that it is time for lunch.

Be there for your classmates, and they will be there for you.

Good luck! I hope you love third year as much as I did!

Maithri Sarangam
University of Colorado SOM
Class of 2017
GHHS



Dear Phase III Student,

Please allow me to be the first to congratulate you: you're a doctor now. You can't give prescriptions. You don't get to write "M.D." after your name. You don't get a longer coat. But you have now become a doctor in the way that matters most. That is, in the eyes of your patients.

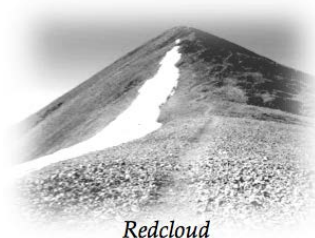
When you first meet every patient, you will introduce yourself as a "medical student" or as a "student doctor". The next day, you will remind them. And the day after. And maybe the next. And eventually, like all of us who have gone before you, you will give up. You will accept that your patients will just call you their doctor. Your attending will explain their diagnosis and their treatment plan to them and then will leave the room. The moment she passes the door, your patient and their family will ask you all of their questions about their care. And you will explain exactly as your attending did. And then they will be satisfied. They really do just want to hear it from you.

Have you ever heard the phrase "Nobody cares how much you know until they know how much you care"? Your patients know that your attending is the one making the ultimate decision. They know that your medical knowledge pales in comparison to literally every other member of the team because you told them so, twice. But they don't care. They trust you because you have proved to them how much you care about them. Your intern and resident can only spend 5 minutes in each patient's room during their morning pre-rounds. You will be there before they enter and after they leave. You will introduce the team to them at their bedside each morning. Your hands will perform their paracentesis or freeze their warts. You will be present for their family meetings. You will know their spouse's name. Or their mother's. Or their son's. Or all of the above. You will be their most consistent contact. The one who spends the most time with them, day in and day out.

This is an incredible thing to be given. This is how you contribute to patient care. You don't get to actually choose antibiotics, or blood pressure medications, or perform the 1st incision on any surgery. But everything your patient experiences in the hospital is tinted through the lens of their relationship with you. Don't forget that. When you have bad days, your patients have bad days. When you have a good day, they will tend to do so as well. They respond to the atmosphere you create in their room.

So this is my charge to you: bring health to your patients. Yes, through your medical knowledge and your tireless efforts to search out the answers to whatever problems ail them. But first and foremost, through your relationship with them. It is the foundation upon which all of your medical care is built. Dig it deep and make it solid.

With the greatest hope and eager expectations for your future,
Matt Wood,
Class of 2017



Dear soon-to-be-MS3:

I remember sitting in your shoes during ICC, being handed “Letters to a Third Year Student”, and then immediately putting it away in my bag because I couldn’t think about it yet. I had delayed Step 1 and was not starting third year with the rest of my class. I did start (and finish) third year, but it wasn’t until a long two months after everyone else did. On the first day of my first clerkship I felt far behind my class, who had already been through two months of clinic, while I had finished Step 1 two weeks in and then sat around waiting for the next block to start. So here is what I learned as someone who started third year feeling behind before I even started:

Prepare yourself for a radical shift in perspective. You might be worried now about not knowing what to do on the wards. But a month on rotations will change your perspective entirely. One of the best things about third year is that you go from the Step 1 study time of thinking only about yourself, and your grades, and your future, to third year where your job is to care about other people. Third year is about the patient. Resolve yourself to work hard and learn as much as you can for your patients.

Take initiative. If you are on a clinic rotation, ask your preceptor if you can go in first and see the patient. If you are inpatient, check in on your patients throughout the day. Talk to them, get to know them. It blew me away how even little questions about their favorite teacher could make your peds patients totally open up and chatter away.

“Can I do that?” should be your new favorite phrase! An attending taught me that at the end of my general surgery rotation and then on my next rotation, the very first person I asked it to said no. (Sob.) But hey. I tried. After that first rejection it was very successful. Ask to start IVs and do intubations. You’d be surprised how far this phrase can get you.

Be smart about answering questions. When someone asks, “how much do you know about ...?”, that’s when you tell them everything you know about that subject. I was thrown by this question at the beginning and would awkwardly try to quantify how much I knew (“um, I guess I know a little?”) — don’t do that, just start talking about thrombocytopenia or whatever.

The harshest criticism you get is often the most useful. The word “timid” was tossed about in my first block evaluation, and during that first block I had an attending tell me to stop the inflection in my voice, like I was asking a question at the end of every sentence. Tough to hear, but I practiced saying every sentence confidently, and I stopped getting that feedback.

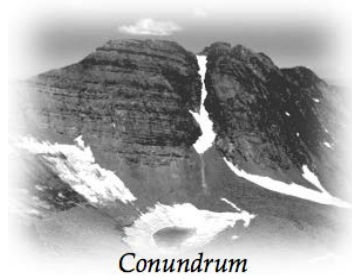
Take notes. Keep a small notebook on you for third year notes. Take it on the wards with you. I did not do this, but wrote my notes on random scraps of paper and found myself foraging through the trash going “where are my notes on hyponatremia?!”

Talk to your classmates. They often know important information that you do not, like the UWorld phone app that I did not know existed until halfway through third year. Which leads me to my next point...

Stay humble. You don’t know it all, you will never know it all, and sometimes you will make mistakes.

Take a step back and reflect. I kept a journal during third year of experiences that stuck with me on the wards. I saw babies being born, coaxed 5-year-olds into letting me listen to their hearts, talked to parents at 3 am about why their child is in the hospital. I saw someone die. I saw bad things happening to good people. We are so lucky to be here, so make the absolute most of it. What an amazing opportunity third year is...

Amy Kreienkamp



Dear Rising Third Year,

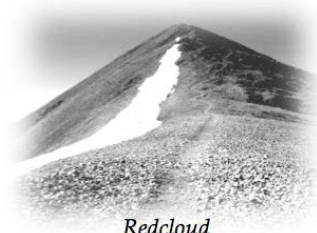
You are finally leaving your pre-clinical years. From my own memories of this transition, I assume you probably have lots of expectations for this year, derived from what you've heard from upper classmen or those further in their medical careers. Probably expectations of seeing textbook diseases and their diagnosis and management in a real patient in real time. Or finally putting your hands inside an open abdomen or on a crowning newborn.

My clerkship experiences met my expectations. The whirlwind tour of the eight big fields of medicine taught me the practical and the technical: how to work up a patient with shortness of breath, how to drive a laparoscope in abdominal surgery, how to administer a stroke scale, how to ask open-ended questions, how to talk to family, how to call a consult. I can't say I completed every new task with grace, but I know that I will become proficient at these skills with time. I may even conquer the clinical and technical aspects of my field of medicine one day, but I know no amount of knowledge or training will detract from the human experience of each patient encounter.

Third year may be intended to be our first exposure to real-world clinical medicine, but it also provides an avenue for an up-close and personal study of the patients, and how we interact with them. The title of "student doctor" gives you immediate and immense privilege and access without the level of trust that usually takes years to cultivate between two people. Patients allow you to touch them, to care for them, to practice on them for the sake of medical education. They allow themselves to trust you, to be vulnerable, and to place with you, their health and sometimes their lives. They share with you details of their lives that may be painful, ugly, or upsetting, just because you asked. They generously introduce their family and friends to you, and introduce you to them as their "doctor". My first-hand experience of this privilege was many. A homeless medicine patient who was being treated for acute heart failure secondary to cocaine cardiomyopathy told me that the only person he ever cared for died two decades ago from a drug overdose. VA patients in pre-OP whom I did not know let me practice putting IV catheters in their arms. A grieving wife allowed me to join my preceptor, a family medicine doctor who cared for both husband and wife for more than a decade, at the assisted living center where her husband was dying from stage IV glioblastoma to say goodbye. A teenaged runner who came to Children's ED with syncope with exertion revealed to me some of the horrors of being a child of the foster system and her rape several years ago. It never ceased to astound me how complete strangers are so willing to take you deeply into the folds of their lives because you are a "student doctor".

Third year transitions students from textbook learners to novice providers. Without care, you can effortlessly be seduced by the thrill of diagnosing, the cutting edge technology, and the implicit power that is inseparable from your position as a future physician. Remind yourself that access to the body, mind, and heart of your patient is not a right of the physician, but a privilege granted by people who have come to you for help. As I look back to the beginning of my third year, the memory of crossing the threshold between layperson and provider fades quickly in my mind. I look forward to when I become accustomed to wearing the physician skin that will undoubtedly come quickly. This is personal advice I plan to take.

Sincerely,
Nora Li



Redcloud

Dear Third Year Medical Student,

Welcome. At this point you officially enter into the world of clinical medicine. For those of you with real previous experience as nurses, EMTs and the like – you may have a reasonable expectation as to what being a third year medical student will be like, though it is still probably less glamorous than you imagined. For the rest of you, hold on tight.

As with all such entries into the proverbial new world, you come out half-blind, mostly incompetent and often fully ignorant to the customs and language of the world you were born into. You (knowingly or otherwise) may have chosen this life, but you will not have chosen your team or likely even your clerkship, but them's the breaks kid– cozy up to mom and dad and your older brother/sis-tern and learn what you can before you get kicked out of that nest and into the next. You will stumble figuratively through your confused and anxiety riddled presentations and literally over you brand new Danskos you wish weren't so shiny. You will know the meaning of bleary-eyed after your first 24-hour shift and will embody injustice when the day-team attending decides that today they will know your name and today they will ask you questions about the differential for acute kidney injury.

Welcome. To days filled with rounds that don't finish before lunch, writing notes that will not be read, until they are, and an afternoon existence largely defined by if and when the sis-tern or chief remembers that you are in fact still occupying space, "reading" and asks if you have any questions about the day. "A few, but a good opportunity for self-directed learning," you struggle to say with some kind of tact that the caffeine fumes refuse to help. You fail. Chief still lets you go, but adds with an air of spontaneity, "Why don't you to give the team," (among which you are the least educated, least qualified for teaching, and most in need of time to study for that test no one else has to take), "a few minutes on cryoglobulinemia, nothing formal of course."

You head home asking yourself if that is one of the things you've never learned or one of the things you've learned and forgotten. That train of thought quickly loses its interest and instead you think of the most efficient way to shower and eat and if any part of those can be combined ("instant rice cooks for 10 minutes and if I don't wash my hair...") while the laundry is running because your mug leaked on your white coat again and if your hair is going to be messy, your coat might as well be clean. Bathed, fed and leftovers shoved in the same Tupperware you've rinsed and reused the last few days for "lunch," you sit down to study for a test that is 6 weeks away and probably won't be relevant to the questions you will inevitably be asked on rounds about that sick patient you don't understand but definitely doesn't have cryoglobulinemia. They do have kidney problems and heart failure. You dream of fluid management, urine electrolytes, maybe even hyponatremia algorithms on a good night– a healthy dose of rounds if you're due for a nightmare. You will wake up and wonder why you're doing this again. "Why am I doing this again?"

You will drive through the dark streets feeling vaguely nauseated from eating when you should be sleeping, but hey, there is no traffic and even Colfax seems to be sleepy at this hour. You park as close as you're willing to pay for parking and nobody, nobody, will take those spots from you even if you're an MS3. You'll wake up patients at horrible hours after they've likely just gotten back to sleep from a blood draw, but instead of the poorly masked annoyance you expect, they look at you not only with understanding but even compassion. You'll drink your coffee and see more sunrises than you had ever hoped to see as a student. These sleepy patients will call you, "Doc," and even as you correct them, it feels good to

know that they trust you and that to them, you're more than someone learning about medicine, you're in the fold, you are providing care. Your team will give you awesome compliments like, "Your hands shake less than the average student," and you will answer a pinging question correctly, maybe even in front of a patient if you're lucky. Those dysfunctional families that are our care teams will eventually claim you as their own– and though you are odd and a little slow, they will defend you against consultants and try to insulate you from the really bad experiences (those are apparently meant for interns).

Also, you'll learn a lot.

Welcome. It isn't going to be pretty. There will be days where you feel like quitting. There will be family members you just can't stand. But now you're really in it, with all of the good and the bad. Just like real life. And the good news is, that at a distance – more than the individual struggle of each early morning – you'll remember the patient whose family was sad to see you leave a service, the emphysematous woman that called you, "honey" and "dear" and showed you her snake. You will remember the hepatorenal patient that died at 31 but right up until the end joked about rectal exams and his yellow skin and never about the Broncos. You'll remember the pleasantly demented homeless man who never remembers you and introduces himself daily, offering the coffee from his tray. You'll remember the 65-year-old man, convinced he was pregnant with, "a shark baby." I promise you'll remember that.

You will know a new excitement at seeing your classmates in the hospital and experiencing genuine solidarity. You'll get to know new friends from your class that you never would have otherwise spent time with if not for on the wards. And while you are fortunate to spend the holidays with biological or chosen family and friends, there will be a new feeling, knowing that while you are on vacation, the rest of our medical family continues their diligent work for others in our big, messy, collective home.

Welcome.

Yours on the wards,

Brayden Ashdown



Advice for Third Year:

- **Do not question yourself if you are struggling to enjoy a rotation that another peer absolutely loved.** Recognize that your clinical team will have changed, the patient population is ever evolving, and that you bring a different perspective to the table. Every student has a unique experience with every rotation.
- **When you find yourself feeling neglected by your interns, residents, fellows, or attendings, especially early on in a rotation, try to keep the big picture in mind.** Remember that each of these individuals is responsible for many domains of patient care, in addition to your education. Almost without fail, I would get frustrated with a team for feeling ignored the first few days of a rotation, only to then gradually develop strong personal relationships with those same team members. That said, many residents are phenomenal and make you feel welcome from day one!
- **Recognize that you will immediately gel with some residents while struggling to connect with others.** This can be difficult, exhausting, and frustrating. Rather than a personal shortfall, however, I think this has more to do with the fact that as medical students we are thrown directly into the chaotic whirlwind of resident teams. These teams are intense and immersive, often out of necessity in order to care for patients on the floor.
- **Enthusiasm and flexibility are two qualities that will help your spirit and your education during third year.** There is something to be learned from every moment, every task, and every encounter. Your team will sincerely appreciate both of these attributes, and they will be more likely to let you suture that next wound or try that next pelvic exam. When you are learning and jiving well with a team, this will provide you all of the internal energy you need to withstand the physical strains of rotations.

It was not until finishing rotations and recounting the year with my grandpa that I appreciated the breadth of amazing experiences we have taken part in during third year. I delivered a baby, saw lives saved in the operating room, heard the heartfelt stories of veterans whose days were numbered, watched psychotic patients as they regained a grip on reality, learned to manage a few basic medical maladies, and met truly amazing role models along the way. The highs and lows are intense, but from these times you will get to know and respect your fellow classmates even more. Every student has a different experience, but for me, third year of medical school is one of the years that I look back on as a year of life that I would repeat in an instant.

Kenji Tanabe
GHHS



Maroon Bells

Dear Third Year Medical Student,

Welcome – we’ve been waiting for you! We are so excited for you to join us in the larger-than-life drama that makes up the daily work of caring for patients. We know that you’re experiencing a messy medley of emotions at this particular moment in your medical training, because we’ve experienced it, too – excitement, gratitude, uncertainty, relief, optimism, terror – all bleeding into each other until you can’t tell where one ends and the next begins. These are all perfectly reasonable ways to feel as you stare off the edge of the looming cliff and prepare to jump into the unknown abyss you’re pretty sure you’ve wanted for some time now. Take a deep breath, now another, and remember that you are but a cog in an unfathomably large and complex machine that is built for the sole purpose of taking medical students just like you – wide-eyed with excitement and fear – and doing something magical and mysterious to them until they come out of it on the other side...doctors. Today you begin your journey. And while the journey is yours and yours alone, you don’t have to walk it on your own – you walk in the footsteps of all those who have tread this uncertain but mighty gratifying path before you and come out the other side of it something so much closer to the thing we all aspire to be.

And so, to guide you along in your journey, we’ve put together this simple list of six “Do’s” and “Don’ts” to serve as a quick-and-easy manual for everything you might need to know in third year and beyond. That’s right – it really is that easy. Don’t believe us? Read on:

DON’T:

- Participate in specialty bashing. It is petty and ugly and will not serve you.
- Lie to your attendings and residents about your specialty interests. They will know you are a liar – a bad one. Worse, they will be robbed of the opportunity to teach you what you’d like to learn from the rotation and will default to teaching you only what they think they are supposed to teach a student interested in going into their boring and awful field. Unsurprisingly, it will be boring and awful. Be honest. Save yourself.
- Never feel ashamed of what you don’t know yet. Your knowledge is expanding at a rate that cannot and will not be confined within the bony boundaries of your skull. You will learn and forget the same set of criteria one thousand times until you question whether you’ve ever truly known anything at all. You will be driven mad by it. Let the righteous indignation you will feel toward your own mind for its cruel betrayal light the fire beneath you. Learn it again.

DO:

- Approach your patients, residents, and attendings with unconditional positive regard. When they make decisions that baffle or frustrate or upset you, give them the benefit of every doubt and trust in the mechanism of their own internal judge and jury. Be more magnanimous than should be reasonably expected of you. Expect it of yourself.
- Find what you love about medicine and hold onto it with all the strength you can muster. Let it be the True North that guides your moral compass and follow it with clear eyes and a full heart. Let it guide also the weighty professional decisions that will keep you up at night. Laugh loudly and with good humor at the people who

will try to sway your path – they think they are doing you a favor, after all. Tread onward – due North.

- Let the overwhelming human tragicomedy of medicine open you. It's the only choice you have – you can't shut it out and remain whole in this work. Medicine will become a part of what is good and sustaining inside of you, if you open yourself to it – but to open, first you must break a little. Allow this breaking to happen and recognize your own inherent strength and resilience as you build back up. Celebrate this process as it occurs time and time again in your patients, your colleagues, your loved ones, and yourself. It will surround you daily like an old, familiar friend. Offer it your welcoming embrace.

As promised, our simple list offers guidance in any situation that may arise during your third year clerkships and beyond. The clinical knowledge will come with time and experience but this, here, is the perfectly simple and inexplicably complicated stuff that doctors are truly made of. Doctors are made slowly, in fits and starts over the course of a professional lifetime - and that professional lifetime starts here and now. Enjoy it. Embrace it. Give it all you've got and then give it just a little bit more.

You won't be sorry – we promise.

Warmest wishes for an incredible year,
Sarah Axelrath
University of Colorado School of Medicine
Class of 2017
GHHS



Crestone

Dear Third Year,

I am neither verbose nor overly creative so I'll get straight to the point. Third year is an incredible experience, though it is easy to forget. Step back every so often. Take a walk outside. Realize the things we see every day are seen by only a small portion of society. These experiences are incredible; however some can be taxing. Don't lose sight of who you are. For this I want you to pick a person who is special to you. This person might be close by or hundreds of miles away. He or she will know you, and remind you of who you were before medical school. I want you to call this person at least once a week during each rotation. You will never lose who you are at your core. No one can ever change your heart and soul, but the third year can build a wall around it. A reminder of who you truly are will keep you going and throw water on the fire of burnout.

There are many things in third year that are hard to deal with. At the top of my list is death. For two years you have focused on how to prolong the life of patients. Sometimes it is easy to forget that death can be inevitable. I'll tell you right now, it is hard to handle. Your residents may seem to brush it off and move on as if nothing happened. I wasn't able to do this, and I still can't. Be sure to grieve properly. Take your time. In the end we are all human and death is still a scary and sometimes overwhelming event.

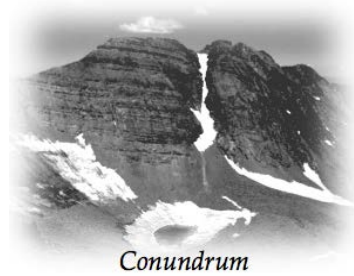
Though not as difficult as death, failing is nearly as disheartening. Now I'm not talking about failing clerkships as I know you will succeed. Instead, I am referring to the small failures that occur throughout each day. You will be corrected constantly. At times this is frustrating, as I know all too well. Nevertheless, each small failure teaches you something. The more you fail in Phase III the more you will ultimately learn. At this point in our training we think we know a decent amount, or at least we hope we do. The truth is you really do know a lot, especially compared to two years ago walking into the first anatomy lecture. My point is, don't be afraid to fail. This is arguably the best time in your career for failure. At no other time will you be able to be wrong and not cause some level of harm to the patient. Embrace failure and learn from it, as it will be one of the most powerful forces that shapes you into the clinician you will become.

Finally, resist negativity. It is easy to see that some residents have turned into cynical and bitter people. Often the interns have not reached this point, but depending on the time of year, may be headed in that direction. Depending on the specialty and hospital, a culture of pessimism slowly flows from the top down. Your job is to resist. The only real way to do this is simple: be you. Don't let others' attitudes and negativity influence who you are and who you want to be. Sometimes this is difficult, but I have a suggestion to help. Find a clinician who you think is the epitome of medicine: someone who treats patients well, enjoys their work, and loves life. In certain rotations this may be hard to find. However, all you need to do is find that one physician and remember his or her mindset. These physicians are proof that you can resist the cynical culture of residents.

To be perfectly honest, I wasn't successful in these endeavors. By the end of third year I was burnt out and tired of this world we call medicine. With the help of family, friends, and a little self-reflection, I was able to reverse most of the detriments of third year. As I write this letter to you now, my hope is that you will take at least some of the above advice. You will make it through Phase III. It is an incredible experience that sometimes cannot be appreciated fully until it ends, but remember, I was in your exact place just a year ago. You have reached an incredible milestone. You are half way through medical

school. Enjoy it for a few minutes. You will be a great physician one day. Remember that you were chosen. Someone, somewhere in the mysterious admissions committee saw something they liked in you. Hold onto it and you will triumph. Congratulations once again.

Sincerely,
Garrett Urban MSIV



Dear Third Year Student,

It is strange, the evenings here. Smooth R&B on the resident's cell phone while the pens on my lanyard get caught on the edge of the desk. I stare at the fetal heart tracings and watch the minute deviations from the baseline and try to draw conclusions. No one is delivering. No one is dying. Things are good.

I broke a child's clavicle today. Well, actually, I don't honestly know if it was me or my supervising resident. The father says, "She was pulling really hard. All my other babies were fine." Shame and guilt and anger bubble up from my pelvis. I keep typing, doing the checks on the other patients with my face neutral. Baby is fine, mom is fine, these things happen and really, it isn't anyone's fault.

Adam walks in and asks, "How's life treating you right now?" as he slurps from his 20 ounce coffee mug. I stare at the aluminum canister and feel hypersensitive to every exhausted nerve that fires to pull a ragged grin onto my face. "Life's like, how your eyes feel when you're drinking coffee at midnight."

I laughed but it was true. Life right now for me was the bags under the eyes after the first cup of coffee. Somehow it feels dry and creaking, slow to blink and prickly. It also means I could afford the coffee, had the home to brew it in, had a reason to be getting up exhausted and needing the caffeine. The half-seconds it took to blink were accompanied by that white-noise, that high-pitched tone employed post-grenade in videogames and JJ Abrams films. It didn't hurt, but it wasn't entirely comfortable either. Baby is fine, mom is fine, these things happen and really, it isn't anyone's fault.

Quietly as you type your obligatory check-in note on Mom and Baby, somewhere on the third floor of that humble, proud, safety-net hospital you will bitterly come to this conclusion. Third year of medical school will teach you perspective both on what your patients bring from their lives and how you are handling your own. You will feel stronger, more capable. Six AM will suddenly become a totally reasonable time to wake up and presenting your patient to the team will no longer be terrifying. You'll share in terrible, life-changing moments with many patients and withstand the frustrated barrage of insults and inadequacies both internal and external without compromising the foundation of who you are. Sometimes things happen and it really isn't anyone's fault. But it shouldn't stop you from trying.

Good luck! You can do it!

Liz Malik
Class of 2017
ACP advisor



Mount Bierstadt

Dear Phase III Student,

It's okay to be terrified. You're about to secure yourself into the fastest, tallest roller coaster with nothing but a frayed seat belt. It may seem inadequate, but it's not. And once the ride comes to a halt, you'll wonder how it ended so quickly. Hold tight to the mountainous climbs and steep descents. They matter.

I met an old man at the VA who predicted my future. At least, I think I met him. As I hurried from the MICU to join my internal medicine team, he almost collided with me. While I felt flustered, he stopped for a conversation. I politely declined but he continued. I explained myself as a new third year medical student just starting my clinical rotations. He asked about my eventual plans. I hesitantly replied that I hoped to be a pediatric orthopedic surgeon. His face brightened. He oddly agreed with my decision, proposing that I would be great working on pediatric spines at an academic institution, even though he knew I preferred a more rural lifestyle. I laughed. Who was this guy?

I checked my watch worried about being late. But the man continued. He suggested that most people's spirits are composed of three entities: one female, one male, and an additional figure depending on the person's gender. The old man described my female figures as one wise and antiquated, while the other modern and empowered. His description of the male figure: "he just doesn't give a damn." I can't remember how the conversation ended but he said something about visiting a friend in the ICU and rushed off in the opposite direction.

During my last rotation, I met a young man with psychosis who convinced me of Jung's collective unconscious. He described the universe as controlled by a single mind. He believed that we operate in synchronicity since our innate personalities stem from a similar ancestry. The poor kid associated his collective unconscious with a hermit, constantly searching for an escape from the darkness. He found respite in his own world of thought as it reminded him of his childhood, immersed with imaginary friends and happiness. Yet he knew he couldn't escape the outside world forever. "I either succumb to it or be depressed about it." I thought, it would've been nice to be a hermit at times.

General surgery at Denver Health made me resilient. The residents appeared sleep deprived and emotionally detached. Initially, I thought my chief resident had forgotten how to smile. His cowboy boots clunked from room to room. Most of the time, we didn't turn on a light to greet the patient. Two attendings led the blue team; one ignored me. So I spent most of my time with Dr. Barnett. Every time we stepped in the OR he would throw a tantrum regarding the lack of step stools. Even so, he revealed my inner desire to be a part of the surgical world.

I remember staying in the OR after the rest of the hospital had either returned home or had gone to sleep. Dr. Barnett, the chief resident and I stood over an alcoholic with chronic pancreatitis. Honestly, I knew very little about the man behind the blue drapes. I was more intrigued by the bloodiness of the pancreas and the creativity of the Frey's procedure. We removed diseased portions of the pancreatic head, mobilized a loop of the jejunum, and reattached it to the exposed pancreatic duct for better drainage.

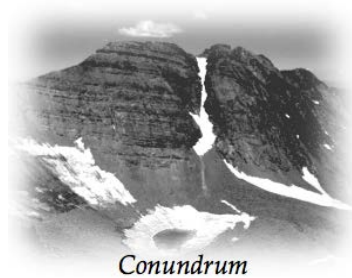
The hospital was quiet. Dr. Barnett asked me if I felt intimidated by the harsh culture of surgery. He asked if I felt like crying. I laughed at the questions. "I don't cry," I replied. The chief resident smiled behind his mask, "We're tough, but you're tough too." As we stapled the abdominal cavity closed, I glanced at the clock: 2230. Although tired, I remember thinking that there was nowhere else I would rather be than in that OR. At that moment, I knew I'd be a surgeon.

OBGYN at University Hospital helped me feel sensitive. An overweight, middle-aged woman presented with a new diagnosis of low-grade endometrial carcinoma. She came with her older sister. After finishing the interview, she asked to use the bathroom prior to seeing the attending. Before I could leave the room, the sister pulled me aside. Her smile vanished and tears began rolling down her cheeks. She feared for her younger sister, especially after the recent death of her parents. Tears welled up in my eyes. I don't like hugs but I found myself hugging a complete stranger.

During my rotations, I cried more times for complete strangers than I can count. And it was okay. I cried when an old man with metastatic B-cell lymphoma told me he was ready to die, when a young girl with lupus expressed her hopes to be a doctor, when multiple mothers gave birth to new lives, when I held a baby for the first time, when an opioid addict revealed the ongoing tragedies of a tough life, when an alcoholic grieved for his dead wife and when I performed a neuro exam on a middle-aged comatose father. I would even lie awake at night wondering about my "patients": their possible diagnoses, further workup, and eventual plans. At times, I worried about becoming too attached yet these relationships helped me develop my confidence to enjoy this wild ride known as third year.

So as I prepare myself for a surgical career, I greatly cherish the emotional events I experienced during my clinical rotations. I've neatly filed them away so that one day, when I'm on the verge of becoming a cold, hardened, detached surgeon, I can remind myself of the beauty of human interaction. I can't say that third year changed me. It just made me more aware of how my collective unconscious connects with the outside world. And as I exit this roller coaster, I'm ready to get in line for the next.

Nikki Look



Below is my “stream of consciousness” in reflecting about third year. As you will see, third year has its ups and downs and you are really just along for the ride...so hold on tight and enjoy it!

Dear Rising MSIII,

Third year sucks. It also rocks and rolls, and pretty much encompasses every emotion imaginable at one time or another. You will experience a roller coaster of emotions. And it will be awesome. But be prepared. You will love it. You will hate it. You will cry. You will laugh. You will want to quit. You will be elated. You will feel valued. You will be inspired. You will be deflated. You will feel like you cannot make a difference. You will feel like shit. You will make a difference to someone. You will be exhausted—physically, mentally, and emotionally. But it will be AWESOME!

When you ask someone about their third year of medical school, most people will tell you that it was the best year of medical school and they learned more that year than all the other years combined. They will not be lying to you per se, but they have likely forgotten a lot about the year and repressed the not so glorified moments. And that’s fine but very few people will tell you the truth about third year and how draining it is. You are expected to master each of the ten major specialties in a finite amount of time ranging from two weeks to two months—with the understanding that this is indeed impossible—but that this is nonetheless expected of you. You are also expected to show up, enthusiastic and eager, to learn every day—never mind sleeping and eating and other life necessities. You can pretty much just forget that you have a life outside of medical school; you won’t miss much. There will always be more weddings to go to, more births of nieces and nephews, more fun trips your friends will take. You’re going to be a doctor after all; it’s about time you forget about all that. You are also expected to figure out what the hell you want to do with your life during one of the most stressful and taxing years. It is OK if you only accomplish a miniscule amount of this. You will survive and you will come out on the other end a slightly different person, for better or for worse. Just remember that it’s all worth it in the end. Or so I’m told...

Hopefully you will not lose sight of why you started medical school and hopefully you will still find enjoyment in talking to patients and hearing their stories. Even if there are times that you do not feel this, IT IS OK... third year sucks, remember? Few people are willing to admit the struggles they have faced during their third year. Patients dying. Residents yelling. Attendings not knowing who you are or what they are supposed to do with you. Staying awake for far too many hours. Not eating. Eating crap food on the fly. Not getting any exercise. Getting depressed. Feeling overwhelmed. Contemplating getting out of medicine while you still have a chance. Missing out on all the life events of the important people in your life. It’s all par for the course. But when you feel your worst and like there’s no reason for you to get out of bed to PAY tuition to perform slave labor, look around you: you are surrounded by an amazing group of people who give up an immense part of themselves to help random strangers every day of their lives. And don’t forget your classmates are struggling just as much as you. Some are better about hiding this and putting on a good face but no one is immune. Talk to them. Commiserate with them. Share your stories with them. And don’t forget that everyone else around you has been there too. Yes, even your residents and attendings were once third year medical students. Your peers are your biggest allies this year. Use each other for support and lift one another up when you

are able. It will come back around to you eventually. Trust me, everyone slumps during third year sooner or later.

Look around you. No matter how begrudging your residents and attendings are, they show up. They treat their patients. They endure. This is what third year is really about. Yes, it's important to see all facets of medicine and ultimately to decide in which corner you best fit, but really third year is about figuring out how to survive in this crazy world we have all gravitated toward for one reason or another. The rest will come. It's OK not to know what you want to do after third year. You still have fourth year. Third year is about balance. Knowing how to say yes and sometimes how to say no. Knowing when you need to eat or pee or sleep. Knowing when you have done enough and when you should do more. Knowing when to ask for help. Knowing who to ask for help. Knowing how to ask for help. Understand that grades and honoring a course do not mean a thing to the patient sitting in front of you pouring his heart out looking for someone's hand to hold in his darkest hour. Figure that out early in third year and you will get far more out of your rotations.

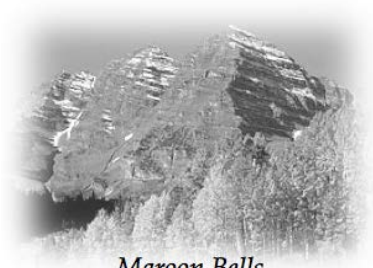
Third year is awe-inspiring. Never again will you have the opportunities you will have this year. Never again will you have so little responsibility and so much power. Patients will see you as their physician no matter how many times you correct them. Yet, you have the minds and resources of the entire hospital behind you. Do not abuse this power, but recognize you are at the forefront of it all. You are the patients' best advocate and most open and willing ear they will encounter. Revel in that. Do not worry so much about the shelf exams and impressing your evaluators. That is not what matters anymore. When it is all said and done, you will have learned a ton—mostly from your patients. Third year is hard. I will be the first to tell you that. But it comes with a far greater reward than you can ever know sitting in your seat as a rising third year. Trust me. Third year sucks. But you will survive it and learn to love it in the end while looking back and forgetting all the shit you endured to get through it.

And for those that like lists, here's the cliffnotes version to refer to throughout third year:

- Be flexible
- Forget about grades—the sooner the better
- Always have snacks in your pocket—and replace them as soon as you eat 'em
- Don't forget about your classmates
- Don't forget about your family and friends outside of medicine
- Be flexible
- Remember to stand up straight
- Wear comfortable shoes—comfort before fashion; sorry ladies
- Facial hair is OK; just remember to shave before you treat a patient with TB
- Forget about grades
- Listen to your patients—they will teach you everything you need to know and more
- Eat whenever you have a chance
- Exercise whenever you have a chance
- Play as much as you can
- Have fun
- Know when to say yes and when to say no
- You are only a medical student

- You ARE a healthcare provider
- Be flexible
- Don't forget to eat
- And always remember to sleep as much as you can whenever you can
- Enjoy yourself
- Oh and be flexible!

Yours Truly,
Jake Entin,
Class of 2017



Maroon Bells

Dear third year, soon to be fourth year, soon to be MD,

You are about to embark on a journey that will change your life in ways you cannot possibly imagine right now. Having just gone through this process, I can tell you with certainty that your brain is about to fundamentally change. Your clinical reasoning skills will be polished and your fund of knowledge will deepen considerably. By the end of the third year, you will have found new limits within yourself.

The third year is an exciting, challenging, sometimes frustrating, sometimes exhilarating process. Admittedly, it is slightly terrifying to consider all that will come to pass on various rotations while you stare blankly into space on that Sunday night before your first day of your first clinical rotation. In that vein, I would like to share with you some thoughts and advice that I wish I had known on that particular Sunday one year ago.

The first bit of advice is that you really do not need to know anything to walk into your first day of third year. You are already awesome. A few years ago, a whole committee of people sat down and decided that you had all the qualities necessary to be an outstanding doctor. Trust that they were right. Anything you need to know can be looked up on the first day and if you look closely, you will see people at all levels of training do just that every day. You already have great physical exam and communication skills training. You have passed countless exams and have demonstrated that you know a vast and complex network of facts. If you doubt this, remember what one of our pharmacology lecturers said: "Spend time with any first year student, and it will quickly become apparent to you that you know quite a bit."

If all this is true of day one, what *do* you need to know to succeed? I believe there are a few ideas to internalize that will serve you well. The biggest concept is this: this year you will be evaluated very differently than ever before. Attending physicians will not give you written tests and a bubble sheet, but instead, they will use their uncanny ability to evaluate your clinical reasoning and knowledge base by carefully listening to your patient presentations. Therefore, my advice is practice presenting your patients as often as you possibly can. Practice in a mirror. Practice on your way to the hospital. Practice some more. Most importantly, if you are practicing when your attending or resident is in the vicinity on rounds, ask for feedback.

Despite your attendings' (and this writer's) seemingly myopic focus on presentations, there are also exams to consider. The good news is you are done with the STEP1 exam. The less good news is that you will take this same exam in abbreviated form about every 4-8 weeks for the next year in the guise of shelf exams. You will learn many things during clinical hours, but even when paired with the best-intentioned attendings, very little of this clinically useful information will help you succeed on these tests. There are many reasons for this. Sometimes patient management tasks are done all at once, but the shelf will ask you to pick a first step in management. Also, every provider does things slightly differently, but the shelf will ask you for the best treatment option. Therefore, your job is not done when you leave the hospital. Instead it is done after you have studied for the shelf.

To impart the next bit of advice to you, we will need to engage your imagination for a moment. I'd like you to imagine yourself in the shoes of an attending physician. How would you know what your medical student knows and what he or she does not know?

One reasonable and efficient way to find this out is to ask questions. Think of these questions as a signal that you are about to learn something, and that's a good thing. As you become more comfortable with this style of learning, you will also discover that "I don't know" is sometimes a perfectly acceptable answer and a springboard for learning. You will not be faulted for not knowing some random detail. In fact, it's okay to be wrong, and sometimes you'll learn the most from your mistakes or from a physician picking apart a line of reasoning that's only somewhat correct. In any case, it's definitely better to be wrong now. Use this to your advantage and you will become a better future resident and physician.

Speaking of residents, watch your interns carefully. Observe how they manage to get orders in, notes written, patients examined, and consults called, all in a ridiculously short amount of time. Efficiency is everything in the wee hours of the morning and they are masters of this skill. Learn their systematic approaches to things and you will soon become just as efficient. You will never forget to record labs or vitals or other information if you do things systematically every morning like your interns. This will make you look good on rounds, and more importantly, the more efficient you are, the more time you have to help patients and take ownership of their care.

My final advice to you comes from two great physicians I encountered this year. One said "Always be thinking: 'How did they know that?' and 'Why did they do that?'" Keep your mind active when are observing and it will make you a much better doctor. Another very wise physician said that the key to doing well in clinical rotations boils down to a few very simple things: be reliable, trustworthy, enthusiastic, flexible, and exude *the appearance of* being organized.

I am so excited for you. You are ready, and you don't need to do anything more to prepare for that first day. You don't even need to remember this advice because you will learn it again by experience. So on that aforementioned Sunday as you contemplate the unknown and the future days ahead, know this: all you really need to do is get some sleep and enjoy a great Monday. Good luck!

Andrew Eitel,
MD candidate 2017



Mount Bierstadt

Practice Selfless Service

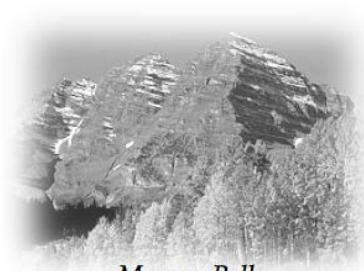
Dear 3rd year student,

It will be tempting, during this year, to focus on yourself. You'll even be told to "do things for yourself." There will be less time for your hobbies, less time for your interests, even less time for your family. Every day you will focus on others. Embrace this opportunity. Gandhi said, "The best way to find yourself is to lose yourself in the service of others." You will be a better third year student as you lose yourself serving others. There will be numerous opportunities to lend a hand. As you focus more on your patients, you will have less opportunity to focus on your own adversity. The "woe is me" attitude can ruin an entire rotation. Focus on your team members. Offer to help interns and residents with phone calls, daily tasks, and other minor duties. Offer to help the nurses with cleaning up. As you lose yourself in service you will also find happiness. The poet, Rabindranath Tagore, wrote,

"I slept and dreamt that life was joy.
I awoke and saw that life was duty.
I acted, and behold—
Duty was joy."

My most memorable and joyful moments of 3rd year involve doing extra, even if small: coming in on a Saturday to help with a surgery, staying after on a weeknight to talk with a patient who has no family nearby. I left the hospital feeling recharged after these experiences. I encourage you to forget yourself. We should take care of ourselves and do things we enjoy, but you will hear others telling you to make sure you do things for your own benefit, and I think this is a disservice. You'll find the greatest joy as you put others before yourself.

Devin Rigg
MS4



Maroon Bells

Medicine is full of metaphors, so here's one for you Third Year.

It will feel like you're running a race.
You're on the track and ready to run,
But there is a 10-foot wall dividing the lanes.
You can't see the classmates running next to you.
You can't see where you are in the race.
You could be first,
You could be last.
Even when you're running your very hardest,
You'll never truly know how you compare.
So run as fast and as hard as you can,
Embracing this unknown,
But listen to your body.
Sometimes, some rotations, you'll need to slow down.
You might even need to stop.
In that case, do it.
Do not push yourself beyond your limits,
Because you're worried that you might lose ground in this "race."
Take care of yourself.
You're running for you,
And it's not actually a competition.

Sam Nino



AFTERWORD

We would like to thank all the students that contributed letters to this year's publication. Many of the letters were inspiring and moving; others were funny and light-hearted. Reading through them, I discovered a lot of wisdom and sound 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

ACKNOWLEDGMENTS

We would like to dedicate this edition of *Letters to a Third-Year Student* to Dr. Henry Claman. He was an amazing physician, researcher, colleague, mentor and friend. He was integral in establishing the Humanities on our medical campus and provided great support for many years. We are truly grateful for everything he accomplished. We would also like to extend a very special thanks to Dr. Nichole Zehnder for her inspiring and thoughtful foreword. Thank you to Dr. Steve Lowenstein and the Gold Humanism Honor Society for their contribution in editing and in promoting the publication. Specifically, we would like to thank Sarah Axelrath for her wonderful foreword and her thoughtful letter, and a heartfelt thanks to Eryn Thiele for her help in editing and for her creative letter. We would like to acknowledge the support of Jeffrey and Molly Hill. Dr. Jeff Hill is a 1989 graduate of the University of Colorado School of Medicine, and he was Dr. Robert Anderson's third-year student. Thank you to Bill Daley for his superb production of the publication each year. Thank you to Hali Jenkins for helping with the cover layout and to Max Osborne for his fantastic skills in photographing artwork. Most of all, we would like to thank all of the students for the generous gift of their letters!

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 15, 2017. If accepted, your letter can be included on your curriculum vitae as a publication. We look forward to your letters!