LETTERS
TO A THIRD-YEAR STUDENT
FROM THE CLASS OF 2018
SCHOOL OF MEDICINE

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FOREWORD

Dear Students,

Your day has finally arrived. One’s transition to the clinical realm is a milestone which every physician recalls but perhaps not with the reverence it deserves. You are suddenly immersed in an unique culture which revolves around profound efforts to relieve human suffering. There are few things in life more precious than one’s health, and although becoming an engaged member of a team entrusted to protect this important human value may seem daunting, it is a gift that few have the privilege of receiving, and it must be cherished. There will be incredible highs, such as experiencing tremendous gratitude for contributing to the restoration of health, but also incredible lows such as sharing in the loss of a family’s loved one. You will encounter inspiring role models but also providers who have seemingly lost their original purpose for pursuing the profession. You will quickly realize that a truly outstanding physician is one who recognizes her privilege, realizes his limitations, and understands what it means to be a member of a healthcare team. You have the opportunity to learn from every experience, positive and negative, but it will require you to reflect on how those experiences are shaping your professional identity.

In the pages that follow, you will find words of wisdom from members of the Class of 2018. Each student’s experience is unique, but all share common themes around the acquisition of invaluable medical knowledge and skills while adapting to a complex culture that sometimes struggles to maintain the patient at the center of every decision made. Each author has been touched by people experiencing illness rather than letting disease define them as patients. Not lost in this process is the value of writing about their experiences, helping them to consider how they have changed as a medical professional. Their insight is profound, and their desire to prepare your transition is sincere. I encourage you to follow their example by writing about how your experiences are shaping you and sharing your reflections with others. Too often we don’t reveal to one another our values and emotions as we are exposed to some of the best and worst moments in our patients’ lives.

Finally, while we all understand that there is sacrifice in caring for others, don’t lose sight of caring for yourself. Self-compassion is essential to resilience. We are all imperfect, but it is largely your drive for perfection that has led to your success. This internal conflict can be the source of distress if you are not mindful of treating yourself with kindness.

We hope that you enjoy what your colleagues have shared with you and look forward to a year filled with incredible experiences. Your professional identity is yours and yours alone, so make the most of the life changing year that awaits you!

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

That book, Letters to a Young Poet, has inspired many subsequent writers and teachers to share their own observations and insights, their own words of wisdom and warning, with other young readers embarking on a life in the arts, in religious and public service, or in the professions of law and medicine. These individual works are now part of a series called The Art of Mentoring and include such titles as Letters to a Young Jazz Musician by Wynton Marsalis, Letters to a Young Conservative by Dinesh D’Souza, Letters to a Young Contrarian by 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 2018 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
Esteemed Third-Year Colleague,

It is our privilege and delight to welcome you to the clinical years of your training and to present this collection of experiences from those who have come before you. Our sincerest wish is that the words of your colleagues will sustain your curiosity, compassion, and courage as you take your first steps toward the great endeavor before you.

Soon, you will do great things that were only once imagined. As excited as you may be for what lies ahead, we understand there must be many unknowns in your mind. Many of them will be addressed in these pages, but some will become surprising discoveries unique to your own particular journey. Nevertheless, each letter here contains the story of a medical student who has, in the care of others, experienced many great extremes of fatigue and invigoration, fear and bravery, sorrow and elation, helplessness and empowerment, and everything in between. Each is the story of a human being who has struggled at times but who has triumphed in the end, as you will. As you read them and revisit them, we hope you see more and more of yourself in them and vice versa. We hope you will come to understand that your mistakes are not failures and that uncertainty is natural. We hope you know that it is normal that some days it takes extra effort to be the compassionate person you were yesterday. We hope you are reminded that your hard work will pay off and that your successes are waiting for you not far ahead. We hope you see that what you do each day matters and that you are not alone. But ultimately, we hope you find that your story, entwined with those of your patients, is worth telling. Our stories are humanity’s most precious possession; they move us, give us something to aspire to, and tell the world that we were here.

As the benefactors of so many before us, we are honored to continue this great tradition of letter writing. While our words may very well be all that you know of our class as we move on to residency, please know that we have shared the very best of ourselves with you for your journey ahead—those parts of us that believe in respect, dignity, and compassion for all. Those parts of us that prepared us to change lives and to be changed in turn. A little bit of luck never hurt anyone either, though and so, we congratulate you on your accomplishments that have led you to this point, and wish you the very best of luck this year! Go forth, and do great things!

Sincerely,

James Sze
University of Colorado School of Medicine
Class of 2018
On Behalf of the Gold Humanism Honor Society
You did it. You made it to one of the most important years of your life. On your first day, after you wake up 30 minutes earlier than you need to, you will walk out the door with coffee in hand and a nervous buzz in your chest, ready to embark on this new journey. And over the year, you will see and hear and do things you could never have imagined. And, you will feel tired at times. At times you may slump out the door or need more coffee than usual, and you may not have that excited buzz in your chest every morning.

If you can remember one thing each day, no matter what kind of day it is, remember this: be kind.

**Be kind to your patients.** This is why you do what you do. It’s easy to get swept up in the responsibilities, in the evaluations, in the pressure of being in the medical field. But if you have the time, talk with a veteran, even if it’s a long conversation. Tell a patient something you like about him even if it makes you feel a little awkward. Go out of your way to find ginger ale for a patient who may be living her last day. Say you’re sorry to someone who is going through something difficult. Maybe patients won’t remember you, but they won’t forget the way you made them feel.

**Be kind to all hospital staff.** Get on the nurses’ good side. Life is way better for everyone if you do. Talk to the staff who clean patient rooms; it will mean the world to them to talk with you every day. Thank social workers for how much they contribute to the team and to making a difference in patients’ lives.

**Be kind to your residents.** They are working hard and sleeping only a little, and they are on your side. Help them in any way you can. Give them grace when they can’t give you the attention they want to give you. Thank them for helping you. Pick their brains about something they love; their eyes will light up, and they will appreciate you asking.

**Be kind to your attendings.** Like the residents, they are on your side. If they pimp you, it’s because they want you to learn. Assume the best in them. Thank them for teaching you and for spending extra time to help you learn.

And last, but definitely not least, **be kind to yourself.** Eat when you’re hungry. Sleep as much as you can. Forego studying to exercise, or to do something you love. Forgive yourself when you make mistakes, or when you feel like you are not doing a good job (I guarantee you, you are!). Give yourself the credit you deserve, and recognize how much you are learning and contributing to the people around you. Do not ever let go of who you are.

This is it. It’s your time. And having a little kindness for everyone involved will make the year a little brighter.

Julie Highland
Dear Rising Third-Year Student,

One of the things I struggled with as a new third year was others’ perceptions of me. I would become anxious when presenting to my attendings, and my brain would turn off. Often after a question, I realized I knew the right answer but lacked the confidence to say so. Then again, many times, I genuinely did not know the answer. Such situations were embarrassing, particularly if it seemed like a fact I really should have known. My approach to learning and getting “pimped” changed during my third year. In third year, you stop being a student and start becoming a doctor.

I had one attending who seemed excited when I didn’t know something. She looked forward to opportunities to increase my clinical knowledge, and her face lit up when she realized she could help me. From her, I learned not to get so discouraged when I didn’t know an answer, or if I made a mistake. I just had to adopt her positive attitude. “This question I don’t know is an opportunity for learning, not an embarrassing public display of my ignorance.” This outlook helped me stay happy and motivated, even when other residents/attendings were not so pleasant in their clinical teaching.

On the other end of the spectrum, I had one attending who was exasperated when I got a wrong answer. He let me know, in no uncertain terms, that he was disappointed in my lack of preparation. I felt humiliated and belittled. For a variety of reasons, I felt very low after working with him, and even questioned if I was cut out for medicine. Once I recovered, I realized that he had a point. I should have known the basic information he was asking me. Independent of his perception of me as a student or my grade in the class, as a physician, there are certain things one needs to know to care for patients. One day it’s going to be me making the decisions. Thanks to this harsh attending, I started to adopt a greater sense of urgency about learning and taking ownership of my patients. It no longer was about meeting others’ expectations of me; it was about me becoming the physician I hope to be.

Maybe you are better than me. Maybe you retained all the minutia you memorized for anatomy and Step 1 and are ready to deliver on a moment’s notice. Or maybe you’re more like me. You’re a good test-taker. You work hard, but don’t necessarily retain information you’re not regularly applying in real life. Regardless, I challenge you to abandon the student mentality. Instead, bear in mind that this is your chance to learn what you need to become a competent physician. It’s not about grades or others’ opinions of you; it’s about changing from a student into the kind of doctor you want to be.

Best of luck,

Nick Bishop
Dear phase III student,

Welcome to 3rd year! Are you excited? Nervous? Both? That’s normal. Your life is about to change dramatically. You’ll have to get back into the habit of waking up early and leaving your house. Panopto does not exist on the wards. Refresh your social skills, and dust off those dress clothes for clinic; it’s finally time to act like a professional. Some tips to help you get through this year:

• When someone dismisses you, leave! You likely have already heard this as the #1 rule of 3rd year, and I just want to reiterate the importance. You should be out of the building in 5 minutes. You never know when your team is going to get a late afternoon consult.
• Go to every conference that you can. Often these are encouraged. More importantly, they might be catered.
• Good residents will frequently ask you, “What questions do you have?” Always have a question in mind for when this happens. If you don’t have any questions, they may follow it up with something like, “So you understood everything during that operation?” The answer here is not yes. Answering “Absolutely not” got me a couple chuckles and casually deflected away attention from my lack of engagement.
• Know when to be quiet.
• Always have some sort of study material available. There will be downtime. Sometimes a lot of downtime.
• Spending your free time with people not in healthcare can help keep you grounded.
• Bring snacks on the first day if you are someone who gets hangry.
• Finally, keep in mind that all things will end. If you find yourself miserable on a rotation, you are only weeks away from never having to do it again.

Hopefully this guide will help ease some stress going into 3rd year. Try to enjoy it as much as possible. You will have some amazing experiences and the time will fly by.

Nate Dusto
Dear Phase III Student,

I could write paragraphs on all the things I learned as a third year medical student, but I am realistic enough to know that no one will read anything more than bullet points…

• **Be friendly and engaged.** First and foremost, on the wards and in the clinic, you will find that being likable can be more important than appearing competent.

• **Embarrassment is a normal part of the third year experience.** My surgery attending was so impressed that my foot was able to fit with my shoe covers put on backwards. Things happen. You probably aren’t the first to do something, and you definitely won’t be the last.

• **Respect every team member** you interact with. It doesn’t matter if the circulating nurse reprimands you for some sterile etiquette “violation” that you just watched the attending do. Just thank them for their feedback, and move on.

• **Say “yes”** as much as possible. Even if you don’t know how to do something, if you are asked to do it, say “yes” (and of course ask for help). You will get the most out of your 3rd year experience by always doing more. I never pictured myself making the incision on a labiaplasty, but I’m glad I said “yes” when the opportunity was put out there because it was a great learning experience.

• **Be honest.** You will not be perfect, and it is perfectly alright to admit it. If your attending asks you a question about a patient’s history and you don’t know the answer, that’s okay. Just admit you don’t know the answer. The same goes for exam findings. If you didn’t do it, admit that you didn’t do it.

• **Be prepared:**
  
  o Use your resources. Download the UptoDate app, a drug reference app (I prefer Micromedex), a medical calculator app, and AHRQ ePSS (the USPSTF recommendations app). I found that each of these was useful on multiple rotations. There are many other apps that people find helpful. Ask around and figure out what works for you.
  
  o When taking care of kids, either carry or keep quick access to the immunization schedule.
  
  o Keep a snack in your white coat. On some rotations, you never know when meal times will change on you.

• **Ask for feedback.** Some residents and attendings are great about being intentional with giving regular feedback; others are less great. Never be afraid to ask someone for suggestions on how you can improve. This can seem uncomfortable at first, but it is the best way to figure out how you can get better. The more you ask for feedback, the easier and more comfortable it becomes too.

• **Enjoy every clinic day like it is your last.** Third year flies by, and there are so many opportunities that you likely won’t have again. I knew there was no way I was going into certain specialties, but I wouldn’t trade my experiences in those specialties for anything.

Good Luck and Best Always,

Justin Holmes
Letter to a Third Year Student

Early mornings
Reviewing, repleting, rethinking
Minor adjustments or major surgeries?
Procedures or pills?
Presentations...
Feeling inadequate, unsure, concerned
Minor praise or major burn?
Multiple choices, multiple attendings, multiple answers
It’s more than a test
Each thinks their choice is best
Failing is scarier when it’s more than a grade
Lunch, quick respite, quicker bites
Back to work, I never left
Typing, calling, coordinating, curing
Ceaseless pager fury
Orders, results, notes, signed
Finally, sigh
A moment of freedom
Free to talk freely with my patient
Hearing about the grandson
Learning about the business
Craving good food
Wanting to be anywhere but here
Connection
But, tell me, I want to hear
Why medicine?
Why this work?
Why here?
The hardest question all day
But the easiest choice by far
I’m here because of you
For the brief connection we share
For the moments of freedom
Makes the toil okay
Makes the work less hard
Thank you
For being my answer
I hope I can be yours

Sally Westcott
Dear Phase III Student,

Let’s start off with **exulansis**, n. the tendency to give up talking about an experience because other people are unable to relate to the experience. The foreignness of medicine to people not in the field … and even the utter uniqueness of an experience with a patient has stopped me from expressing it, even when I wanted to save and to share the memories. So I encourage you to share for yourself and for others as well. The richness of the medical experience you will have during this year is too incredible to not be forever pondering, forever trying to elucidate the gift that has been given to you. I encourage you to connect because the human experience is a funny thing, full of juxtapositions, foreign yet so familiar. Don’t stop trying to express yourself, don’t let the memories slip away until it’s nothing more than a diminishing echo, barely stirring the periphery of your consciousness.

**Ebullient**, adj. cheerful and full of energy. The exhilaration and apprehension I felt at the start of my third year was almost paralyzing. I couldn’t wait to act like a “real doctor.” The truth of it all is that you probably won’t feel “like a real doctor” at any point during this year. The amount of knowledge and expertise that real doctors have will humble you quickly. You’ll realize how much farther you have to go and will learn to appreciate and be comfortable with being a forever student in the field of medicine. But the one thing that I found I do better than most doctors on every team I’ve been a part of is being cheerful and excited! Well-woman exams! Bronchiolitis! Cellulitis! ED consults!!! The energy is infectious, and your team will appreciate the spasms of positivity that med students bring.

**Nodus Tollens**, n. when the legendary epic you’ve envisioned all these years for yourself doesn’t make sense to you anymore. The advertisement for third year is that it’s your time to explore and find YOUR specialty. While some people truly welcome all options, some have their hearts already committed. Regardless of where you stand, you’ll more than likely have moments during third year where you’ll feel absolutely displaced from the narrative you’ve written for yourself. The specialty that you thought would be your happy place can be far from it. You can find your heart beating for a specialty you never expected. This can leave you distraught or liberated. Be ready for both. Be welcoming and kind to yourself and all the ways that you and your story will change.

**Liberosis**, n. the desire to care less about things. You chose medicine because you care; you care so much. Yet, at various points in the year, you’ll wish otherwise. Caring so much leaves you vulnerable to overwhelming disappointment and heartache. You’ll wish you didn’t care about your grades and evaluations. Sometimes you’ll even wish you cared less about your patients … so that the moments when there’s nothing more you can do, when you’re delivering devastating news, when you watch your patients die, wouldn’t weigh so heavily on your soul. You’ll hastily try to tame the enveloping despair that threatens your professional composure, wondering how you ever dared to let yourself care so much.

**Sonder**, n. the realization that each passerby is living a life as vivid and complex as your own. You’ll be amazed when you ask a patient, “What do you do for work?” or “What are your hobbies?” In an attempt to keep organized and process the inordinate amount of information presented to us, we categorize, we label. We do it so much that the people we meet become no more than what we thought was significant enough to write in our notes. I encourage you to look past the labels, the symptoms, and the disease. This is what will get you through the trenches of third year when you’re tired, bitter, sad, and questioning all of your decisions up to this point. This will reinvigorate and inspire you again. When you
learn about your patients’ families, their ambitions, their failures, their epic love stories, you’ll realize, again, why you chose medicine.

Finally, **ephemeral**, adj. fleeting. While the year ahead seems daunting and arduous, you’ll turn the page onto another adventure soon enough. Don’t wait for it to be over, but soak up all of it and let it nestle into an indelible part of who you are.

Happy Adventuring!

Ngoc Vu
A Letter to a Third Year

It will be really early in the morning when you wake to go to WORK. Forget the two years of grades, lectures, and other required sessions because I am sure that is not why you signed up for medical school. This year is why we all came here. Third year is when we get a taste of what we want to do when we grow up.

For weeks at a time you will be the doctor to your patients. So what, you don’t know what medication to order for them. So what, you really don’t know if you should get an MRI ordered or a CT. So what, you really don’t know what is the cause of their cough or chest pain. What you know for sure is that you want to help them. And you WILL help them.

Being a third year med student is rewarding. Imagine not having the obligation to write all the notes, make the phone calls, and still know everything that needs to be done. This gives you the advantage of being the hero of the team. How? Let the Queen tell you.

You have the great opportunity to spend a really long time with your patients. Listen to them, and pay attention to all the details. They will tell you about their pain with so much detail that when you see them the next time you feel you know them better. You will bring them warm blankets and ice water. Why? Because you have the time and the zeal to make them feel better. You will be seeing them in their most vulnerable state: in pain, during a surgery where their life literally depends on you and your team, when you will help hold their hands and their thighs as they push their child into this world. You will be their hero because you will be there for them. So just be there and be willing to help.

Don’t be a student, be the doctor. Be the person who listens to them and takes away their fears and pain. You will not have the answer to all of their questions, but as their doctor you will look for that answer. Why? Because you are available to know that they had a question.

My dear colleague, you cannot be the doctor if you end up needing the doctor more. So, take care of yourself. We need you at your best. Listen to yourself and plan a well-balanced life. When you are healthy, the whole team is. When you are not well, the team and your patients suffer. Like one of my attending physicians told me, “Eat when you can, sleep when you can, and never mess with the pancreas.” This should help you move forward. I look forward to meeting you around the hospital as you act as the doctor you have been working towards for the last two years.

Your fellow schoolmate and colleague,

Queenie Kisang
Dear Phase III student,

Congratulations! Without a doubt, you have likely been piled with advice, both solicited and unsolicited. You have likely heard conflicting advice on how to best impress your attendings and received many different formulas for shelf exam success. So as not to add another layer of complexity, I will leave you with my best piece of advice: **do not be afraid to connect with and truly care for your patients as these connections are the best way I have found to avoid feeling burned out.**

A short anecdote: She was a five-year-old girl with epidermolysis bullosa (EB) hospitalized for possible infection of and increased pain in her right lower extremity. The first time I met her, she was alone in the hospital as her parents lived hours from Denver and had other children at home to care for. Wrapped from the neck down in bandages, she smiled at me and said, “Hi! What’s your name? Are you my doctor?” Throughout my questioning, she maintained the brightest of smiles despite the obvious winces of pain with every movement. When I began preparing to leave, she shyly asked, “Can you stay and color with me?” At this moment, I was faced with two choices: 1) I could decline the invitation as I still had 3 more patients to see before morning report, or 2) I could stay and color. I chose to help color some princesses. As I filled in Cinderella’s blue dress, I watched her grasp a marker with fingers fused together from blistering in order to color the sky blue. I heard about the pain of her biweekly dressing changes. I discovered that her favorite minion is Stuart. I learned that above all else, she loves ice-cold juice because it makes the ever-present pain in her mouth and throat better. When I finally left her room, I could feel the tears welling up. I thought to myself, “Kids should like juice because it’s sweet, not because it makes the pain go away!” Although I was late for morning report, I knew my time had been well spent when I checked on her later in the day. “How’s your leg pain doing?” I asked. The smile on her face reminded me why we have chosen medicine as a career.

The upcoming year will be challenging. You will work early mornings and late nights. There will be the admission that arrives five minutes before your shift ends, and there will always be another note to write. However, if you let your patients in and allow yourself to sincerely care, you will find your 3rd year to be truly rewarding. Always keep the patients who have had an impact on you in the back of your mind. The shifts will seem shorter, and the notes will go by quicker.

Best of luck,

David Pham
My Dear Third Year Medical Students,

Congratulations on completing your first two years of medical training and most importantly the USMLE Step 1 Board Exam! This is an enormous milestone! No, really, read that sentence again: truly, this is a big deal. You have worked extraordinarily hard to get here, and you should pat yourself on the back for it. Not everyone can do what you just did, and it would be a discredit to you if you did not take the time to recognize it. Beat your chest, it’s alright. I feel that in medical training we are not allowed to take pride in the things we do, the everyday victory it is to come away learning something new, regardless of how small. I am granting you that right, or rather, I am allowing you to recognize that you always had the right to feel good about the things you’ve done. It is a lesson that I ardently hope you carry with you into your third year and your interactions with your teachers and patients.

Here is the best bit of advice I think I can give you. What if I told you that hard work and grades are not the things that matter most in third year? True, hard work and grades are important. I won’t sit here and argue that you don’t need good grades to get into a competitive residency, that the seemingly endless stream of evaluations isn’t draining, and that “learning to play the game” isn’t just as important as your developing clinical acumen. But that’s not the thing that will keep you going, sleepy-eyed on the wards as you gently wake your patients to examine them morning after morning. The thing that ultimately drives you is, and always will be, passion for a whole world of things. Drown yourselves in it. Find passion in learning. In fact, fall in love with it every day. Seek joy in knowing something you didn’t know in the moment before. There is so much to learn and master this year. It is natural to be terrified by that. Regardless, I promise you, if you make learning your goal rather than your expectation, it is far less scary and infinitely more exciting. Just as you may love training at the gym to improve your fitness or as you adore pouring over books to improve your worldliness, I encourage you to hold the process of your studies in esteem; you are made better for it.

Bring passion to caring for your patients. They look to you not as a medical student but as THEIR physician. They don’t know what a medical student is, to them you are a doctor. And while you have the “benefit” of years of training and school that has somehow dulled the luster of your illustrious position, I would ask you to step into that role with pride, enthusiasm, and compassion. Smile at them, hug them, cry with them, laugh with them, teach them, and most importantly, do it all with the same gusto that you did the very first day of your third year. They are your greatest teachers, and in every instance you can, spend extra time with them even if no one knows you are there, especially then. My most powerful memories from third year came from interactions with patients that occurred when no resident or attending was present. No evaluation will ever be written about how you let a child listen to her sibling’s heart with your stethoscope, or how you sat for hours with a manic patient as he recovered in post-op, or how you sat holding the hand of a woman dying from kidney failure cursing your own weakness, only to have her say, “Thank you, doctor” as she drifted to sleep. And while no evidence of these interactions will ever be recorded for your “grades,” those are the experiences that will define your third year and shape you as a physician. Pursue them relentlessly.

Lastly, and in my humble opinion most importantly, approach your peers with the same love and passion you do your studies and patients. Third year is isolating. You may find yourself alone on a frozen February morning prepping for your 16th Whipple and wonder where the camaraderie of the first two years went. It is STILL there. Look around you. These men and women are those who have chosen to pursue this noble art, and in that, there is a fierce bond that I think we ignore too often. In your discussions with your
peers, avoid worn out phrases like “I’m really burned out on school,” “I need to honor this rotation for residency,” or worst of all, “I have to do better than him/her on this rotation.” These are toxic chains of thought that will only slow your path to success. Cast them off. Instead strike up a conversation with phrases like “My patient said the funniest thing to me today,” “You won’t believe the diagnosis I made,” (yes, it is okay to brag from time to time, barring arrogance. I, in fact, encourage it), and “Let’s talk about power in medicine tonight.” Console one another, teach and learn from one another, and always push each other to be a better physician. You might find third year challenging if you let the competition and the grading system dominate your efforts. However, I guarantee you that if you approach the year with the goals of learning as much as you can, helping as many patients as you can, and pushing and supporting your peers as much as you can, you win every time.

My dear friends and colleagues, you are about to embark on a truly powerful and formative experience in your lives.

Parsa Ghasem
GHHS
The teacher and I

Third year was emotionally and physically exhausting, but it also filled me with gratitude. Many of us 4th years will emphasize to you how gratifying it is to be with our patients, but I also hope that you will be grateful for two other equally essential characters: your teachers and yourself.

Whether it be a resident, fellow, or attending, every teacher you encounter has experienced this journey that you are on. Remind yourself that behind that knowledgeable exterior, there is a person with perhaps the same insecurities. Where did your resident come from? What is your attending doing for the holidays? What were their thoughts as they watched their patients passed alongside to you? My resident cried when she was somehow stuck in traffic after a rough 30-hour day. Remember that when they sat down with you and talked about hyponatremia, they didn’t have to. Remember that when they asked you to present and gave feedback, they didn’t have to. Your teachers are like short-term parents, each with a different personality, ranging from terrifyingly stoic to excessively huggy, and they love you enough to keep being in academia year after year, generations of students after another. Shake their hands, thank them, and know them like you would do for a patient.

Then there’s you. The being who has been kind and courageous enough to pursue this arduous path of doctor-ship. Never forget the qualities, the moments, the decisions, the sacrifices that have brought you here. Not just a learner, you taught yourself, every day. You taught yourself all those articles from Uptodate. You taught yourself how to speak more kindly. You taught yourself how to better manage your time so you can have a game night with your friends. At one point during third year, I switched from introducing myself as “Hi, I’m Tuong. I’m a medical student.” to “Hi, I’m Tuong. My name is Tuong.” I had allowed medical school to overshadow my identity, and that small switch allowed me to actively remember that I am more than just a student. Remember the lives that impacted you, and the ways you impacted them. You did that not because you were a med student, but because you are you. If you were to thank yourself, what would you say?

Our patients are grateful for us, but we also need to be grateful for us. As a third year student, there will be days where you are simply phenomenal. You will feel elated after presenting perfectly. There will also be days where you feel beaten for receiving “only a pass” for your grade. Some days, you will feel nothing. That is all okay. Everyone, from patient to attending, has those days. Teach yourself the reason to keep going, and then teach others. I, for one, am tremendously excited to be your intern/resident/attending, and cannot wait to be taught by you.

Your bumbling future teacher,

Tuong Phan
GHHS
Dear Phase III student,
Congratulations on finishing the first two years of medical school! Now you’re about to embark on the most exciting and challenging year of medical school. The year ahead will push you, thrill you, teach you, and frustrate you. Some practical tips:

• Be kind to yourself. We are not expected to know everything; we are here to learn.
• Keep a journal. This year will fly by, and experiences will start to blur. Write notes on important experiences so you keep them forever.
• Be adaptable. You will continuously be given conflicting advice from different people.
• Be true to yourself. Implement feedback that helps you improve; let go of what does not.
• Say yes to every opportunity. This will be the last time you’re able to experience many aspects of medicine.
• Maximize your efficiency. Develop a system, and work smarter.
• Take care of yourself outside of the hospital. Work out, relax with friends, go to sleep early.
• When discouraged, remember you are not alone. We have all felt these feelings. This is part of the process.
• Put your nickel down. Commit to your plans as this is the safest time to make mistakes.
• Get to know your patients as people. This will help you better learn medical conditions as well as make it a more fun and meaningful experience.
• Wear compression socks. You will be on your feet a lot during surgery.
• Nurture gratitude. It’s an honor to be a part of people’s lives in their most important moments.
• Most of all, savor this year. It is a privilege to have this opportunity. We are becoming physicians!

See you on the wards and best of luck!

Myra Sendelweck
Dear Phase III student,

Congratulations! You’ve just finished (in my opinion) the least enjoyable part of medical school and are about to begin the most exciting, challenging, and fun part of your medical education. My first piece of advice, above all else, is to relax. Yes, there will be times when you feel overwhelmed and unprepared. Yes, there will also be at least one time when you do something that makes you look like a complete moron. But it is important to realize that EVERYONE has these experiences, and EVERYONE comes out of them just fine. So long as you work hard and do the best of what is expected of you, you will have nothing to worry about so far as grades go. So rather than worry about every small detail of third year, just relax and take time to enjoy the fact that you are part of a real life medical team, doing real life medical things.

My other piece of advice is to realize that success in third year is much more about how you get along with people and function as a member of a team than it is about what you know. This may seem unfair and wrong, but I would argue that this is how real life works as well. We have chosen a profession that is centered around people. In third year, you will learn as much about how to have effective interactions with patients and other providers as you will about the medicine itself. So be sure to treat everyone with respect, including nurses, PTs, PAs, MAs, etc. You could be the smartest student in the class, but if everyone thinks you’re an a$%hole, then you are guaranteed a poor grade.

But above all, embrace third year for the excitement, new adventures, and massive, massive amounts of learning it brings. As in all things, your attitude will dictate how much you enjoy it.

Best of luck!

Nate Riechers
Dear Phase III Students,
There are going to be a lot of expectations placed on you this year, both from the people you work with and from yourself. Remember you are allowed to be human. You are allowed to feel distressed, feel exhausted, feel anger. Don’t turn your back on these emotions. Embrace them. Tests, evaluations, and patients will start to wear on you. It’s okay; you have the strength in you to bounce back. Remember who you are. You are wonderful. That is all you need to know. Your own feelings of self-worth will wax and wane this year. Just know that you, the person who has made it this far in medical school, are wonderful.

Godspeed.

Ben Flitter
GHHS
Dear Phase III Student,

Please bear with me, but I want to tell you a true story that happened when I was on the pediatric neurology ICU team at Children’s Hospital Colorado. I had been on the team for a week and could honestly say that it was one of the hardest weeks of my med school career. Our patient population consisted mainly of kiddos with chronic refractory seizure disorders, brain cancer, or severe neurologic trauma from suicide attempts, blunt head trauma, and child abuse cases. I remember once having to report to social work and federal prosecutors about the prognosis of a 2 month-old who was repeatedly thrown against a brick wall by his stepfather while his biological mother abandoned him. Pretty dark, huh? It’s the kind of story you would see on *Law and Order: SVU*. However, continue to bear with me, as that is not the story that I want to focus on.

We got a call from triage that there was a patient flying in from another state: 14-year-old male, severe head trauma, unresponsive. He got into a fight at football practice and was then forced to do repeated tackling drills to the point when he suddenly collapsed and started seizing on the field. When he arrived, he was already intubated, pupils unresponsive to light, absent reflexes and muscle tone, and unresponsive to pain stimuli. He underwent emergent neurosurgical intervention, completely paralyzed, and put on an oscillator for support. I was in the PICU when his mother finally arrived from out of state, and she was hysterical. I couldn’t imagine what she was going through: single mother, dropping off your kid at school and next seeing him in another state completely paralyzed, head covered in bandages, and connected to hundreds of machines making loud noises that are keeping him alive. But at this point, this scene was commonplace, and I was so blunted to the emotions which surrounded me. I let her have her time alone together with her son as I went about my day rounding on other patients.

On the third day of hospitalization, we were on our daily rounds and walked in to his room to check in on him. Overall he was doing well from a medical standpoint. We had taken him off of paralytics the day before and advanced him to a ventilator instead of an oscillator. There was nothing really to do for him today except keep an eye on his EEG and try to prevent post-op complications. As the attending was talking to mom and step-father, I was standing by the door next to the patient. Out of the corner of my eye, I saw the patient twitch his right fingers. I paid more attention, and then I saw his hand movements start to get larger in a repeated circular motion. Naïvely, the first thing I thought of was another seizure. As I’m about to deploy my IPED CUS method skills, I hesitated.

“Hey there, how are you doing? Do you need something?” After I asked, without moving any other muscle, he started to be more deliberate with this hand shaking. “What do you need?” I held my breath, mind racing so many incomprehensible thoughts. Without really thinking, I asked, “Do you want a paper and pencil?” I reached for my pen and my patient handout, inserted the pen into his fingers, and held the paper up to his hand. Nothing happened at first, but slowly, over the course of a few minutes, the pen began to move.

“I love you mom.”

I will never forget that moment for the rest of my life. With tears swelling in my eyes, I got the attention of the family and the attending. “Excuse me.” When his mom turned her head
toward us and I showed her the piece of paper, she screamed in the most exhilarating way possible, tears immediately pouring out of her eyes, and she jumped on the bed with her son screaming “I LOVE YOU SO MUCH I LOVE YOU I LOVE YOU I WILL ALWAYS LOVE YOU OH MY GOD I LOVE YOU!” She hugged her son, grabbed his hand like she would never let go, and wept. Very subtly, without moving any other muscle, I saw his right hand close just a little bit.

Take what you will from this story, but I hope that this story (this inspiration of a patient) showcases the beauty in medicine that is often clouded by judgment, unsaid competition, harsh words, endless lab values, and death. It is so easy to get bogged down, blunted, and numb to the everyday medicine and patient experiences that we so fortunately have the privilege to be a part of. Even in the realms of pediatric neurologic ICU, or wherever your rotations may take you, there is always something beautiful worth finding.

My takeaway advice to you: always try to talk to patients like they are awake, even if it seems they are not. Always try to do the right thing even if it’s harder or longer. Always take that extra step on rounds, or ask a mother if she wants some water, or ask the resident if there’s anything more you can do. Do not do it for the grade or recognition (that process is trivial as it is), but do it because it is the right thing to do. Do it because that’s the reason you came to medical school in the first place. Do it because that is what will eventually make the difference in a patient’s care. Do it because they’re human, and so are you. Do it because you can give voice to those who cannot speak. Do it because you never know who might be listening.

I wish you the absolute best during your clinical rotations. Enjoy the good moments, don’t shy away from the horrible ones, and allow yourself to embrace your feelings. Learn from your experiences in how they affect you, and reflect on how your actions affect everyone else. Persistent negativity and blunted perspectives have absolutely no role in medicine. In a time when the future looks dark and cloudy, you have the opportunity to shed some light and write your own story.

Cheers, and stay classy,

Bruce Han
Dear Phase III Student,

Third year is scary.
Let’s get that out of the way. You are being ripped from the comfort of St. Mark’s Coffee and tossed into the shark tank.

Rest assured, you will learn how to swim.
At first, you will struggle to find air. Your strokes will be inefficient. You’ll find your kicks wasteful. But understand that as each day passes, you grow and you learn. Most of all, know that you will survive. It is okay to be scared; most everyone is. As third year progresses, you’ll find that fear is just one of the many emotions waiting for you. There is no doubt that you have been inundated with advice on how to survive third year. I have just one more to add: be kind.

Be kind to yourself when you make a mistake, as you undoubtedly will.
There will be days that you feel incompetent, when your only wish is to not be a burden on the team. Find comfort in knowing that these feelings fade. Forgive yourself when you cut your surgeon’s knot for the second time. It happens to everyone. Be kind to your patients when they become your new admit after 5pm. Even though that certainly guarantees you another three hours at work, realize that unlike your patients, you get to go home at the end of the night. Be kind to your Interns as they are your lifeline, the closest to you in training, and they, more than anyone, understand what you are going through. When your intern falls asleep while talking to you, pretend not to notice and then get him some desperately needed coffee. Never stop being kind because there will be a day when your patient calls you, “Their Doctor,” and everything becomes worth it. Even though you gently correct them, you can’t help but feel grateful that they put their trust in your hands. You can’t help but feel indebted to them for believing in you more than you believe in yourself. Be kind to yourself because then you allow yourself to make unforgettable connections with your patients. You will find that even through their tears, they can laugh, and it will be all because of you. You will find yourself coming in on your one day off to make sure your patient’s surgery went without a hitch, even though you already texted your intern and know that it did. As you progress through third year, my hope is that you can resist all of the negativity that comes with being at the bottom of the totem pole. Don’t lose sight of why you wanted to go to medical school. Third year is awful. You will hate it. Third year is incredible. You will love it. Third year is here.
Go and be the advocate that your patient deserves. Be kind to them. Go and be your own advocate. Be kind to yourself.

PS. For the love of all that is good, do not eat the fried chicken at the VA hospital. Rose is right next door.

Thanh Tran
Dear third year student,
A few practical words of advice:

First, know that OB encompasses two floors at University Hospital. Go to the wrong one and you risk waiting for a half hour before receiving a call from the intern who cannot locate you.

Second, when presenting a patient on rounds for the first time, find a stable surface to steady your hands on, that way the shaking piece of paper in your hands won’t give away just how nervous you are.

Third, be cognizant of your surroundings in the OR. Try not to trip over the drape, pulling multiple instruments down with you when standing up from your stool.

Fourth, if your ballpoint pen explodes in the pocket of your white coat, rubbing alcohol works like a charm. However, do not try to scrub it out with the jacket still folded; all you will do is cause the stain to bleed through to a second location.

Fifth, pay attention when tying on your surgical mask. If you enter the OR wearing it inside out, you will be mocked.

Sixth, when paging someone, know you must hit the pound sign after your phone number. Otherwise you most definitely will not receive a call back.

Seventh, do not follow your resident into the bathroom. And definitely don’t do it twice.

Eighth, accept that you will embarrass yourself. It’s okay; you will find success regardless.

Sincerely,

Jamie Gilroy
Dear Phase III Student,

Congratulations on completing Phase I and II and sitting for Step 1! It may not feel like it, but this is a major leap forward in your medical training. You will likely forget a number of biochemical pathways and congenital diseases in the next 365 days, and that’s okay! You have chosen a profession where saying, “I don’t know” is always followed by, “but I will find out.” This phrase is one you will recite and hear frequently in the upcoming year. As a 3rd year medical student, it portrays honesty, humility, an eagerness to learn, and a willingness to teach your team.

You will work with a number of medical providers in various specialties in the next 365 days. As a 3rd year medical student, I found take away points from each rotation that I will carry with me for the rest of my career. Below is a summary of a few take home points that quickly come to mind in hashtag format.

#BeYourself. It was my 2nd month of rotations, and the attending coming on service looked and sounded intimidating. I had asked my resident what I should do to “impress” the attending, and her advice was to “Be Yourself.” I heeded this advice, and my month of working with this attending turned out to be the best month of my 3rd year experience. As a medical student, you will be put in new and uncomfortable positions. Remember that you were selected for medical school based on your scholastic achievements AND your personality. Be yourself, let your personality shine, and you will mesh well with a majority of people.

#KnowYourPatients. You have heard it time and time again. You will have the smallest patient load on the team and the most time to dedicate to your patients. Spending time to know your patients may benefit their health in the long run. I vividly recall an elderly patient admitted for falls found to have a benign workup. In casual conversation, he mentioned taking Benadryl over the counter which he did not consider as a medication. By taking the time to know your patients, you can pick up on things that they may not readily disclose to your resident!

#BeProactive. There is always work in the hospital. It may not be intuitive early in your 3rd year, but by the end you will be able to identify ways to help your intern. An attending once challenged me to think to the next level and ask myself, “What would a sub-I do?” or “How would an intern handle this problem?” Once you have had sufficient clinical exposure, this line of thinking can facilitate your clinical reasoning and help you identify ways to help your team. Along the same lines of thinking, it will become easy to jump to and anchor on a diagnosis such as upper respiratory infection. Convince yourself that you are not missing a pneumonia or other significant diagnoses every time for every patient!

#30MinutesBecomes60Minutes. You will likely spend twice the amount of time compared to your intern looking at a patient’s chart, vital signs, and lab results. Your sign out will likely be filled with “to do” check boxes, and you will likely ask yourself, “How will I have time to chart review and do floor work?” Arriving 30 minutes earlier in the morning will provide time to chart review, read UpToDate, and develop a plan for the day that may save you 60 minutes in the afternoon!

#ChartStalk. You will care for a patient and ask yourself, “What ever happened to her cancer?” One of the best ways to learn and satiate your curiosity is to keep an electronic list
of patients to follow. EPIC and CPRS allow you to create patient lists that you can scroll through later to see what happened to your patients!

#ReadAnHourADay. Dedicating a daily focused hour to reading on a topic of your choice can improve your fund of knowledge AND impress your attending! You will be surprised by how much your attending and residents appreciate your teaching!

#BeHappy. Find a hobby, activity, or person that makes you smile and takes your mind away from medicine. Medicine is a career, but finding work-life balance is equally important! Don’t be afraid to explore new hobbies or interests and have an open mind! You can never go wrong with exercising whether that’s skiing, weightlifting, running, or even walking outside.

#GoHomeMeansGoHome. Your resident or attending will say “go home” at some point during the day. Usually this means you have completed your assigned tasks for the day OR you have another reason to leave the hospital. Take this as a blessing and leave as quickly as you can. Asking if they are certain will only waste their time and yours. Spend the extra time to de-stress and prepare yourself for the next day!

Bill Quach
Dear phase III student,
First of all, congratulations, you survived Step 1 and are about to start a crazy adventure!
When I was floundering in my step 1 study period, an upperclassmen told me, “Third year is the hardest.” Not exactly uplifting, but I think it is very applicable. Third year will test you in ways that medical school and your life thus far have not.

You will:
• Change someone’s life irrevocably with a diagnosis and/or prognosis.
• Witness and likely partake in tears of joy and pain.
• Face death in a very tangible way.
• Work way more than 80 hours in a week.
• Be embarrassed, feel foolish, and immediately regret things you say.
• Clash with your superiors and/or patients.
• Receive a compliment or praise from those exact same superiors and patients.
• Enjoy aspects of or an entire rotation that you believed you were going to dislike and vice versa.
• Lean on and appreciate your loved ones to new extremes.
• Receive the super specific feedback to “read more.”
• Be called doctor.
…And so much more.

That is the beauty of third year. You will have the chance to truly apply all of the knowledge you have been amassing for the past two years. All of the multiple-choice tests you have taken will help you feel slightly more confident as you present your differential diagnosis, and those communication sessions will help you connect with a patient. However, there is no way to really prepare for the onslaught of information, emotions, exhaustion, and exhilaration headed your way.

Here are my 6 pieces of advice:
1. Prioritize yourself and your sleep. Many of us got away with not doing this the first two years, but that ends now. Of the triad of things requiring your time including work/study, sleep, and socialize/time for yourself, it is amazing how important the last two will become and how much harder it will seem to make time for them. However, I implore you to do just that, make the time. You can only study so much, and at several points during third year there will definitely be better ways to spend your valuable time.

2. When a resident or attending says you can go home, take them up on that offer. You do not need to check in with everyone on your team. When freedom is presented, feel free to offer to do any last minute tasks, but then get out of there. This is one of the easiest ways you can find that time for yourself.

3. Put your invisible armor on. No matter how skilled you are at suturing or presenting, you will get yelled at and receive criticism. They are trying to teach you. While it may not always be worded kindly, it is not coming from a place of malice. Do not take it personally as that will only cause you more distress. Protect yourself.

4. Admit when you do not know. This is not the death knell that everyone plays it up to be. Sure, take a stab at the answer and say, “Well, I am not sure but I think it might be...” as this will allow you to demonstrate your clinical reasoning skills. The phrase “I don’t know”
is liberating and will provide you the opportunity to demonstrate your commitment to learning by looking up said factoid that you did not know.

5. Do not stress over the little things and learn to accept the things you can’t change. It is not worth your time or the effort to obsess over the mistake you made in your presentation or the fact that you forgot an entire physiological process. While you are worrying about these things you are likely missing new opportunities to learn and demonstrate your competency. Just keep moving forward.

6. Keep in mind that you are paying for this time. Prioritize your learning! This is your time to try to figure out what you want to do with your life so take advantage of it. If you want to see a particular procedure, make it happen. This will be viewed as you showing interest and taking initiative. If you want to have a longer conversation with a particular patient, now is the time to do just that. This year will definitely be what you make of it, so craft it to your interests.

Okay, enough from me, go take the next step towards that elusive MD. Remember that you will definitely jump through some flaming hoops, and poison darts might start flying at you while you are jumping, but it will still be an amazing year. Take care of yourself, and enjoy this crazy and truly unique experience.

Best of luck!

Rachel Sewell
Dear Phase III Student,

It is crazy to think that just one year ago I was in your shoes. I remember exactly how I felt. I was so glad to be done with Step 1 that I could barely imagine what the next day could hold. As the euphoria of being done with that forsaken month and test wore off, it began to set in that something serious, life-changing, challenging, and fun was about to begin: third year!

Here are some pieces of advice I either got or wish I would have gotten:

- **Keep an open mind.** Nothing will make a rotation go faster, be easier, and more enjoyable if you just can trick your mind into thinking for a short 4-8 weeks that you want to be a pediatrician, surgeon, medicine doctor, etc. Regardless of what you think, if you treat each rotation like you are hoping to get a residency in that specialty, you will perform better and just enjoy it more.
- This sounds obvious, but really **NEVER lie** about what you have/haven’t done, did or didn’t ask, or read.
- Finish the day off by saying goodbye/checking in on your patient.
- If you haven’t already, make yourself a routine/system for how you take your history and how you perform your exam. As you grow and learn, this will obviously change, but having your own personal checklist will ensure you won’t forget vital pieces.
- **Send an email to your evaluators** after each rotation reminding them of your time together and telling them your goals, accomplishments. You should have an example in your syllabus/ICC information.
- **STUDY for the shelf.** There is nothing worse than killing it clinically and then not being able to get the grade you deserve because you didn’t do well on the stupid test. Starting early in the rotation is a good way to ensure you do well.
- Buy Uworld early in the year and use it to study for shelves. It is also nice to get through a chunk of it before Step 2.
- There are NBME practice tests for each shelf for $20 if that is something you found useful in the past.
- **Make time to exercise/do life things.** It will be hard and sometimes impossible, but now is the time to figure out these habits; residency will only be busier.
- If you’re interested in some of the specialties that are not part of the CORE rotations, **seek out those shadowing experiences early.** When it comes to planning your 4th year and suddenly you think you might like ENT for example, it’s hard to find time to explore that career option later in third year while simultaneously planning your 4th year.
- It’s **better to have a plan for your patient and be wrong** then to not attempt to suggest any management at all.
- When you have a positive patient experience or something that really impacts you, write it down. You will be surprised by how quickly patients blur together. Having a good memory to look back on when you need a boost is really nice.
- **Make sleep a priority.**
- Don’t be afraid to ask your preceptors and residents for things. They are there to teach you, but make it easier on them by being specific in your learning objectives and providing them with concrete teaching objectives. “Hey, I was hoping to learn how to measure JVP. I would love to go over that today if we have time,” or “One of my goals is to get better at EKGs. Do you mind if I try to interpret all the EKGs we look at today/this week/this rotation?”
• At the beginning of every rotation, try to identify the tasks that will make you a useful member of the team. Can you update sign out? Print out patient lists? Call the lab/ radiology? Call consults? Get release of records? Call outside hospitals for records? Make a list of patients to check back on after rounds? Labs to follow up on? Often these things will just come from observing what the interns/residents do. It is rare that the resident will tell you outright what you can help with.
• Remember your third year rotation may be the last time you ever see something. If you don’t pick OB-GYN, you may never deliver a baby again. Anesthesia may be the last time you intubate someone depending on your specialty choice. The list goes on.

Most importantly, embrace this part in your journey. You will get so much time with your patients, you will be learning so much, and you will finally start to feel like it’s all coming together. The bad memories of long days in the library will fade and be replaced by hands on learning. It’s amazing! Good luck and enjoy it.

Cheers!

Claudia Temmer
GHHS

Mount Eolus
Dear Third Year Student,

I am writing to share with you some things I learned during third year, not the medical knowledge, but some things about medicine that I didn’t know or think about before third year.

The first thing that I learned was how much art is still left in medicine. Many patients think that medicine is a science that you just need to learn, and then the answers of what to do with each patient are clear. Even in the first two years of medical school, we are tested with multiple choice questions that always have one right answer. It quickly became clear to me that patients never read the textbook, and there was almost never one clear cut answer of what to do for the patient. I had many experiences where even senior residents would suggest one treatment plan, and an attending would suggest a different plan. This is especially true in areas where the literature isn’t great. So, during third year, don’t sweat it, and just do your best because a lot of the time there are many right answers, but trying to read the mind of the attending is nearly impossible.

The second thing I learned during third year was the bureaucracy and logistics of medicine. While I suspected that there would be some in medicine, I underestimated all the many problems that exist. From capacity and placement issues, to insurance issues, to unnecessary consults, to push back from other services, to required but seemingly unnecessary documentation, there are many things in medicine that are not medicine that physicians deal with. These things are often tedious and time consuming but are easy things for medical students to help out with.

Another thing I learned during third year was the super-specialized nature of medicine in a tertiary center compared to community care. I didn’t realize how many specialties and subspecialties and sub-subspecialties there were in tertiary care centers, and that in rural areas many times, all these things are cared for by one person until the patient can’t be managed anymore and then is sent to a large city to get care. This variety in medicine allows physicians to be whatever they want to be: a lone ranger in rural Colorado doing everything he can for a patient or a left direct inguinal hernia specialist who only does one type of operation but does it better and faster than anyone else in the country.

My advice to you during third year would be to work hard, stay humble, and don’t forget to take care of yourself. You can’t be expected to take care of other people if you aren’t taking care of yourself. Make sure to get enough sleep, food, and relax every once in a while.

Good Luck!

Jared Fredrickson
Dear rising third year,

Congratulations on making it to this point! The beginning of third year is an incredible transition point in your medical career; you’ve sacrificed so much to get here, and the path in front of you is different than anything you’ve done before. You’ve probably heard a lot so far about how scary and hard third year is, but I beg you to try to enter third year with a blank slate. This year is truly what you make of it, and your experience will be different than any other student’s. Your job over the next year is singular: to learn. Don’t let anyone tell you otherwise. Challenge yourself every day to take on something unfamiliar. Internalize everything you can about each rotation, and even if you know that you won’t pursue that specialty, be that doctor for every day of your rotation.

Everyone has advice about how to succeed in third year: do exactly 947 practice questions per day, show up at 3:36am, and don’t leave until literally everyone in the hospital has gone home including your patients, etc. You probably shouldn’t take that advice, but the one piece of advice that I would follow is that you must take care of yourself. While third year is an incredible experience, it is a YEAR long. Sleep as much as possible. Schedule time for yourself to do the things that keep you human, whatever that may be. Make time to exercise, and take a weekend completely off from school at least once a month. Seriously. If you feel yourself becoming frustrated or burned out, listen to that feeling and change what you can to keep yourself happy. While you can’t control the rotation you’re on or the hours you work, you can change how you respond to its challenges. You are learning to think in an entirely new way; that’s really difficult, and it can be exhausting. Show yourself forgiveness and compassion because you deserve it.

Finally, don’t be scared to be yourself during this year. Residents and attendings work with so many medical students, and they won’t remember the time you misspoke on rounds or that day when you got lost in the basement and panicked and emerged two hours later with your short coat stained with tears (okay, they might remember that one). Above all, your personality will make you stand out. Let your passion, your sense of humor, your quirks shine through. These are the aspects that will make you into an incredible doctor one day, and it’s important that you let them shine.

Enjoy the road ahead of you!

Sarah Williams
GHHS
To the rising 3\textsuperscript{rd} Year,

I remember hearing from classes above me that there would be a time during medical school that would break me, a time when I would feel alone, helpless, clueless, stupid, exhausted, worn out, and even angry or bitter. I didn’t believe it. Besides, I had already survived the first two years, so how bad could it get? I just knew that I was excited to finally get out of the library and into the hospitals to start learning what medicine was really all about.

Third year finally came, and I remained deluded about what was to come. You could call it pride or ignorance, but in reality, it was probably both. My first rotation was in Glenwood Springs with an awesome attending, and I really felt like part of the team. I was seeing patients on my own, writing notes, and got along with the staff. I even felt particularly proud after making a correct diagnosis of appendicitis. Then came the shelf exam. I was unaware that I was taking another Step exam, or at least, what felt that way. I knew there was no way I could honor after finishing, and I was correct in thinking so. But despite missing the honors cut-off, what really got to me were the one-sentence, mediocre evaluations.

The above story may sound relatively minor, especially in comparison to what many face, but I continued to go throughout the year taking many shots to my pride and had additional life stressors that simply compounded my frustrations. I was quickly learning that what I heard long ago was true; I felt broken. I do not tell you these things to discourage you or bring you down but rather the opposite. Because in my experience, when something is broken, it just needs to be fixed. What eventually helped with my repairs was recognizing that I was not alone in this, no matter what I thought. I had my incredible wife who always listened and supported me every step of the way. I had my classmates going through the same struggles and challenges, some of whom had additional trials thrown their way. And I had my patients. Despite being at the bottom of the medical hierarchy, I developed meaningful relationships with many of them that reminded me why I am doing this and how much our training means to them.

Third year was an incredible experience, and I loved it despite how hard and humbling it was at times. There will definitely be difficult times coming up for you, and you may even feel like giving up. You are justified in your feelings, but remember that you are not alone. Remember why you are doing this. Maintain those meaningful relationships with your loved ones and include them in your life no matter how busy life gets. You will get through the tough times, and I promise that it will be worth it in the end.

Sincerely,

Andrew Black
My advice to third year student:
It’s going to be OKAY...
Life is so short and so beautiful. Don’t sacrifice the joy of being alive and healthy. It is important to learn and to be competent, but it is more important to be human and to take opportunities to savor beautiful moments. Not everyone will like you. Not everyone will be impressed by your knowledge. Honor and high pass do not define your ability to be a good physician. Be kind to your classmates. If someone is struggling, help out! Teaching is the best way to learn. This year is yours to learn and grow. Don’t let the negativity of others discourage you for too long. The most important thing you can do is to take time to do things that bring you joy. After a hard week of being on the wards for 80+ hours, your last shelf score is not what is going to keep you committed. The time you take to see the people you love and to do things that make you happy is what will keep you committed. Taking a weekend to take care of yourself is worth the few points you might not get on the exam or not answering questions correctly. There is no way not to grow academically through this experience, but there are countless ways to become bitter and burned out. You will see that life is often short and precious. Do not squander it with unhappiness.

Amanda Neidermyer
Dear Phase III students,

Congratulations on making it to the third year of your medical school career! You are about to start a journey unlike any other that you have been through so far in medical school. Third year is physically draining and emotionally exhausting, but at the same time you will grow and learn so much as a person and as a medical student from your patients.

My one advice to you is every little thing matters. There’s an opportunity to learn something each day from each situation, from each person, and with every patient. Here are some of the things that I have learned during third year that have stuck with me ever since:

**History:** Spend lots of time with the patient and take a full history! This is really the most important thing that you can do for your patient. An elderly patient presented to our medicine ward with weakness and nutritional deficiency. After spending an afternoon talking with her, I learned that she was a high functioning teacher but had recently withdrawn from the world because she felt depressed after retiring from the job that she dearly loved. This not only helped me understand her better, but it helped the entire healthcare team to develop a more appropriate treatment approach. Most importantly, it helped our patient who was relieved that someone understood her situation. Every little thing matters.

**Physical Exam:** Don’t forget the etiquettes that you were taught in your first and second year. When a paraplegic patient was transferred from the ICU to our floor and was currently stable, it was still important to do a careful and thorough exam. This meant exposing his belly for an abdominal exam. If you didn’t do so, you would have, like me, missed that he had a colostomy bag and would have accidentally broken it when you palpated above the gown. Every patient deserves your thorough attention, no matter what her condition is or how pressed for time you are. Every little thing matters.

**Learning:** A resident during my emergency rotation told me, “Your eyes cannot see what your brain does not know.” Although you may grow to dread the feedback that you need to read more, this is actually really important, especially to our patients. A patient was once transferred to my service for a sudden onset of weakness. Though he was previously evaluated with a normal stroke evaluation, one doctor continuously fought for him to be admitted because of an abnormal exam finding that only he found. Everyone else’s exams were normal. His imaging showed that he had an infarct in his brain. Every little thing matters.

**Be Kind to Everyone:** Be kind to your patients. As important as getting through a normal patient encounter and gathering all of your data are, it is even more important to connect on a human level. A cook in his twenties, who never drank in his life and recently developed liver cirrhosis, told me he was afraid to die. A woman, who was struggling with her uncontrolled hypertension, told me she was unable to pay attention to her health because she was recently sexually assaulted. A man with neurofibromatosis recognized me because I saw him three years ago, and he updated me about his recent trip to Disneyland. Be kind to those you run into on the wards. A smile and an introduction really go a long way. Be kind to your friends and families. Even on those days when you feel really lonely on rotations, they are only one phone call away. Every little thing matters.
Be Kind to Everyone, Part 2: Be kind to yourself. Third year is tough, and there are days that you will be hard on yourself for not remembering to ask a question, for forgetting a physical exam maneuver, for forgetting a piece of knowledge that you read, or for not being able to help your patient. However, every day is a new day. Be quick to forgive yourself and take care of your physical body so you are recharged the next day. Every little thing matters. Granola bars really do save lives.

Best of luck and have a blast!

Sincerely,

Tuan Dung Nguyen
GHHS
Dear Third Year Student,

Congratulations on making it to this point! Trust me when I say that the worst is behind you. Even at your lowest, most tired, most frustrating moments of third year, you will still be glad that you are no longer in your second year. I’m not sure that I have any revolutionary advice for you, but selfishly I wanted to put in writing some of the things that I learned this year. And if this happens to contain some good advice, well then, that’s a bonus.

**Third year is hard, but it’s also amazing.** Even though I’ve already said that the worst is behind you, that’s not to say that what lies ahead will be a breeze. You will work long hours. You might work with dysfunctional teams. And you will be challenged every day. But all of these challenges will provide opportunities for learning, and there will be plenty to be excited about. You will see and do things that you have never experienced before. There will be moments when you start to feel like you might actually be able to do this whole doctoring thing. Those moments will be awesome and will make all the hard work worth it.

**Don’t let anyone tell you that you’re not important.** As the team member with the least knowledge and the least true responsibility, you may believe that your contributions do not matter, but that is not the case. It is precisely this situation that gives you the opportunity to contribute to a patient’s care in unique ways. You will be the team member with extra time to help answer a patient’s questions or explain the plan for her care. You can spend time researching to broaden a differential diagnosis for a confusing case, or you can simply spend time talking with patients to learn more about their illnesses or their lives. In this way, you are uniquely positioned to be an advocate for your patients, and that will always be important.

**Advocate for yourself.** On a similar note, throughout your third year, make sure not to let others push you aside under the guise of being less important or unhelpful. The best way to do this is to take full responsibility for your patients by offering to call consults, following up on labs and imaging, and ensuring that all aspects of the care plan are executed. This doesn’t mean that you should be doing all the busy work for your residents, but that you should engage with as many tasks that contribute to the care of your patients and are beneficial for your learning. You may also encounter situations or rotations that do not provide an optimal learning environment. In that case, it might be easier to give up and just try to get through it, but speak up (tactfully, of course) about those situations and try to get as much as possible out of every rotation.

**Learn to give and receive feedback.** You will certainly receive some helpful and some unhelpful feedback throughout the course of your clerkships. On those occasions that you receive constructive feedback, make sure to take advantage of that advice and work to improve. Set goals for yourself and share them with your residents and attendings; this will help when it comes time for them to discuss your progress. Also, start learning how to give your teachers good feedback as well. No one likes to receive meaningless feedback. You don’t want to become the resident/attending that tells all their students to “read more.” So it doesn’t hurt to start working on this skill now.

**Approach every rotation like it’s your future specialty.** I am not an advocate of hiding your specialty preferences from residents or attendings, but I think that it’s helpful to keep an
open mind and to throw yourself into every rotation. You’ll get better teaching if your teams can see that you are interested and excited to learn.

**Be prepared.** I mean this in both the academic and practical sense. Certainly be prepared to work hard, to learn, and to take care of patients. But also bring snacks that will fuel your brain. Keep an extra set of clothes, scrubs, and shoes in your car. Have an extra phone charger in your bag. Each day may throw you a new curveball, so be ready to be flexible.

**Try to find some balance.** It’s easy to fall into the trap of thinking that third year is all about eating, sleeping, and breathing medicine. While it’s important to work hard during your clerkships, you won’t be able to do that if you are burned out. Make sure, to the best of your ability, that you keep finding some time to do the things that keep you sane and well. You will feel better and perform better on your rotations if you do.

**Try to focus on what’s important.** It’s easy to waste time or energy worrying about clinical performance or knowledge during the third year. Almost everyone feels behind at one time or another, so you’re far from alone if you are feeling this way. It’s also easy to stress about evaluations and grades. While these are all normal and difficult to avoid, these worries are not very productive. Try instead to focus on what’s important: primarily, learning how to be a good doctor. Simply being a respectful, hard-working team player will go a long way in your evaluations and towards making your clerkships a more enjoyable experience overall. The more you can push nonproductive stress out of your head, the more you can focus on your learning and relish the moments of humanity that you will experience during your clerkships. In the end, those things will serve you in your future career more than any grades on your transcript.

I wish you all the best of luck and we will see you on the other side!

Sincerely,

Caitlin Felder-Heim
GHHS
Dear Phase III Student,

I should start by saying this letter is not for all of you; it is not even for the majority of you. It is probably also not for you right now as you start your third year. Rather, this letter is for a smaller number of you. In particular, those of you who are going through third year and are still waiting. Waiting for that one beautiful, profound moment everyone talks about that confirms all their dreams or suddenly shifts their course spiraling off into a direction they never dreamed possible. Waiting to feel like they are really getting this, knowing what to do and when to do it and why. Waiting and worrying. This is for you.

First, I want to tell you that the beautiful, profound moment, the one everyone talks about, might not happen, and then I want you to know that it is okay. It is okay that it has not happened, and it is even more okay that it still might not happen as you finish the year. I kept waiting for this moment and kept hearing everyone in my class tell these amazing stories of a champagne tap or an insane night shift full of drama, trauma, and meaningful patient interactions. I was really concerned that something was wrong with me. Why wasn’t I having this moment? Was I doing something wrong? Was it wrong that I wasn’t completely overjoyed with every second of third year? It took one margarita and a very neurotic conversation with my fourth year buddy for me to understand that this was actually fine and even more so, normal. That it was normal for some parts of third year to be interesting, great, even confidence building and other parts to leave you sobbing hysterically in your car in the VA parking lot because obviously no one sees you doing this in your car. So though you are now excited to start third year, keep this in the back of your mind, and remember it is okay. You will make it through. Even though they do not talk about it, there are actually others out there feeling the same as you.

Second, I want you to know that it is okay when you feel like you are not getting it, whatever it may be. I convinced myself that after Step 1, this was it. I knew all the things and was ready to go charging into third year knowing everything I needed to know to fix it all. Imagine my surprise when the day after orientation I realized that no, the first two years did not completely prepare me for third year and no, I did not actually know everything I needed to know. But as the year progressed, I came to realize that this was okay, and more importantly, what was actually supposed to happen. If we were meant to be the attending, medical school would just be two years, right? My good friend coined the term “here to learn, not to work.” It might have started as a joke, but week after week, I came to find that it really was the theme of what third year should be. You have learned a lot, and yes, now is your chance to start applying it. But you have to learn how to apply it, and when to apply it, and surprise, they do not actually expect you to start on your first day knowing all the things. That is why you are here; you are here to learn, not yet to work.

Finally, I want to tell you that even though you will want to curl up and die when stupid things happen (trust me, they will happen), this too is okay and also expected. Even better, the stupid things will be balanced out, maybe even surpassed, by sudden moments of sheer brilliance you pull off because you are intelligent and deserve to be here. So when you accidentally press the code blue button instead of plugging in the ultrasound and the entire hospital hears the alarm, or wear a shoe cover on your head for surgery instead of the surgical cap, be mortified but laugh. Laugh because even though people do not talk about it, it happens. Laugh, and realize that you will overcome, shine, and have moments of clarity that you are on the right path.
I wish you all the best, and most of all, want to reassure you that even in moments when you feel like you are alone, you are not, and you deserve to be here.

Best,

Sarah Cain
Dear Third Year Medical Student,

This is not the letter you will expect. I will not sit here and tell you that the third year of medical school will be this amazing, inspiring time that will solidify your decision to go into the noble and courageous field of medicine. There will be amazing moments, yes, and there will be times that you feel on top of the world, and you should relish those times. But for every time you are on top of the world, you will have reciprocal moments, and perhaps more heavily weighted, when you feel you are at the bottom of a deep crevasse without the tools or someone to throw you a rope to climb your way out. I am here to be honest with you and tell you not to get sucked into the depression, cynicism, and deceit that is third year. I am here to tell you that no matter what, you are still your most important patient and you should stay true to and stand up for yourself.

When it comes down to it, the field of medicine in this country is a hierarchical capitalist institution stubbornly entrenched in tradition. To many involved, it does not matter if the system works well or makes sense; it is “just the way things are, the way things have always been.” But step back and look. “Just the way things are” means the prevalence of anxiety and depression is about eight times higher in medical students than the general population. We are pressured by the culture to hide this and not seek treatment. It means that you and your friend, both performing at the same level in the same clerkship, may have wildly polarized evaluations. “Just the way things are” means that millions of people do not have access to quality affordable healthcare. It means that we spend a higher percentage of our GDP on healthcare than any other developed nation, yet have shorter life expectancies and worse health outcomes. “Just the way things are” means that a few people profit substantially from the suffering of others. The culture of medicine is broken, and it is up to us to change it. You should not be afraid to speak up when you or your patient’s well-being are endangered by the status quo.

Our generation, the millennials, are characteristically community-oriented, compassionate, resourceful, and passionately progressive. I implore you, as you see that things are unfair to you, that your learning environment is causing you sickness or distress, that you remember your most important patient. When you see that those less fortunate, are receiving suboptimal care or are disrespected, remember your principles. Be proud of who you are, and be the change you would like to see in the world.

All best,

Ruthy McCoy
Dear Phase III Student,
The next step in your journey is about to begin. Congratulations!

When I got this collection of letters, it was amidst a flurry of information: how I’d be evaluated and the importance of third year grades for residency applications. The do’s and don’ts on the wards. What to wear, what to say, what not to say in the OR. It was overwhelming.

Suffice to say it’s easy to lose sight of the significance of the opportunity before you: to make a big difference in the care of real people.

You may feel that your position as a medical student limits your ability to affect patient care. This could not be further from the truth. To be sure, experience and knowledge are important. But you’ll quickly find that your patients are more likely to suffer from a deficiency of compassion, empathy, and communication than a deficiency of knowledge.

And so I charge you to fill this gap. Take real ownership of your patients. Be their best advocate. Know more about them than anyone else in the hospital—and I don’t just mean the biomedical stuff. Ask them to explain issues related to their health to you. If they can’t, teach them. Make sure they have follow-up appointments scheduled—and that they know about them.

These things may seem laughably simple, especially when compared to the incredible things biomedical science can do for people. But you’ll be surprised how many patients need a strong advocate more urgently than a dose adjustment, a new medical device, or another procedure. You have the unique opportunity to be just that.

(And if that’s not enough motivation, I’ll bet your grades will thank you for it!)

I wish you way more than luck,

Robbie Flick
GHHS
Dear Phase III student,

First of all, CONGRATULATIONS! You have made it to third year. This year will come fast and end even faster. Right now, you might feel like you are expected to know stuff. You may even feel like you know stuff. Unfortunately, there is still a lot to learn. You might spend most of third year feeling like you don’t know anything. You will study hard and still, you will get pimped until you don’t know the answer. It will be frustrating and tiring, and sometimes you will want to just give up and watch Netflix instead.

But there is good news: not knowing is okay. The real secret to success in third year is this: all you need to do is care. You have to care enough to show up on time. You will have to care enough to stay late, to ask for feedback, to tell your team that you will look up that question you didn’t know the answer to (and then, you have to care enough to look it up and report back to the team). Care enough to sit with the sobbing parents, the confused elderly, and care enough to play games with the sick kids. Care enough to stop by each patient’s room to make sure they’re okay before you go home. Remember that you get to leave at the end of the day; they do not.

You will be surprised how quickly you aren’t fazed by watching babies being born, helping in surgeries, and giving bad news. Try to remember how incredible these all are. The annoying parents in urgent care whose child has a URI are scared and need you to help the person they love most. Revel in those moments and remember how lucky you are to be there. These are the big moments. If you recognize these moments for how magical they are, you will be a much happier medical student.

My last piece of advice is not my own. My Dad often tells me the “five rules of success” that his chief resident told him when he was an intern. Some things in medicine may change, but I think these rules are still true:

1. Be smart (You all are; you wouldn’t be here if you weren’t)
2. Work Hard
3. Be Lucky
4. Eat Shit (Eat something. Anything. You’ll do better if you’re fed)
5. Don’t die (This really means don’t quit)

Congratulations, good luck, and have fun!

Sincerely,

Katie Lind
GHHS

Maroon Bells
Dear Phase III Student:
Expect to receive a lot of advice over the next year. Some of it will be helpful, some of it will seem inconsistent, and the rest will only make sense after having learned it on your own. I trust that you have already received enough practical tips—both solicited and unsolicited. You don’t need more. A brief list of things I encourage you to embrace:

1. It’s not about you. You are there to advocate for your patients, not grades.
2. Appreciate the opportunities you are given to be wrong. You won’t be wrong in the same way again.
3. Your learning will directly reflect the number of challenges that you take on.
4. Trust the process. You will be surprised by how much you know.
5. Learn to brush off both your setbacks and successes the same.
6. Be grateful. Very few people are given the opportunity to have the experiences you will have.
7. Evaluations, whether better or worse than you expected, rarely reflect what matters the most: growth.
8. Avoid the temptation to compare yourself to your peers. There is either false comfort or irrational insecurity in this.
9. Don’t make excuses or get defensive. You’re here to learn, not to rationalize your weaknesses.
10. It’s not about you.

Sincerely,

Kirk Dressen
Congratulations and welcome to third-year! I’m sure you’ve heard a lot about it, “trial by fire,” “hardest year of medical school,” and I’m sure many other things. Going through it, it may seem like this year will be some of those things, often times it will be daunting and feel like an insurmountable obstacle. However, I assure you, you will overcome it, you will survive and thrive in this environment.

Remember back to when you were applying to medical school, remember that desire to work with people and help patients? This is the year you finally get to do that! You will experience that feeling of making a difference in patients’ lives every day, and it is amazing. You’ll discover who you are, learn medicine, and hopefully a combination of those will point the way to your ideal career. Maybe you already know what field you want to be in; maybe you’re on the fence. Wherever you are in your career, third year will refine you. Once you find your pace, your people, your vibe, you’re going to have a blast!

Treasure this time friend. It goes by fast. Before you know it, you’ll be looking at graduation.

Sincerely,

Minh Trinh
Dear Rising Third Year,

Wahoo!! You are a rock star. You have worked your gluteus off to get here, and you should be so proud. The next year is going to bring challenges, no doubt, but you should know that you are ready to take them on. This is what you’ve been working towards, the reason you came to medical school to begin with. You won’t know what you’re doing at first, but then...all of a sudden...you will! One day you’ll pick up a murmur that no one even told you was there. You’ll correctly identify crackles versus rhonchi. You’ll rattle off the criteria for Kawasaki disease without a second thought. You’ll recommend your plan for the day, and your attending won’t change a thing.

In spite of the excitement of finally getting to act like a doctor, you will undoubtedly become ensnared in the trials of being a student. Between trying to impress your superiors with presentations and notes, you will need to complete assignments, read articles, and study for shelf exams. There are points when it will become so exhausting, you will wonder how you can possibly keep it up.

But I implore you, keep in mind why you chose to do this in the first place. Remember that this path was your choice, your calling. Remember to relish every minute. You will never get to be a student of medicine again. From someone on the downhill side of things, I offer some personal treasures to tuck away for those times when you ask yourself what the point of all this is.

Allow yourself to be humbled.
Make time to spend with your patients.
Set your standards high.
Smile.
Keep mementos.
Learn as much as you possibly can about every field.
Pause to take in the sunrise, even if it’s the millionth one you’ve seen.
Open your mind, open your heart.
Marvel at the miracle of a seconds-old infant in your arms.
Grieve for your patient who just couldn’t make it.
Get to know the doctors you want to be like when you grow up.
Be courageous.
Be kind.
Have confidence in what you know.
Always act like your true self.

Congratulations on beginning your third year! The fun is just beginning. There is a fascinating and incredible future ahead of you. Welcome it with passion!

All the best,

Gaylan Dascanio
GHHS
Dear rising 3rd year student,

The biggest advice that I can give you, in the famous words of Aaron Rodgers, is R-E-L-A-X. There will be people who tell you that you will not be able to survive through a rotation without doing x, y, or z. In my opinion, the best way to approach third year is being ready to learn. The firehose will be turned on, but you will be able to retain a majority of that information because you got into medical school for a reason.

I went into third year thinking that it was about pleasing the evaluating health care provider so that I could get a high clinical grade. However, as I progressed through the year what I learned was most important to my sanity and education was focusing on what was happening to my patient and what I could learn from them. It was also fulfilling to me to help the team out with patient care whenever I could.

I did feel at times that I could not do much to help the team out, but at those times I would read for myself, or go back and talk to the patient again to see how they were feeling.

The last thing I want to say is that if you have an option between studying and taking time for yourself, whether it is working out or spending quality time with friends or family, do the latter. There will be plenty of opportunities to study even if you are well underprepared.

Sincerely,

Balaji Sridhar
Dear Phase III Student,

First off, congratulations! You worked hard to get to where you are right now. You chased your dreams, made sacrifices, and are about to begin the longest and fastest year of your life so far. Everything you will read in these letters is true and important but will not come close to capturing the third-year roller coaster. Each student’s experience is different, but here are some pearls from my personal journey:

1) Use your support system/person. There will be many “firsts” during third year. Plenty of them will be happy and exciting: first delivery, first surgery, etc. But another handful will be sad or uncomfortable. For your own mental health, know who can help you process these experiences. Start building good habits for a career that is bound to be filled with ups and downs.

2) Carry multiple pens. These are easy brownie points from residents. When a resident is consenting a patient for a procedure and reaches for her pen for the patient to sign the form only to realize that she has forgotten it, she will look up to find you handing her one.

3) Snacks. Enough said.

4) Wash your white coat! Please! My go-to was ALL soap with oxy-clean for the weekly or bi-monthly wash with bleach painted onto the collar prn. But there are many ways to make it happen. Just do it.

5) Set multiple alarms. Waking up on an overnight call shift after two hours of sleep is hard. Take it from someone who barely made it to rounds on-time the first time; multiple alarms will be your friend. And if it’s a phone call from the Sub-I that finally wakes you up, say “Thanks,” apologize when you get to rounds, and move on. This is one reason why we do overnight shifts as a third-year.

6) Keeping warm. Your body’s ability to regulate body temperature will decrease in the wee hours of the morning. Keep a zip up fleece or other jacket around for wearing with your scrubs on overnight and call shifts. Cozy warmth can make everything better, especially at 0200 on the labor deck.

7) UWorld, UWorld, UWorld. I know you thought you were done but surprise(!), you should reconsider. The Step 2 CK bank will be your friend for almost every shelf exam in third year. Invest early, use often. If you did not use it for Step 1 studying, get the free phone app to take questions wherever you go. Doing a question or two several times throughout the day adds up quickly. And if you don’t have a specific task you’re working on, it means you can be doing something productive when the attending walks into the team room.

8) Be honest about what specialty you are planning to go into. If you are truly undecided, great, own it. However, if you at 99.99999% sure you are going to be a pediatrician, fantastic, own that too. This is controversial, but I decided at the beginning of third year, I was going to answer truthfully and share what I was going into. I never had a poor outcome from telling other specialties that I was planning to go into Peds. In fact, many residents were appreciative and felt like they could focus on teaching me things that might be useful in my future, rather than spending all their time trying to convince me to pursue their specialty or evaluating my potential in their field. It is also totally OKAY to not love everything but try to learn something from every rotation.

9) Do work. Get your work done efficiently so you can spend your time with your patients. I frequently fell into the habit of patterning my day after residents which is good and bad. It is good to understand what a resident does and pick-up some tips,
especially as you think forward to your sub-internship. However, a third-year student is not a resident and not just because of knowledge differences. You have time. Time to spend 90 minutes taking a history on a new admission or chatting with an elderly patient. This is part of the niche for the third-year student on the team. Your contributions are important and needed.

10) **Enjoy the moment.** Days will be long, but weeks will be short and months shorter still. I only realized at the end of the year what everyone was talking about when they said third-year goes by quickly. There will be demands pulling you in multiple directions but do your best to live in the present, especially while in patient rooms and talking to families. Those moments are, after all, why you decided to become a physician in the first place. At least, I certainly did not go into medicine for the EMRs.

You will do great! Best wishes!

Kelsey Fowlkes
Dear Third Year Colleague,

Congratulations on all of your achievements so far and on the ones yet to come! We are all so excited for you to enter the next stage of your career not only for the amazing privilege we have to be a part of this profession but also because of how special this particular year is. It is truly one of the most special and wonderful years of your career and is a big step in finding out who and what kind of physician you want to become.

Each and every one of you will have an entirely unique experience as will have all of those who have come before you. You will receive a great deal of solid advice but a great deal that you aren’t sure what to do with and that’s okay! This year will be what you make of it. Nevertheless, I want to share just one thought that I hope will be helpful for you in the coming year:

**The Third Year of Medical School is a Prolonged Exercise in Courage**

Above all, this year will continuously ask you to find courage in yourself. At first, it will be the courage to do simpler things like scrubbing in for the first time or being the first person from your team to see a new admission. These are things that will come to you quickly with a little practice and experience and won’t take courage anymore.

Then it will be the courage to come up with your own plan, the courage to defend it, and the courage to be completely wrong. Some days, it will take courage to say, “I don’t know” more than you would like. Don’t be alarmed by this; this is how we all learn and get better together. The attending who is asking you hard questions wants you to learn; perhaps he got those same questions wrong in some previous era! You will get used to this, and it won’t take courage anymore.

But before you know it, you will have to find the courage to do some of the hardest things you have ever done. Some days you will share your courage with families so that they can find hope. Some days, you will need to dig deep to help a family let go of their loved one. Those days will always take courage, but you are not alone.

Your greatest source of courage will be each other. Sometimes it will come in the form of a few words of encouragement. If you’re lucky, it will be in the form of an extra granola bar or baked goods (cookies and brownies are the most fortifying sources). Sometimes it will take liquid form but only in responsible amounts after your shelf exam. No matter what packaging it comes in or what shape it takes, I hope you remember that it can always be found.

Congratulations again on all of your hard work and starting this great adventure before you! We look forward to seeing you on the Wards.

Sincerely,

James Sze
GHHS
Dear Phase III Student,

Congratulations on surviving the terrifying months of step 1 studying and crushing the test! Try to forget about the lingering question of “did I pass?” and enter your clinical years with enthusiasm. You’re finally out of the classroom, doing what you were born to do!

You should definitely be excited for the journey that lies ahead of you. In the next 12 months, you will be performing procedures, counseling patients, vaccinating children, suturing wounds, utilizing your BCLS certification to save lives, testing your anatomy knowledge while hands deep in surgery, delivering babies (or at least placentas), diagnosing diseases you only read about in First Aid, and caring for patients during the most difficult points in their lives. You have so many exciting experiences ahead of you, but there are also hard times as well. Thus, in order to make this the best year of your medical school career as well as your toughest, there are some points I’d like you to consider:

**Your top goal for every rotation should be making yourself a better physician.** Not to scare you, but you only have two more years to learn as much as you can before you are the primary caretaker for patients. Thus, studying during rotations should no longer be geared towards acing the test but rather solidifying your knowledge enough to retain it all indefinitely so you can treat patients. Additionally, do not compare yourself to your peers, and certainly do not compare scores. The shelf exams are very difficult, and some students really struggle to do well on them. However, do not let lower-than-expected scores get in your way of learning. They do not mean that you will be an inadequate doctor, and if you begin each day of a rotation with the sole goal of learning as much as possible to become a great physician, you will be successful.

**A positive attitude is key.** No one likes a complainer or a lazy student. Be enthusiastic, even if you have to fake it a little. No matter what specialty you decide on, there is always something to learn on every rotation, and you will certainly encounter patients from each rotation in your future. If you are disinterested and detached from your clinical experiences, not only will everyone on your team notice, which may be reflected on evaluations, but your patients will also notice and be less inclined to allow you a part in their care. So put a smile on, and make the most of each day.

**Be a team player.** Show respect for each member of the team, whether it is an attending, resident, nurse, pharmacist, physical therapist, or custodial staff. Each person is critical for the care of the team’s patients, and each person has something she can teach you. You are not more important than anyone on your team, so don’t act like it. Also, be respectful of other students on your team. If you try to make the other student look bad, your team will notice. On the other hand, if you work well with other students and help each other learn, that will also be noticed and will lead to a more comfortable learning environment.

**Ask for feedback.** Surprises in your evaluation are usually not because you performed better than you think. To avoid this, ask your team for both positive and negative feedback as often as you can. Additionally, make sure to actually work on the improvements suggested by your team. Your team will notice your efforts, and it will make you a better student and clinician in the long run.

**Make time for your favorite activities.** You cannot work all day and study all night forever. You will go crazy and there will be consequences, either in your academic performance,
health, or both. If you have a favorite activity that helps keep you calm, whether it is weight lifting, running, painting, dancing, etc., make sure you do that activity at least once a week. You deserve a few moments to yourself.

**Fourth year is just around the corner.** Before you know it, third year will be over, and you will be scheduling your thirty-two weeks of classwork for fourth year. By this time, you will have a pretty good idea of what you want to do for the rest of your life, and you will get to pick all of your classes to get there. Use this as motivation to get you through the rough days because this year will truly fly by before you know it.

Third year is what you make of it. It is both exciting and grueling and will be filled with some amazing experiences as well as some really challenging times. You will be physically and mentally exhausted more often than you would like. However, you are going to be a doctor in two years. People will be calling you “INSERT NAME HERE, MD” in 24 months. That’s amazing. This is an incredibly long journey, and you owe it to yourself and your future patients to get absolutely everything you can out of the next year. Enjoy it!

Sincerely,

Emily Garban
GHHS

Crestone
Dear Phase III Student,
As you have probably heard a hundred times by now, congratulations on making it to this point! But seriously, after cramming your brains with information from books for two years, you have finally made it to the wards, and that truly is an accomplishment.

Honestly, I don’t think I have fully unwound yet from the whirlwind that is third-year to provide you with a wealth of insight into what this next year will be like, but here goes.

Every single person in your class will have a different experience. There will be different sites, different teams, and different patients. I remember being in your shoes and hearing about how AMAZING third year was going to be. That it would be the best year of my medical training. I know so many of my classmates for whom this was true. I am going to be honest with you, third year has been one of the hardest years of my life. But I also can’t fully put into words the rewarding experiences I had along the way and how much I have learned about both medicine and myself.

You will be uncomfortable and unsure a lot. You will feel alone and helpless at times. And just as you start to feel like you are no longer awkward and out of place, you are shipped off to a whole new world to start all over again.

You will likely have days where you will wonder if medicine was the right choice and be left wondering, “What would have happened if I stayed in ‘x,’ or took that desk job?” But all too often, medicine has a knack of picking you up and showing you something truly wonderful when this happens. I remember being completely burned out on my medicine rotation. I had just found out that someone very important to me had been diagnosed with a stage IV glioblastoma and was juggling 80-hour work weeks with spending time in the neuro ICU, keeping up with clinic appointments, and trying somehow to study. It was the end of another long week, and I was excited to finally get some sleep. My resident informed me that CT surgery had just called her with an update: they were taking my patient to the OR for a valve replacement. Finally. I had been following this patient daily for three weeks, two of which we had been going back and forth with CT surgery regarding when she could have her valve replaced.

My patient was a 26-year-old woman with a heroin addiction that resulted in tricuspid endocarditis and multiple complications thereof. She was alone with no family or friends because her addiction had driven everyone away, including her two kids. I fought with myself for a minute about what to do next. My patient was not a pleasant person. It was Saturday, and I was exhausted. But she was utterly alone, about to have her chest cracked open, and I was probably the closest person she had to a friend left in this world. I decided to go to pre-op and check on her.

She was terrified. I remember thinking how crazy it was that she didn’t seem to care about anything else I had ever done for her but was thanking me for just being there. I can’t explain how good that made me feel.

The CT fellow came to take her back to the OR and asked who I was. Then, he asked if I wanted to scrub in on the case. No matter how tired I was, there was no way I could turn this offer down; it was my patient and my first opportunity to see an open-heart surgery.

I remember everyone in the OR asking me – the third-year medical student – details about the patient: her medical history, hospital course, her life, and what she was like. After all, I had been with her for three weeks straight. It was weird to have my higher-ups asking me questions they didn’t know the answers to, for once.
The fellow reached for the saw to cut her chest open and told me, “You’re about to see more blood than you’ve ever seen in your life.” He had me assist opening the pericardium and then let me hold her beating heart. I can’t even explain how cool that was. After a day topped off by a 7-hour surgery and making sure my patient was situated in the cardiac ICU, it was finally time to leave the hospital.

Walking out of the hospital I felt exhausted yet somehow revitalized. I realized I am probably never going to have an experience like that again, and I wouldn’t give up this year for the world.

Sincerely,

Kelli Robertson
Dear Third Year Student,

First of all, a hearty “Congratulations” is in order! You have just reached the summit of a two-year mountain of exams, lectures, and probably a question bank or two thrown in at the end. Now it is time to explore new territory, and this letter is meant to help you step confidently into it. Some of this advice stems from personal experience; other aspects were faithfully passed down by those who preceded me.

Most fundamentally, I challenge you to go about your work this year from a place of appreciation rather than desperation. Yes, these rotations end with a grade, but keeping that at the forefront of your mind for an entire year will inevitably crowd out much of the singular human experience you will be privy to. To that end, I suggest that right now you begin a list titled, “Incredible Third Year Experiences.” Every time you have such an encounter (there’s no mistaking them), write it down. Many times you will feel too tired to do so, but if you persevere and create this archive, you will be creating a bastion against the inevitable waves of fatigue, disillusionment, and frustration that cross everyone’s path to some extent during third year. When these storms arrive, take out your list and allow it to rekindle your appreciation for how lucky we are to do what we do.

On a far less philosophical level...

- Asking whose chair not to take is always a decent ice breaker when you walk into a new team room.
- Find your go-to meal replacement/substantive snack. For me, it was protein bars; others swear by canned instant breakfast drinks. Keep one in your white coat and one in your backpack.
- A white noise generator app on your phone can vastly improve your sleep on call nights.
- Be absolutely sure any promise you make to a patient is kept. Give promises accordingly.
- It’s okay to say, “I don’t know,” but make sure it is followed by, “Let me look that up!”
- Most useful apps: UpToDate, Dynamed Pro, Micromedex, Natural Data.
- Ask the intern to share her Epic dot phrases; it’s a huge time saver.
- Challenge yourself to read 1-2 non-medical books this year.
- Be kind to nurses. They can change your experience tremendously.
- Get your white coat cleaned after a rotation of heavy use.
- Also concerning attire, it’s always easier to move down from overdressed on a first day than vice versa.
- Hold fast to (at least) one non-med school-related hobby.
- It can be motivating to remember that you are paying hundreds of dollars a day to be here (but don’t act entitled).
- Keep in mind that no matter how busy you are, your residents and attendings are even more so. Complain accordingly.
- The words of one surgery attending, “The difference between five minutes early and five minutes late is the difference between matching and not matching...”
● Suturing and knot tying cannot be learned by mental repetitions alone, and muscle memory takes time to develop. Prioritize finding ways to learn/practice outside the OR if you want to impress during cases.

● The classic mantra is true: Don’t stand when you can sit, don’t sit when you can lie down, and always eat when you can.

● Another burnout prophylactic: at the end of the day, try to recall three specific positive things that happened. Even better if you have someone you can share them with.

● Soak up the sunrise and view when you pass by windows during early rounds.

● Ask the scrub nurse for help finding the right glove size on your first rotation in the OR. Thereafter, always write it next to your name on the whiteboard in the room before the case begins.

● Last of all, allow the shared experience of third year to foster friendships and camaraderie with your classmates rather than breed competition. Third year will end, but the opportunity to collaborate as physicians in the future spans your whole careers.

If in doubt, there are many fourth years who are eager to share what they’ve learned in their experience. You’ll be here yourself before you know it.

Enjoy the journey,

Ethan G. Muhonen
Dear Third Years,

Get ready for the greatest ride of your life (or at least of medical school) because:
You will be the first person to touch a new human being.
You will try your hardest with a Mac blade and finally intubate someone.
You will sew and staple and unstaple skin.
You will hear Spanish, Russian, Arabic, Mandarin, Swahili; you will see sign language.
You will stare death directly in the face as you do chest compressions.
You will break bad news, good news, and bad news that you thought was good news.
You will cry, mostly when no one is watching but sometimes in front of your patient or team.
You will finally know the meaning of the fishbone.
You will start to have your own assessment and plan and opinions! OPINIONS!
You will consider every specialty, if only for the briefest of moments.
You will be mistaken for a doctor!!!

Also:
You might work medical support at the state rodeo and see a leg hole made by a bull.
You might work a shift in the Denver Health ED and see a leg hole made by a bullet.
You might rotate in plastics and see a leg hole made by a surgeon… to remove the fibula and use it to reconstruct the child’s palate!

But enough about leg holes; on to some (hopefully) useful advice:

Study efficiently: You will get way too much advice about this, so I’ll keep it brief. UWorld for peds, medicine, and rural/ambulatory. ACOG for OB/Gyn. Pestana’s twice for surgery. AAN NeuroSAE and NMBEs for neuro. The sage advice of Austin Butterfield for psych. Pro-tip: Clinical grades are somewhat arbitrary, but you alone determine if you make the shelf cutoffs!

Presenting: Keep presentations as short as possible and focus most on the assessment and plan. Dive deep, and don’t be afraid to test the boundaries by saying something way out there like a test for an obscure disease. “I don’t know about X, but I’m going to learn about it and teach the team tomorrow” is always a safe ending because someone is going to assign you that task anyway. Finally, every attending is different, so don’t let your feathers get too ruffled. If Dr. A wants this-before-the-that and Dr. B wants the that-before-the-this, and OMG JUST LEAVE ME ALONE THIS IS RIDICULOUS. See how my feathers weren’t ruffled in the slightest? You got this!

Be there: I don’t just mean showing up (although that’s all you need to pass third year, so please do show up). I mean being present and in the moment, being interested, and really caring about patients and the nuances of their care. Be there for your team, help when you can by calling consults, checking up on patients, and remembering little details that might slip through the cracks. Be there with your patients, share in their laughter and their tears, and truly listen to them. They are the reason we’re on this journey, and this is perhaps your only chance to spend as much time with them as you want.

Say yes: “Do you want to…” “YES! No matter what you’re going to say! Yes!!!” Not in a sarcastic I-must-be-happy-smiley-EAGER(!)-medical-student manner, but in a I-will-pass-this-way-but-once manner. Sure, it’s possible the ellipsis is followed by “do a rectal exam,”
but it might be followed by “do the LP,” or “deliver the baby,” or “write up the case report.”
Or, praise high heavens, “go home.”

**Learn Spanish:** Obviamente.

**Watch out for life:** Because it keeps going. Whether that means a sibling’s cancer progresses, or you wind up in the hospital because you fell over and dissected your carotid artery. If something happens and you need help, ask for it. We have a fantastic Office of Student Life that will work with you. The same goes for the Student Mental Health Service, and nothing is more crucial to life/work balance than a stable foundation of mental well-being.

**And finally,**

**Remember yourself:** There are things that you were before becoming a medical student. Adventurer, athlete, cook, writer, friend, partner. When you work 80 hours and have to study on top of that, when you have to bail on your friends and miss out on things you hold dear, you may begin to lose sight of yourself. So make plans for the one day off that go beyond sleeping and binge-watching. Toss back an expresso right after handoff, ignore the fatigue, and head out salsa dancing with your boyfriend. Rock climb at Movement, even if you fall asleep while hangdogging (true story). Throw the world’s first Crayolaoke bash after the surgery shelf. Finish that Ironman, even if you didn’t get to train much. Live deep and suck out all the marrow of life!

Best of luck,

Sally Peach
AFTERWORD
We would like to thank all the students who contributed letters to this year’s publication. The letters are a blend of practical advice, poetry and prose. Some are humorous and encouraging; others are cautionary and contemplative. A frequent theme in this year’s collection of letters is self-compassion. Such wonderful advice would have been most helpful to me when I was a stressed and awkward third-year student. We are truly grateful to 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 for your invaluable gift and best of luck in your careers!

Anjali Dhurandhar, MD
Arts and Humanities in Healthcare Program
Center for Bioethics and Humanities

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SUBMISSION GUIDELINES
We welcome submissions to the future edition of Letters to a Third-Year Student. There is no word limit, but we prefer submissions to be fewer than 1000 words and should not include identifiable patient information. We accept both poetry and prose, and you are strongly encouraged to be as creative as you dare. 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, 2018. If accepted, your letter can be included on your curriculum vitae as a publication.
We look forward to your letters!