

LETTERS

TO A THIRD-YEAR STUDENT

FROM THE CLASS OF 2013
SCHOOL OF MEDICINE



LETTERS

TO A THIRD-YEAR STUDENT

From the Class of 2013
School of Medicine

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

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

ASSISTANT EDITOR: JUSTINE MIGDALL, PHD

PAINTING TITLE: "ADVISORY COLLEGE PEAKS"
COVER ART: ANJALI DHURANDHAR, MD

GRAPHIC DESIGN AND LAYOUT: MARY DESIMONE

PRINTING: LIGHT SPEED COLOR
BILL DALEY 970.622.9600
BILL@LIGHTSPEEDCOLOR.COM

APRIL 1, 2013

LETTERS COLLECTED FROM HIDDEN CURRICULUM, FOUNDATIONS OF DOCTORING
AND THE STUDENT ADVISORS FOR THE ADVISORY COLLEGES
ARTS AND HUMANITIES IN HEALTHCARE PROGRAM
CENTER FOR BIOETHICS AND HUMANITIES
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

This publication was made possible by the generous support of
Henry N. Claman, M.D.
Distinguished Professor of Medicine
Associate Director, Arts and Humanities in Health Care Program

TABLE OF CONTENTS

FOREWORD

DEAN RICHARD KRUGMAN, MD.....	1
-------------------------------	---

INTRODUCTION

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

LETTERS TO A THIRD YEAR STUDENT

JESSICA DE STIGTER.....	5
EVELYN BROSNAN.....	7
COLLEEN BARRY.....	9
BRANDON KONKEL.....	10
CHRISTOPHER ROGERS.....	11
SHAUNA SEAMAN.....	12
MELISSA NOBLE.....	13
MATT LEROUE.....	14
JULIE SIMPSON.....	15
COURTENAY HOLSCHER.....	16
WHITNEY KOPP.....	17
ASHLEY BLANCHARD.....	18
TAYLOR TRIOLO.....	19
KATE LUCEY.....	20
DAVID HIGGINS.....	21
JURI BOGUNIEWICZ.....	22
HALEY LANDWEHR.....	23
KAREN CHRISTOPHER.....	24
MOLLY FISHER	
ELISABETH O'DOHERTY.....	25
MICHELLE RAPPAPORT.....	26
EMILY JOACHIM.....	27
SARAH GITOMER.....	28
CASSIE ROECA.....	29
KELLY PETTIJOHN.....	30
ANDREAS THYSSEN.....	31
BLAKE MARTIN.....	32
CHASE DUKES.....	33

AFTERWORD

ANJALI DHURANDHAR, MD.....	37
----------------------------	----

FOREWORD

IT WAS ONLY 44 YEARS AGO that I made the transition from second- to third-year medical student at NYU Medical Center. All of our clinical rotations were at Bellevue Hospital in New York City. For those of you unfamiliar with the place, think about a Denver Health but four times larger and a thousand times less functional. We were totally unprepared for what lay ahead - there was no orientation of the class in the second year, no preparation of any of us other than to "show up," and in thinking back, I have a vision of an infant being tossed into the deep end of a pool and being told to swim.

OK - maybe I am hyperbolizing. There was so much to do and so much to learn that there wasn't a lot of time for reflection in those days, in that time, at that school. We are a little different here. As a faculty and Dean's Office, we have tried to pay a bit more attention to transitions and to helping our students at least get a glimpse of the road ahead, and this volume is one of those glimpses.

My hope is that the essays you read in here will be helpful. Many of the experiences that lie ahead are so common that when you the reader are asked to be you the writer next year, there will be some redundancy between the annual volumes of this work. But also embedded here are some very unique and moving experiences, and you will have some or many of them as well in the coming year.

The core of the third year medical school experience is a steadily increasing fund of knowledge. But it's not just the knowledge and technical skills that develop incredibly fast in the clinical environments which you will now be part of, but it's also the increasing awareness of the extraordinary bonds that develop between you and your patients as well as with the members of the clinical teams you will work with.

So sit down and relax, and read through what your colleagues have written here, and begin to enjoy one of the more unforgettable transitions of this fabulous profession you have selected. And, then, join me in thanking the students who have left you their pearls of wisdom. They are now entering a much less hectic, but in some ways far more uncharted year as they sort through what they really want to be when they grow up!

Finally, my thanks to Therese Jones for her nurturance of this third year of this third year project and to those who have contributed to this very nice part of student life at the CU School of Medicine.

Have a great year,

RICHARD D. KRUGMAN, MD

DISTINGUISHED PROFESSOR OF PEDIATRICS
DEAN, SCHOOL OF MEDICINE

INTRODUCTION

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

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

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

Members of the Class of 2013 are now part of this long and respected literary tradition by giving you practical advice, helpful suggestions, and personal reflections on the year ahead of you in this collection, *Letters to a Third-Year...* Since I launched this project a number of years ago in another medical school, I, like all of the readers of all of such letters, have been given the opportunity to learn along with you, to marvel at your courage and creativity, to applaud your stamina and resourcefulness, and to bear witness to your pain and your joy. Just as these letters provide a mirror of your own experiences and emotions in the third year, they also provide a window for those of us looking in at you and looking out for you as you make this journey, so please share them with your partners, your family members, your friends and your teachers.

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

THERESE JONES, PHD
SPRING 2013

LADIES AND GENTLEMEN OF THE CLASS OF 2015*

IF I COULD OFFER YOU ONLY ONE TIP

for your third year, sleeping would be it. The mental and physical benefits of sleep have been proven by scientists, whereas the rest of my advice has no basis more reliable than my own meandering experience.

I will dispense this advice now.

Enjoy the power and beauty of your third year.

Oh, never mind. You will not really understand the power and beauty of your third year until it is over. But trust me, as an MSIV you'll think back on your new-MSIII self and recall in a way you can't grasp now how much learning lay before you and how small your world was. Your understanding of medicine — and humanity — will change next year.

Don't worry about your next clerkship; or worry, but know that worrying is as effective as trying to learn OB/GYN through diffusion into your brain from that book that's never left your backpack. Your real troubles are apt to be things wrong with your patients here, today, the kind that blindsides you 10 minutes before you were planning to leave, post-call.

See one patient every day who scares you.

Teach.

Truly pay attention to your patients' words, and know that they are profoundly listening to yours.

Exercise.

Don't waste your time being jealous of your peers. They're better at some stuff than you, and you're better at some stuff than them. And this will continue to be true, forever.

Seek feedback early and often. If you succeed in actually getting some, tell me how.

Say "thank you" to the people for whom you are thankful.

Drink water.

Don't feel guilty if you can't stomach the thought of educational podcasts to and from Denver Health every day... Singing in your car is not a crime, and if that's what it takes for you to come onto the wards smiling in the morning, then you owe it to your team and your patients to sing.

Be proud of yourself.

Call your family; they miss you.

*Based on and in the style of
BAZ LUHRMANN'S

EVERYBODY'S FREE (TO WEAR SUNSCREEN)

continued on next page

continued from previous page

Maybe you'll be a neurosurgeon, maybe you won't. Maybe you'll make \$500,000 a year, maybe you won't. Maybe you'll tuck fake-tanned tummies in Beverly Hills, or maybe you'll move to Africa for 20 years and run the only clinic in a small town in Zimbabwe. Whatever happens, don't worry about it. No MSIII knows exactly where they will be in 10 years, so all you can do is learn it all and prepare for anything. Your mind is an amazing tool; be proud of it, and feed it delicious knowledge every day.

Eat prior to going into the OR...
Don't be "that MSIII."

Ask questions now, because it won't get any easier.

Do NOT judge your knowledge base by whether you know the random facts your attending pimps you on. It will only make you feel stupid.

Get to know your patients, and you will be forced to provide better care for them.

Treat your residents like people; most of them honestly do remember what it's like to be in medical school.

Understand that you have an amazing support system built into your rotation. You may be working with classmates you never had so much as a conversation with before, but you will have crappy days, as will they, and being there for one another is a powerful resource.

So, go ahead. Trade cell numbers.

Yes, some surgeons are jerks, and psychiatrists are crazy, and OB/GYNs are cranky, and neurologists are strange, and so on and so forth. You still will fall in love with one of these fields.

Don't fight it.

Shower. (Please.)

You will be criticized — to your face or on evaluations. Do your best to examine yourself honestly, and learn everything you can from any and all negative remarks. Improve. Then, let it go.

Respect your interns.

You might hate a clerkship. That's totally okay. But remember that this is maybe your last time tasting a unique slice of the world that relatively few people ever get to experience, and let this knowledge humble you.

If you're up at 4:30 AM, at least take a moment to appreciate the sunrise.

Be careful whose advice you buy, as there are great and terrible role models out there. Keenly observing what you do and don't like, respect, or envy in an attending or resident will be more valuable than most advice they could give.

But trust me on the sleeping



JESSICA DE STIGTER, MSIV

“WHAT A YEAR”

A WIDE-EYED GAZE SURVEYS THE REFLECTION IN THE MIRROR ON THAT FIRST MORNING.

Fresh white coat, ID badge pinned on the collar, stethoscope around the neck,
or, wait — maybe it should be in my pocket...?

Some start off bursting with confidence,
and find later that their footsteps falter.
Some go forward gingerly, with trepidation,
and to their surprise, discover a steadiness they didn't know they had.
Still others feel frozen in fear,
and yet their body launches them into the fray.
In the end, the see-saw of the third year in medical school
bounces everyone up and down.
Everyone. No matter what they might say.

Steer clear of worn-out phrases like “all you do in surgery is hold a retractor.”
Look instead at the anatomy unfolding before you.
Feel the intimacy of having your hands inside the chest or belly,
seeing and feeling organs that the intubated patient
has never touched in themselves.
Who knows — perhaps you, too, will be rewarded with the invitation
to scrub in on the lung transplant,
a gift of life from organ donors, which you begin to understand
through your hands.

Some will tell you not to bother as much on rotations that are not your future.
But why withhold your gift?
Nobody can tell you just which patient will be shored up
by your words, your actions, your knowledge
— or indeed, just which patient will shape you.

Let your mind develop its critical thinking,
but avoid becoming critical in heart.
When you are weary in body and spirit,
Step away and be held by family, friends, or nature.
Learn to trust your own rhythms —
when to push ahead and when to conserve your energy.
The hidden curriculum that, at times, runs you ragged will still be there tomorrow!

Be awed, intrigued, and curious.
Feel the joy when you catch a baby in labor and delivery,
Marvel like an explorer of old when you guide the camera
to reveal new vistas in laparoscopic surgery,
Be buoyed by the child who spontaneously hugs you on pediatrics,
Become part of a family's vacation story when in the ED
while you numb the young lad's tongue and pull out a fishhook....

continued on next page

continued from previous page

Savor it all. When else could you craft a year like this one?
Immersed in specialty after specialty, a smorgasbord of medicine presenting itself
to tease from your insides the arena that resonates,
the one that will become your residency, the vehicle to share your talents.

And if you genuinely feel that you have been unfairly evaluated,
consider that some people judge themselves so harshly
that they cannot help but find fault in others too.
Hold steady. Do not let your own inner gaze become afflicted so.

Cherish those physicians who inspire you and lift you higher.
Hold on tightly to their long white coattails
— and don't let go.
Engage them and seek their counsel,
for they will help you see who you can become.

And when the year is over,
close your eyes and sleep.
Sleep until you are rested,
and can look wide-eyed again,
with excitement at what is coming next.

EVELYN BROSANAN BS, MBA



DEAR PHASE III STUDENT,

FIRST OFF, CONGRATULATIONS! No matter how much you loved or hated the first two years of medical school, you are done. Now begins the most fun, challenging, frustrating, and rewarding part of medical school. Enjoy!

Basic things first: eat breakfast, show up on time, wear appropriate clothes, be prepared, work hard and act interested. Hey, while you are at it, be interested. Seriously, this is 95% of the work it takes to be a strong third year student.

If you don't know, don't fake it. Everyone knows way, way more than you do. In fact, they've been in this game far, far longer than you have. So be honest, recognize your strengths and limitations, and educate yourself on what you do not know.

Don't sweat the small stuff. So much of your year will be slightly awkward, a little uncomfortable and kind of strange. It is okay to feel like this — everyone does — and there is no reason to worry when you have other things to dedicate your time and energy toward. If you can, just embrace it in all its weirdness.

Live in the moment. No doubt there will be times when you are tired, hungry, cranky, stiff from standing, sick of the weirdness, missing your family/spouse/dog/whatever. But you will never ever have the chance to be in that moment again. There are so many reasons you are incredibly lucky to be doing what you do — so thrive.

Be human. Work hard, offer to help, pick up the slack and be a good team member. But at the end of the day, if your resident tells you to go home, then go home. You need the rest and relaxation, and maybe you might learn something.

Third year is your chance to sew an abdomen up, watch a transplanted lung expand for the first time in a new body, watch the heart pump inside the chest, experience the death of a patient, participate in the birth of a new baby and share that moment with moms and dads, play peek-a-boo with a toddler just because, fix a fracture, debride a wound, drain an abscess, do CPR, talk to a veteran about his or her service, make your first diagnosis, and, most importantly, to learn as much as you can.

So go for it, and good luck!

COLLEEN BARRY, MSIV



DEAR PHASE III STUDENT,

YOU WILL BE TIRED.

You will be reminded of your low station in the medical hierarchy by residents, attendings and nurses. Some of your patients will insist upon calling you “doctor,” even though you always tell them otherwise. You will quickly find yourself thinking of patients as “my patient.”

Attending barbecues and cousins’ graduation parties will feel like major personal victories.

You will catch something that fell through the cracks on one of your patients, and it will make a major difference in the quality of care that patient receives.

Your white coat will earn you vastly different levels of respect at each site, with a strong inverse correlation with the distance from University Hospital. The same white coat will always allow you to travel virtually anywhere in a hospital, particularly to follow your patient between departments. Always follow your patient between departments.

You will be amazed as you find yourself automatically generating differential diagnoses and increasingly detailed treatment plans.

You may find that cynicism plays well with many residents, yet simultaneously drains you of your joy for medicine.

You will feel heartbroken as you put together disconnected signs from a cheerful patient’s history and physical as you realize that he or she may have a grave illness.

You will witness an epiphany as you walk through the halls of a hospital and realize how privileged you are to be a medical student.

BRANDON KONKEL, MSIV



DEAR PHASE III STUDENT,

AS YOU PREPARE FOR WHAT IS LIKELY TO BE ONE OF THE MOST FORMATIVE YEARS OF YOUR LIFE, you are probably feeling a little nervous. This is understandable. For the next year, you will start a new job every 2-4 weeks with expectations that can vary from day to day. What is the right answer on one rotation is dead wrong a week later somewhere else. All the facts you have worked so hard to learn will likely disappear from your brain the second an attending asks you about them. Oh, and it will be your job to take care of some very sick, and possibly dying, people along the way.

Despite all those daunting propositions, I feel strongly that this is by far the best year of medical school and one of the most exciting years of your life. Your idea of what is normal will fly out the window to be replaced by daily experiences that will blow your mind. The discomfort and confusion that comes with starting each new rotation forces you to mature — whether you like it or not. And even with all the inevitable screw-ups and failures that are heading your way, you will come away with a new sense of confidence that you can't learn from a book.

This is what you came to medical school to do: to provide care for people who need it. And this is your chance to play doctor without actually killing someone when you screw up. So my advice is to jump in with both feet and never look back. More so than any other time I can think of, 3rd year is what you make of it. Every rotation — no matter how far removed from your chosen specialty — is a chance to do something amazing and to learn from someone equally terrific.

One pitfall of 3rd year is worrying about the dreaded evaluations. I will share a sage piece of advice that was passed on to me: Don't worry about your evaluations because you have no control over them and it will drive you crazy. Instead, focus on providing the best and most compassionate care to your patients each and every day, and everything will work out just fine. Besides, feedback from a patient who appreciates how you helped them through a difficult time is much more valuable than any physician comments. Don't get so caught up in shelf exams that you lose sight of the goals of this year: learning lessons about real medicine, how to think like a doctor, and getting to know who you really are.

Take advantage of this opportunity and have fun!

SINCERELY,
CHRIS ROGERS



DEAR THIRD YEAR STUDENT,

YOU ARE ABOUT TO EXPERIENCE A WHOLE YEAR GO BY IN A FLASH. I remember the first day of my first rotation and it literally felt like yesterday: I showed up to my family medicine clerkship, white coat still shiny and new, anxious, excited, and not knowing at all what to expect. And then I remember the last day of the last rotation of my third year: So excited to be done, and in awe of how quickly it came and went. You will have learned so much, and your unique experience will not likely be similar to mine; but here are some of the things I have gathered during my third year:

- 1 My most memorable experiences happened at the VA. Do your medicine rotation here. The most touching, the most sad, and the funniest events all happened here.
- 2 During your surgery rotation, don't hang your white coat where the collar is facing out. The combination of wearing scrubs with a low neckline and not having the time to wash your coat becomes very apparent.
- 3 Do your rotations at St Joe's if you like free food and free parking.
- 4 If you are going to break a bone and require orthopedic surgery, the best day to do it is on the very first day of winter break.
- 5 You may not have time to work out, in which case you may begin to feel like walking two flights of stairs would suffice, and actually feel proud of yourself for doing it.
- 6 When your intern asks you to get him water with a straw and feed it to him, don't.
- 7 The more rotations you do that require you to wear scrubs, the happier you will be because the less laundry you will have to do.
- 8 Most attendings and residents are kind and want to foster your learning. Some are exceptional at this. Recognize when you are with those ones and take advantage of that.
- 9 Many patients cannot tell where you stand within the hierarchy. Treat them like your own patients. Read about their medical problems; think about how you would manage them. This will stick with you better than studying any other way.
- 10 Don't be afraid to take charge. If someone doesn't like it, they will let you know. Until then, own your rotations. Don't think of yourself as just a med student and linger around without a purpose. Be active as part of the team, find a role, a way to contribute. This is how you will enjoy your time.
- 11 Have fun! This is an amazing and unique experience for you to try out different things — and, perhaps, be blatantly wrong with the most minimal repercussions. Learn things now while you can still use the excuse "umm, I'm not sure what that means; I'm just a third year med student."

SHAUNA SEAMAN



DEAR PHASE III STUDENT,

WE ALL HAVE SUCH DIFFERENT EXPERIENCES, which is what makes third year both so terrifying and exhilarating for medical students. Most of us like to be prepared, and third year teaches you to expect the unexpected and to become familiar with feeling slightly uncomfortable at all times. My advice for you as you begin this wild ride:

- *Catch yourself when you get negative.*

I am not the kind of person who is happy getting up at 4 AM, and even though I loved my medicine rotation, I remember being so tired one morning that I felt close to tears. At that moment, I saw a couple walking out of the hospital crying and holding one another. I remember thinking how selfish I was being. All my family members were sleeping comfortably in their beds, and I was getting this amazing experience; meanwhile, this family was dealing with great hardship, and possibly even loss. When you get overwhelmed, try to put things into perspective and realize how lucky you are.

- *It is ok to ask for help, and sometimes it is better than the alternative.*

On the first day of my surgery rotation at The Children's Hospital, I decided I needed to print our sign-out list. However, being too afraid to ask anyone for help, I ended up printing a list of all the patients in the entire hospital and sent it to a printer in the outpatient wing. Luckily, I finally asked for help, and a nurse and I were able to track down the 200-page document.

- *Take care of your fellow third-years.*

I was lucky to work with some of the most amazing and kind people in our class. It is an opportunity to really get to know someone you may only have met in passing. Take advantage of the opportunity to become friends. Also, help each other: if the residents forget your partner is post-call at noon — remind them. Strive to make each other look better. If they do something you think is incredible that the residents don't see, make sure to pull a resident aside to let them know. My classmates were by my side through some of the most difficult experiences and it made all the difference.

- *Love.*

This is good advice in all aspects of life, but it holds true at the very core of medicine. You have the opportunity to get closer to your patients than any other member of the team. Patients are people who have lives, families, and stories. Love them despite their faults and shortcomings and give them the best care possible. Allow a genuine love for people to spread through your relationships with staff. Your kindness and respect to house staff is of the utmost importance. Remember: "Love is the only house big enough for all the pain in the world." — Martina McBride. The love has to start somewhere, so why not with you?

I wish you all the best — you will do great things.

MELISSA NOBLE



Mt. Eolus

DEAR PHASE III STUDENT,

YOU ARE ABOUT TO EMBARK ON AN EPIC ADVENTURE KNOWN AS "THIRD YEAR." This exotic, aromatic, confusing and exciting year is guaranteed to be one of the most rewarding experiences you will have during medical school. You will learn more than you could ever imagine, learning important lessons of medicine and of life.

Instead of a twenty-page essay in which I would impart my vast (read: miniscule) knowledge to you, I will stick with a much more simple do and do not list (do not use conjunctions in formal writing).

- **DO:** Go into each rotation with an open mind and heart. No matter what you think you want to do with your life, you will gain something valuable out of each clinical experience. The disease pathologies, the medications, and the strategies you will use in your patient approach will serve you well no matter your specialty. You can spend all of your energy disparaging the fact that you are on eight weeks of medicine when all you want to do is be in the OR, but this will just **make you sad** and take away key learning opportunities because you are focused on negatives rather than positives.
- **DO NOT:** Make cupcakes, cinnamon rolls, brownies or other baked goods for your team. This is only going to make your peers annoyed with your over-eagerness and you will be telling your team that you valued Betty Crocker over reading.

Exception: You lose a bet to your attending on what percentage of Wilson's patients presenting with psychiatric problems have Kayser-Fleischer rings. (Answer: 99%)

- **DO:** Come to work when the residents come to work. If your residents come to work at 6:00 AM to do sign-out and pre-round, you should be there at 6:00 AM to do sign-out and pre-round...even if you do not need all of that time. You can write notes, spend more time with your patients, and learn more. No one dislikes hard work.
- **DO NOT:** Assume you know nothing or everything. You are smarter than you think you are. You know a lot about pharmacology and the molecular aspects of medicine and can educate your team. However, being a know-it-all is not appreciated.
- **DO:** Be a team player. Understand the unique role you play as a medical student. You have more time to spend with patients without pages or interruptions, so use that time to know your patients and report your findings to the team. **THERE IS NO SUCH THING AS SCUT WORK.** Anything you can do to ensure the best patient care or shine light on a patient's illness or work-up is worth your time.
- **DO:** Have fun. You will be great.

SINCERELY,

MATTHEW KYLE LEROUE,
CPO, CLG, CLGI



Mt. Sneffels

DEAR THIRD YEAR MEDICAL STUDENT,

PREPARE YOURSELVES TO EMBARK UPON A ONCE-IN-A-LIFETIME JOURNEY.

Never again will you have such a unique bird's-eye view of so many different choices available in medicine, or the chance to try your hand at these specialties. As medical students, you are always busy — there is always an assignment to complete or a test to study for. During third year this remains true, but I implore you to do your best to pick your nose up from a book and take a look at all of the things that are happening around you.

The contrasts you will see during third year are amazing. You will deliver babies just beginning their lives, and you will have patients die under your care as well. You will probably find yourself exhausted after doing chest compressions in the ED (or in a VA stairwell). You will paradoxically find yourself exhausted in a different way after interviewing patients on a psychiatry rotation. You might get the chance to enjoy meals (and ice cream) in a physician dining room in a private hospital. You also might work in a clinic where medical supplies are in short supply and you will do the best with what you have (taping an IV bag to the wall because there is no pole). You will have patients whose stories break your heart, and patients you cannot wait to discharge — maybe even in the same day. You will see physicians who are jaded, despise their “jobs,” and project that negativity to everyone around them. You will also see physicians who love their profession and inspire you to work harder as well.

As much as possible when you are overworked, under(not)paid and on top of that, stressed about an upcoming shelf exam, try to appreciate the variety that exists within medicine. You might like all of your rotations; you may hate the majority — regardless, it is so important to pay attention to how you feel about the specialties you encounter because as the year draws to a close, you will be asked to make a decision that will impact you far more than any shelf exam score. Try your hardest to ascertain what you like or don't like about rotations — do these factors hold true for a career choice? If a mean nurse was the reason you disliked OB/GYN, then try to remove that person from the equation when deciding how you feel about the specialty as whole. On the other hand, if it was the stress of delivering babies, then that is an aspect that will not change. Pay attention to your personality and what your goals are, and look deeper into the experiences that your rotations offer.

And finally, although I could fill pages with little nuggets of situational musings ... I thought it was more important to share with you the three fundamental pieces of advice that I received from an attending on my very first day of third year:

- 1 Don't lie.
- 2 Don't tell people that they have cancer unless you are sure.
- 3 Do this (the whole medicine thing) because you love to help people.

GOOD LUCK! ENJOY!

JULIE SIMPSON, MSIV



Mt. Red Cloud

DEAR THIRD YEAR,

LOOKING BACK OVER THE CLINICAL YEARS OF MEDICAL SCHOOL, the majority of things I wish I knew earlier have to do with eating (or — ahem — eliminating). This vital knowledge includes where the clean bathrooms are, where the drawer of Saltines is, whether you can find those little cups of peanut butter somewhere in the hospital. While this is the true education of third year, let me share some other bits of advice.

First, an explanation of pre-rounding: this is when you look up labs, imaging, ask the nurse how the night went, and check on your patient...all before rounding with your attending. As the MS3, you should always pre-round. However — pre-rounding is not the time to have detailed, emotional conversations with your patients. It's 5:45 in the morning and you just woke them up. You should ask about pain, bowel movements, and whether they're walking, not about family support and fears of dying. Pull that crap in the afternoon.

Second, pimping is easy: embrace it and love it. Think of it as valuable attention and teaching. If you're not being pimped or taught in some other way, you're being ignored. This is your education and you are allowed to ask for some teaching — just try to do it in a way that is palatable: "Hey, if we have time this afternoon, could we talk about COPD?" Keep in mind that if you help get the paperwork (sometimes referred to as scut) done, then your resident or attending will have more time to teach you.

Third, some advice on the people you'll work with: social workers, physical and occupational therapists and nurses actually get everything done in a hospital. If you ever find yourself — even mildly — in an argument with one of them, make sure to go back later on and express your respect. You want them on your side and you want to be on their side. You probably want to be the type of human who tries to make things right when you were wrong, and also when you might not have been wrong.

Fourth, I wish I had realized that third year is split into thirds: the first 16 weeks or so is spent figuring out how a hospital or a clinic works and what your role is within that on different rotations. The next 16 weeks is spent figuring out how to study better: textbooks, question banks, online materials, or a mix of all of these...it's a very different learning setting than the preclinical years, and it takes time to establish a routine that works for you. The last 16 weeks are spent figuring out what you want to do: sub-internships, residency, maybe a project or two that you get started ahead of time for a research month during your fourth year.

Fifth, be aware that third year is a roller coaster: You feel like you rocked a rotation and your evaluations were stellar, but for some reason you still just passed the clerkship. "Finding your people" sounds so awesome, but you just can't seem to find them. We all love the highs of the year, but we're often unprepared for the lows. Really embrace those highs — and remember that we all have the lows, too. We all experience the roller coaster and it ultimately brings us closer as colleagues and as friends when we share these experiences. I wish you all the best of luck!

SINCERELY,
COURTENAY HOLSCHER
CLASS OF 2013



Uncompahgre Peak

DEAR THIRD MEDICAL STUDENT,

CONGRATULATIONS! You're about to begin the part of medical school that makes all those long hours in the anatomy lab, the countless multiple-choice questions, and copious amounts of caffeine worth it. While third year is many things, more than anything it's a once-in-a-lifetime chance to explore what medicine, and you, are — and can be. I promise that there will be days that reaffirm your desire to go into this profession, and others in which getting out of bed will be your biggest success for the day; both are equally important.

Here are a few tips that may help you navigate one of the best years yet:

- 1 **You don't know everything and you shouldn't.** You are there to learn! Don't be afraid to ask questions — put yourself out there and figure out how and why your team is doing what they're doing. Go into every rotation with the mindset of "Even if I don't become a neurosurgeon/family medicine doctor/etc., what can I take from these rotations to make me a better _____?"
- 2 **Laugh at yourself.** Chances are you will acquire one or two "most embarrassing moment" stories, so just embrace it (I had to call a neurosurgeon to let me out of a stairwell I locked myself in... it happens). You will have awkward moments, patients will say bizarre things, and you will make mistakes; you are expected to be human.
- 3 **Be on time!** Self-explanatory
- 4 **It's ok to leave.** Have you put in your orders? Checked in on your patients? Identified a topic to read for the night? Ask once, MAYBE twice, if your team needs anything. If they tell you it's ok to go home... GO HOME! You don't need to live at the hospital — I would highly recommend against it. Everyone needs some kind of life, especially during third year.
- 5 **Practice questions are still your friend.** Use practice questions to study for the shelf tests; they also help prepare you for Step 2 (it comes quicker than you think).
- 6 **HAVE FUN!** When will you ever have the opportunity again to explore the different specialties? Talk to your patients, get to know them as people, learn their stories — it's amazing!

I'm sure there are more, but these are the things I kept coming back to. It'll be full of experiences you will never forget and people who will shape the doctor you will become. Embrace it.

Good luck!

WHITNEY KOPP

PS: While 5 cups of coffee at 4 AM during your surgery rotation may seem like a great idea, nothing is worse than needing to pee 2 minutes after scrubbing in for a 6 hour surgery — just a heads-up!



Maroon Bells

DEAR THIRD YEAR STUDENT,

THE MAIN THING IS TO REMEMBER to be true to yourself and not get caught up in trying to impress everyone around you. In the end, you will take bits and pieces from everyone you interact with — things you want to imitate and things you would never want to replicate.

- Be a nice, caring, social person. This will take you further than you think.
- Be forward and ask your attendings and residents about their expectations up front; that way you don't spend a few weeks trying to figure it out on your own.
- Trust yourself. 3rd year will make you feel incredibly insecure and it is important to remind yourself that you are smart and got there because you are a hard worker — you are not supposed to be functioning at the level of a resident and will always be the most naïve/inexperienced person on the team. Learn to be comfortable with that.
- Learn to embrace your mistakes and your lack of knowledge with each new rotation. You are right where you should be. You can't know everything before experiencing it.
- Take care of yourself (easier said than done, I know). If you have two intense rotations back-to-back, it won't work out to just forget about your personal life and interests for one-third of the year. Learning how to remain content and balanced during these times is something we will all struggle with for the rest of our lives, so it is incredibly important to make this a priority early and not let the next milestone be an excuse.
- Look at each rotation as an opportunity to see if this is your "niche." Talk to residents and attendings about why they love the field, what they dislike, and the career options available.
- Continually remind yourself that a good review from a patient is far more important than one resident or attending saying your presentation was perfect. Go check in on your patients in the afternoon. As a med student, you have the time to really talk to your patients and care for them more directly than a resident carrying 5-10 patients.
- Have all labs and data in front of you during rounds, but decide which ones are most important to present.
- Try to help the residents whenever possible. They are trying to juggle a million patients and admissions, and you often have the gift of downtime.
- If you are not doing anything in the afternoon, ask if there is anything you can help with or if there are any new admissions coming in. If you haven't been able to do anything for an hour or so, it is also appropriate to remind a resident of this so you can head home — but always have study material nearby because there will always be some downtime.
- Start studying early (maybe not the first week); those end of block tests will creep up on you, so chip away a little at a time.
- Showing up on time, acting interested, engaging in discussions... (normal people stuff) will take you very far in third year.

ASHLEY BLANCHARD



Mt. Bierstadt

DEAR PHASE III STUDENT,

CONGRATULATIONS! You are about to embark on one of the most exciting transitions of medical school. Third year is a challenging but rewarding experience. You finally get to put those people skills and scientific knowledge to work. It's the reason you came to medical school in the first place: to help people. There is so much to learn, and you will test the limits of many aspects of your life. Some words of advice as you make this awesome transition:

- Stay on top of your reading. Eight weeks can go by surprisingly fast; two weeks goes even faster.
- Be on time. There's no negotiating this one.
- Emulate the good behaviors and techniques your residents and attendings have. Avoid the bad ones.
- Being a helpful person is not scut work.
- After each block, take some time to reflect on what you liked or did not like about the rotation. It may help you when you are trying to figure out your 4th year — especially if you liked everything.
- Solicit feedback often.
- Treat your body right. Find time to work out. Eat well.
- Call your parents to let them know you are alive.
- Buy more underwear. Seriously, trust me on this one. There isn't always a lot of time for laundry.
- Read about your patients — it's the best way to learn.
- Be an advocate for your education. You pay a lot of money to go to school here; if you feel like you are not learning something, speak up.
- If your resident tells you to go home, go home.
- Find time to do something that makes you happy, be that taking some alone time, hanging out with friends, or spending time with your significant other.

Enjoy third year for what it is. It can be exhausting, challenging, interesting, frustrating, and incredibly gratifying. Good luck!

ALL THE BEST,
TAYLOR TRIOLO, MSIV



Mt. Conundrum

DEAR THIRD YEAR,

HERE'S SOME ADVICE FOR YOU:

1. Remember that there are ups and downs. Some rotations will be amazing, and others will be horrible, but either way you have to keep your head up, stay positive, and know that the rotation will be over eventually. Everyone has bad days, rotations they don't enjoy, and residents they don't see eye to eye with — so it's important to not let it get you down. Find a way to blow off steam so you don't get burnt out or develop a bad attitude. And take advantage of the easy rotations and the ones that you love!
2. Be enthusiastic and interested (even when your residents and attendings aren't). Even if you aren't interested in a career specific to the rotation you are on, try to come up with specific goals for yourself so you get something meaningful out of the rotation and can stay motivated throughout. For example, even if you have NO interest in going into surgery, you can still learn how to give very concise presentations or how to stitch up a laceration, which are skills applicable to a variety of other specialties.
3. Be organized. Although residents and attendings do not expect your medical knowledge to be amazingly large, they do expect you to know the details of your specific patients. Make sure that you have your presentations, notes and sign-out materials organized for your patients so you can more easily show the team what you know. This may seem obvious, but giving concise presentations without having to shuffle through millions of papers takes practice. If you can stay organized with a few patients, you will be given a few more — and a chance to show that you can manage a larger patient load.
4. Ask for frequent feedback. At the beginning of your rotation, ask your interns, residents and/or attendings for weekly feedback. If you ask for it in advance, everyone has a chance to think about it over the course of the week while interacting with you. This also gives them a chance to figure out a good time to give the feedback (i.e. don't wait until Friday at 6 PM to ask the intern, who is finally about to leave the hospital, to meet with you). Getting weekly feedback allows you to show improvement in specific areas from week to week, which will help you on your evaluations. Also, if there are any major issues or red flags that your seniors notice, you will have ample opportunity to address them before your evaluations, so there won't be any bad surprises.

Have fun — you will do great! Rock your short white coat with pride, stay positive, and don't stress!



Mt. Crestone

SINCERELY,
KATE

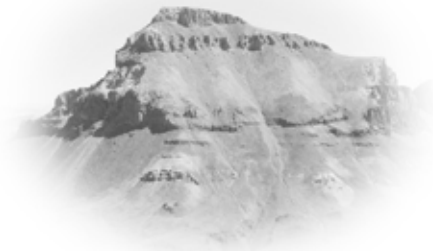
DEAR THIRD YEAR,

HONESTLY, NO AMOUNT OF ADVICE CAN REALLY PREPARE YOU for 3rd year. Don't let that scare you; what makes 3rd year so incredible and challenging all at the same time is that you are constantly pushed outside of your comfort zone and forced to grow. That being said, here are a few things that will make the growing much easier...

1. *Always be prepared.* Your white coat will get way too heavy, but at least always have water, a snack, ibuprofen, etc. in your bag. You will be surprised how little time there is for eating/drinking during the day.
2. *Adapt to new places.* Quickly learn where all the creature comforts are on each rotation. On day 1 of each rotation, learn where the bathrooms are located, where and when you can eat, where you can store your stuff. Nothing is worse than leaving rounds to use the bathroom and having to text your resident when you get lost in the hospital.
3. *Spend time with your patients.* You will not be the best person on your team at physical exams, diagnosing, or treatments, but you can be the best at spending time getting to know your patients. Don't overestimate the value of your role doing this.
4. *Read daily.* Even if you only read a little, make it a habit to read a little every day. Read about your patients and study a little. You don't have the same flexible time to catch up on studying like you did in the first two years.
5. *Be interested.* The worse thing you can do is to seem disinterested, period.
6. *Have confidence.* You are not a doctor yet, but you should start to act like one. I would say that 75% of your subjective grade is based on your confidence, even if you don't know anything.
7. *Learn to adapt to new teams.* Remember what it is like to start a new job with a new boss, new co-workers, new rules and expectations? Well, 3rd year is like starting a new job every couple of weeks, get used to it and be flexible.
8. *Have fun.* This is SO important! If you get to the end of your day and you have not laughed at something funny and laughed at yourself, then work on having fun.
9. *Be intentional with the people you love.* The hospital will always demand your time and energy, but make sure that when you do have time, you spend it with family and friends who understand you'd rather be with them when school has to come first.
10. *Take care of yourself.* Every person will experience some amount of burnout. Figure out what keeps you balanced and refreshed — and make that a necessary part of your week.

Trust me, nothing magical happens to you on graduation day to make you a doctor. You become a doctor the moment your patients and colleagues trust you as one. Third year was one of the hardest and best years of my life, and I wouldn't trade that experience for anything.

DAVID HIGGINS



Uncompahgre Peak

DEAR NEW THIRD YEARS,

HERE ARE SOME GENERAL POINTERS TO START YOUR THIRD YEAR:

1. Get help early if you are struggling. Don't wait for the midpoint evaluations to get feedback. Within the first day or two make sure you sit down with your intern, resident or attending, and ask for expectations and clarify your role on the team.
2. Study for the tests at the end of the block. While the clinical component of any block and supervisor evaluations are usually the most important determinant of your grade, the written tests are part of your grade and can make the difference between a Pass, High Pass and Honors. In some blocks it is even clearly stated that you cannot honor without a certain score on the written tests. I feel like I was always told prior to starting third year that if you just read about your patients that you will do fine on the tests, but chances are you will not have the opportunity to see everything you need to answer all the random questions on the shelf exams. It is easy to get bogged down with patient-related work, and most days you will feel like all you want to do is sleep and watch television when you get home — but this is one thing I wish I had spent more time on during most of my blocks. One good way to study for the tests that I wish I had learned about earlier is to get a Qbank (MKSAP, USMLEWorld, Kaplan) and just do a set number of questions related to your block every night and really study the answers like you would for Step 1. This will also help prepare you for Step 2. Some people advocate buying the Kaplan Qbank or some other random Qbank so that you don't waste your USMLEWorld questions before Step 2, but I'm not sure if it makes a difference. Just find a Qbank you like and stick with it. You can also use any one of the book series available for clerkships like Blueprints, Case Files, or Underground Vignettes, but honestly, I never found any of these to be great and none of them totally prepare you for the shelf exams. In the end, shelf exams are difficult — no matter how much you study — because they can be pretty arbitrary, long and weird. Don't stress out about them too much and just remember that the real reason you are studying this stuff is to take care of patients and become more confident in your diagnostic and management abilities.
3. Don't throw other students (or residents) under the bus. Medical students tend to be competitive by nature; this competitive drive becomes especially apparent during third year when much of the grading process is subjective and based on effort, enthusiasm, and perceived knowledge. The best way to display your abilities is by being prepared with your presentations, asking good questions, and making it apparent you've read about your patients.
4. Don't compare yourself to other students. Remember that everyone has had different rotations and experiences, and eventually you will have them, too.
5. Be a team player. There is no such thing as scut work when it involves patient care. Help your interns out by looking up or following up labs, putting in orders, calling outside hospitals about patient records, etc.
6. Be assertive. This goes along with #5. Even though there is no such thing as scut work when it involves patient care, remember that you are on rotations to learn. If your resident or intern is asking you to get them food or coffee constantly, then you need to tell them that you think there are probably better learning opportunities for you.
7. Realize that third year is your last opportunity to experience certain specialties. Immerse yourself in each rotation and find out what it would really be like to be a resident in each respective field so that you can make a more informed decision when it comes time to apply for residency.



JURI BOGUNIEWICZ

Mt. Red Cloud

DEAR THIRD YEAR STUDENT,

I HAVE SAT WONDERING WHAT TO WRITE TO YOU — by no means can one letter suffice to describe third year or provide more than just a glimmer of advice. My tone oscillates between enthusiastic encouragement and jaded cynicism. By no means do I want to paint a falsely positive or negative view of phase III; how I feel truly depends on what memories, rotations, and persons I am thinking of. With this in mind, I will begin (and hope that, if nothing else, you will know you are not alone in how you feel).

I have never experienced such a rapid and dramatic swing in emotions. One day — even one moment — you will feel exhilarated, proudly wear your white coat, and deep down, believe that you are a doctor. You will correctly answer a question when pimped, write a phenomenal note, or connect deeply with a patient. You will know what is wrong with your patient and prescribe the appropriate treatment. You will find the area of medicine that is your passion. These things, these experiences, will buoy your spirits and create a satisfying longing to continue on this trek. They will feed and nurture your soul and, hopefully, balance out the exhaustion, frustration, and bitterness that always comes.

You will be exhausted — mentally, physically, and spiritually. Sleep, on some rotations, will become a gift, something that is treasured and not expected. You will see death, dying, and suffering. It is not easy. It is never easy to encounter the sickness, the disability, and the hopelessness in patients on a daily basis. Healthy, happy people do not go to the hospital. You will feel stupid; you will feel as though you missed the obvious, butchered your presentation, and cannot interact with your patients. You will fall in love with members of your team, only to say goodbye to them. You will hate your white coat and how you feel like a child playing a terrible game of dress-up.

And then, just before you break, the world turns again. It may be a patient who thinks the best of you, perhaps even calls you “doctor.” It may be a resident or attending who acknowledges your hard work and intelligence. It may be a golden weekend or night away from it all. It may be a realization that even though you do not know it all, you have learned so much. And then suddenly, your stethoscope feels right in your hands and you know that despite everything — all the bad, terrible, rotten moments — you are satisfied. You will learn to survive and, I hope, find a way to thrive.

H.L.



Mt. Eolus

DEAR THIRD YEAR STUDENT,

YOU MADE IT! You gracefully learned the anatomy of the human body, studied the pathophysiology of all body systems, took an unbelievable number of tests, and SURVIVED Step 1. Now you are starting an entirely different journey. There will be days when you feel so lucky to have the opportunity to do what you're doing, but there will be other days when you feel like you can't do anything right. Here are a few tips that helped me during my year:

1. **Always be on time.** It's kind of crazy how that's not a given, but it makes a really good impression.
2. **Be excited and eager to learn stuff.** Having a positive attitude is enough to make you stand out, and then the residents/attendings will be more eager to teach you. They want to teach people who are interested.
3. When you're on inpatient services, **go back later in the day to check on your patients.** As a med student, the mornings are really busy (pre-rounding, rounding, writing notes, morning report, noon conference), but the afternoons are fairly empty. You'll mostly be admitting new patients, but there is a decent amount of downtime. I usually used that time to check back in on my patients, explain to them what's going on, answer their questions, and if I couldn't answer them I'd write them down and then go find out the answers. I also found that part to be the most fun, and definitely made inpatient medicine really rewarding.
4. **Read up on your patients at night** so you get what's going on with them. The good news is the really low knowledge expectations your team has for 3rd-years. They don't expect you to know anything at all, so anything you do know really surprises them. Also, at least once or twice per rotation, bring in an article that is relevant to your patient to teach the team. The residents don't have a lot of time to read or study so they like when students do. I always assumed it would bore them to review basics, but they seemed to like it.
5. **Accept that you have very little control** over your schedule and daily life, and try to be adaptable. This was the hardest part for me. You don't really get to decide when you eat, go to the bathroom, or go home. But you can control your attitude. So I tried really hard to stay positive, and not obsess about the lack of control. I also learned if you have to pee, it really is ok to just excuse yourself.
6. If you feel like there is no more learning to be done and all of your work is finished, ask if there is anything else you can do to be helpful. Those are the key words to say for them to tell you to **go home.**
7. **Do practice questions** for the shelf.
8. **Don't be afraid to volunteer for things.** Even if you've never done/seen something before, or you don't understand all of what is going on, there are a ton of unbelievable opportunities this year. But you have to be the person who steps up to the plate.
9. **Be organized.** Develop a system for notes for your patient presentations so you aren't forced to flip through pages looking for lab values or MRI readings. Residents and attendings really notice when you have your information together (even if it's not organized in your head!) and everyone enjoys when you can produce a short, succinct presentation.
10. If you are on a rotation and you feel like you did some really great work and had a good relationship with your attending, don't be afraid to ask them for a letter of recommendation after the end of the rotation (even if it is only summertime). It's a lot easier to ask people when they still know and remember you, then going back and asking them several months later. You may not end up needing it at the end of the year, but it's nice to have a good letter to fall back on.
11. **Have so much fun!** 3rd year is such an amazing experience, and you will learn a ton just by osmosis! Third year is one of the most unique times in your life, so take advantage. Hope this helps!

KAREN CHRISTOPHER AND MOLLY FISHER



Maroon Bells

DEAR THIRD YEAR STUDENT,

BEFORE I CAME TO MEDICAL SCHOOL, while working in a lab in Boston, I had two doctor mentors in the middle of their surgical residencies give me advice for my third year. The only advice they would give me for the first two years was to study hard. The advice for my third year included the things you would think, such as always be on time, do not throw a fellow student under the bus in front of an attending, and most importantly, do not be a jackass (their words, not mine). However, they also told me something else that I brushed off at the time, but now I find to be eerily true: they said I wouldn't recognize myself after 4 years of medical school and I would have a hard time remembering the person I was prior to my training. I, of course, thought they must be wrong; nothing could change me. And after the first two years of medical school, I thought I was right. But it turns out, they were not talking about the first two years — they were talking about the third year.

It's a gradual change, so you don't even notice it. For me, it started in my neurology rotation with the extremely sick patients who could not speak or interact and looked liked vegetables. How could I be the altruistic doctor, one with the good bedside manner as I had always imagined, with a vegetable? Or, later in my surgery rotation, when I had my first patient die in front of me, on the table, covered in his blood — how did I ever think med school wouldn't change me? As there were a lot more days like those, my fiancé started to ask me to only tell him the "happy" stories. Slowly I started to distance myself from my patients as a protective mechanism. You don't want to know about the 63-year-old veteran's six grandchildren when you know he has metastatic disease and days to live... you just don't.

Obviously, not every day of third year is out of a movie, where life and death are hanging in balance; in fact, most days are quite pleasant, spent seeing a steady stream of mildly to moderately ill patients you can actually help. It was those normal days that changed me the most. It didn't matter if I were doing a delivery in the middle of the night or in clinic 9-5 — those normal days made me finally feel like a doctor. I don't know about you, but I sure didn't feel like that before third year. The big scary days made me stronger, smarter, and maybe a little disconnected, but every other day brought me a little closer to the other side of med school: the side where you get to wear the long coat, people actually read your notes, and you truly get to help people. So good luck — I hope you don't recognize yourself at the end of it.

ELISABETH O'DOHERTY



Mt. Sneffels

DEAR NEW MS3,

CONGRATULATIONS on taking Step 1 and making it through two years of grueling academics! Now comes the fun part... mostly. The main goal of third year is to learn how to take care of patients; the other is to get great grades. These goals can be attained in concert.

Get your bearings:

Figuring out how to work within each department takes time and can be frustrating. Ask your student advisers/peers what to expect with each rotation. Anticipate spending a few days of each new rotation bumbling around getting a feel for how to get things done. Getting to know your patient's nurse can expedite this process and allow you and your interdisciplinary team to take better care of patients. Ask nurses for help. Be modest. Once you know how to get stuff done, get stuff done! Helping the team means more teaching, more fun.

So-called "scut" work can be done much more quickly once you know how to work with the system. Get tasks done for your patients ASAP so they get worked up and treated ASAP. Helping with this makes time for teaching and is better patient care. You'll learn from it, too.

Communication:

Reflect on your patient interactions with some regularity. Think about how you could have made someone feel more comfortable, or explained something more clearly using simpler language. Everyone says it, but this is truly the time to take care of patients and get to know them. You can learn a ton of medicine from them too. Ask them about their recovery from various surgeries, delivery, infections, etc. You'll learn a lot, build rapport, and be able to reassure and educate patients better in the future.

Reflect on your communication with nurses. Talk to nurses about the plan and get their questions answered. You'll learn more and patients will receive better care. Ask nurses to teach you things like dropping an NG or starting an IV — things that will help you appreciate your colleagues' and patients' experiences.

Communicate your knowledge and hard work to your team earnestly. Prepare a handout/5-minute presentation on a relevant topic before you're asked to. "With Mr. X's cellulitis in mind, I looked up some info on necrotizing soft tissue infections and made a little handout."

Odds and ends

Crying with patients/team members about patients is okay. Hugging patients and their families is okay. It is a privilege to experience your first patient death as a medical student and find closure at a point in your training when you can focus on your own coping. Take advantage and process the tragedies you see.

Be as enthusiastic as possible. You can change the dynamic of your team with your attitude, for better or worse. If a rotation is not going well, examine what you can do to make it better. Fake it till you make it.

MICHELLE RAPPAPORT



Mt. Bierstadt

DEAR NEW THIRD YEAR MEDICAL STUDENT,

CONGRATULATIONS on beginning both the most fun and most challenging year of medical school. Everyone told me third year was great — the first time you get to take responsibility for patients, put all your hard-earned knowledge to work, and finally feel like you are becoming a doctor. In this mindset, I started off third year with my clean white coat, pockets stuffed with references I hoped would help, all my tools safely tucked in. Here I sit a year later — my white coat with pen marks and coffee stains, much less in the pockets and more in my head — and think about what I wish someone had told me before I ventured into the realm of clinical rotations.

First, remember that you wanted to be a doctor to help people. In the midst of getting up early, pre-rounding, waking your (sometimes grumpy) patient to do a brief physical exam, rounds, writing notes, admitting other patients, you may start to realize that you know very little other than the medical details on your patients. Then you start to think of them as diseases, and it is not surprising that you don't find the rotation very fulfilling. Go back to see your patients in the afternoon or update them before you leave for the day. Ask them something about themselves, their family, how they are dealing with being in the hospital. It is much more rewarding.

Second, don't be afraid that patients won't want to interact with you because you are a medical student. I was constantly insecure about this for my first couple rotations, but it was the rare patient who didn't want a student to see them. Just be confident when you go into a room, and remember that you do have a right to be here. You can be a valuable addition because you often have more time to talk to them, and patients love to feel like they aren't forgotten.

Third, ask to see patients. I was always cautious about stepping up to volunteer for a patient — what if they were mean or didn't like me or were not interesting and I had just bought myself a week of dealing with them? The truth is, when you're an intern you can't pick your patients — you have to take them all and provide them the best care you can, feelings aside. It is to your benefit to learn how to relate to a variety of people and successfully deal with difficult patients.

Finally, remember you are there to learn, so try to get as much as possible out of the rotation. This was a hard one for me, because as the third-year medical student, your place in the team is, at best, ambiguous. Often in busy rotations, you don't feel like there is very much time to ask questions, or worse, you feel stupid when you do ask them. Be as knowledgeable about your patients as you can, learn about their condition, and know common drug side effects. Then you can ask intelligent questions or even provide information the resident may not be familiar with!

I hope these few things will help you to avoid feeling completely lost during the beginning of third year. It's ok if you don't find third year the most exciting and enjoyable time, and many residents I asked echoed my own feeling that third year can be quite challenging. Use these experiences to try to figure out what does and doesn't work for you. Observe good and bad residents, and model your own behavior towards patients, nurses, and other physicians based on this. Remember — in a few short years you will be the doctor, and now is the time to figure out what type of person and physician you would like to be. I promise you will learn a lot more than you think is possible, and come out of third year both more competent and confident. And remember — even eight weeks doesn't last forever!

Good Luck!

EMILY JOACHIM, MS4



Uncompahgre Peak

DEAR MS3,

I REMEMBER THE ICC RIGHT BEFORE THIRD YEAR STARTED: I was excited to finally try out being a doctor...and really, really nervous for what the next year was going to look like. Looking back now, I am jealous of how exciting your third year is going to be. It's the only chance you have to try out all of medicine, which is pretty cool. Third year is your chance to deliver babies, help patients during manic episodes, scrub in for an appendectomy and make a fifteen-point problem list for your medicine patient. It's your first chance to truly form relationships with patients — the types of things medical school personal statements are written about. This year, you have fewer patients and more time to spend with each one than at any other point in your medical career. Take advantage of the chance to sit down with your patients and their families. For me, it's the most satisfying part of the job. As a fourth-year about to take a new big, scary step into residency, I guess I have a few pieces of advice I wish I'd known when I was in your shoes:

- Get to the hospital before your residents. Even two minutes before counts. Getting there early enough to get some vital signs for the resident counts more.
- Downtime? Read UpToDate. Go talk to your patients.
- Read about your patients — and read textbooks about other patients. I learned the most on rotations for which I did the assigned textbook reading. It's really hard after a long day on the wards, but it pays off. If you can direct your reading towards your patients, perfect. But sometimes learning about a common problem is higher-yield than learning every detail about your patient's rare medical condition.
- Get to know your patients. Form real relationships with them. Remembering the most meaningful interactions you've had will make those hard days a little better.
- Don't put up with unprofessional behavior. Feel uncomfortable with someone's words or actions? Report them. Unsure if behavior is unprofessional? Report it and let the experts decide.
- ...On that note, stand up for yourself. You are paying good money to learn — make sure you get as many chances to do that as possible. Ask if you can scrub in on that cool surgery or if you can go see the interesting patient with the resident.
- Be a good teammate. Carry your weight, pick up any slack necessary, and don't throw your teammates under the bus (sabotage)!
- Communicate. Ask your team for expectations at the beginning of the rotation; ask for feedback in the middle and at the end. It feels corny at first, but it's much better to ask up front than to get hit with an unexpected evaluation.
- Recognize that evaluations are subjective and can be somewhat arbitrary. Just because you didn't honor surgery doesn't mean you will be a bad surgeon. Getting your grade back at the end of the block gets a lot easier when you stop taking the grade personally.
- Have fun! Remember how lucky you are to work in medicine. Remember why you wanted to do this in the first place. That optimism and gratitude will make an enormous difference in your experience!

SARAH GIT OMER, MS4



Mt. Red Cloud

DEAR PHASE III STUDENT,

THIRD YEAR IS FRUSTRATING. It is frustrating for so many reasons. I expected it to be glamorous, although I don't know why — it was all hearsay. I was frustrated with the hierarchy, and that I was at the bottom of it. I was frustrated that I didn't have the knowledge to help more. My very didactic approach to studying was overthrown. Sometimes it felt like a game — like I had to please others to ensure my own happiness, or to ensure my grade.

But here is the secret: third year is 10% aptitude and 90% attitude. The learning will happen — that was something I didn't realize. You seem to acquire knowledge through some kind of intellectual osmosis third year — it is quite remarkable. You will be fine, and you will get through, and trust me, you are smarter than you think. Be yourself. Some may like you and some may not, and when grades are on the line, that seems unfair.

If you are frustrated, you aren't alone — I certainly was. But when you deliver your first baby, or place your first central line, or get a hug from a patient, you will be reminded why third year is a gift: you are participating in the most beautiful or scary day of your patient's life. This is the year where you learn how to become a doctor.

SINCERELY,
C.R.



DEAR PHASE III STUDENT,

THE NEXT YEAR WILL PRESENT A UNIQUE CHALLENGE. You have spent the last twenty-something years of your life with your nose pressed to a textbook or laptop. You have largely functioned on your own schedule. Things have been comfortable and familiar. This is about to change. You are now about to start a whole new life.

Gone are the days of wearing sweatpants to “work.” Gone are the days of deciding you’re “sick” and can’t make it into class. For the most part, weekends are gone, too. Welcome to the year of working a 40-90 hour week AND being a full-time student. If you aren’t a morning person, you better change quickly. (Try the melatonin and UV light trick.) This year, sleeping in until 6:30 AM will become a luxury. There will be days and weeks when you’ll feel that you don’t do anything whatsoever outside of medicine. Your friends will heckle you and your mom will guilt-trip you.

The hardest part? Starting a new job each and every month for the next year. New buildings, new floors, new hospitals. New places where paperwork is stored. New policies and new computer software. New passwords, new cafeterias. New everything, but most importantly, new people. Not just co-workers, but bosses. Everyone becomes your superior — from nurse to intern to attending. But these people aren’t simply writing your paycheck for a job well done; they are evaluating you — determining your grades and, therefore, your future.

And what they are grading you on is not what you might think. Sure, you need to know your anatomy and CHADS2 criteria, but what’s really important is that you can “hang.” No matter how stressed you are, don’t appear frustrated. No matter how tired, be enthusiastic and bright-eyed. If you can make a joke or two, it helps. Whenever you are offered a “learning opportunity,” always say yes, even to the prostate exam — especially the prostate exam.

The next year is going to be challenging, but you will survive. You will see things that will forever change you. You will learn vast amounts of information, and you will become an almost-doctor. It is a rite of passage that will provide innumerable memories and skills. It brings you one step closer to the future that you dreamed of as a child, so hang in there!

KELLY PETTIJOHN, MSIV



DEAR INCOMING THIRD YEAR,

YOU ARE EMBARKING ON A LONG, DIFFICULT, FRUSTRATING, YET INCREDIBLY REWARDING JOURNEY. You will be at the bottom of the ladder. You will be forced to do “scut” work. You will have to suck up. You will have to take criticism from those you may or may not respect. And you will be forced to write notes, present, and do all sorts of work that doesn't actually affect your patient at all.

That said, your knowledge will skyrocket, you will find ways to be helpful and contribute, and you will change people's lives and affect the quality of care they receive. Despite all the frustration, administrative crap, and “games” we must play to impress our superiors, you will love the experience that you get.

More than once, a patient will tell you how great of a doctor you are going to be. And they will be right. If you really lobby on behalf of your patients, it will show. It will impress your peers, it will improve the care your patients receive, and what's more, you will feel proud of yourself.

Best of luck to you. You are embarking on a strange and amazing journey. Be prepared to feel competent, incompetent, knowledgeable, stupid, bored and thrilled beyond belief. Be prepared for anything.

SINCERELY,

BLAKE (I SURVIVED MY THIRD YEAR AND SO WILL YOU) MARTIN



DEAR THIRD-YEARS,

FIRST, CONGRATS ON TAKING (AND PASSING) STEP 1! Thank goodness that's over. Second, you are about to embark on the journey that IS medicine. During the first two years of medical school, you learn a ton of stuff that you likely forgot until you had to study for boards and had to relearn it all over again...which is a good thing because that's the foundation for the rest of 3rd year. I'm not going to lie, and maybe you'll have a different experience, but I distinctly remember taking a few shelf exams/tests that were more difficult than Step 1. That being said, you'll also learn more medicine than you thought possible (which makes smoking Step 2 easy...and yes, you will).

Some people say third year is the worst year of medical school. I would say they don't know what they are talking about. Third year is the BEST year you have encountered thus far, by a long shot. It's the beginning of the best part of your medical education, and you will sincerely enjoy it. The following are some general practice guidelines that I hope you find useful.

1. You're actually going to see patients...all day, every day. So brush up on your people skills. While you've heard it a bagillion times before, the truth is that the key to pretty much every diagnosis is a good history and physical exam. The former you can only get from talking to people.
2. Brush up on your physical exam skills. Those tests (a) have names and (b) are worthless if you don't actually know how to do them. On the contrary, if you know how to do them well and can describe your findings, they are extremely useful.
3. The first 3 questions you should ask — wherever you rotate — should be (a) Where can I put my stuff? (b) Where's the closest restroom? (c) If I'm starving, where can I grab food?
4. Figure out how to do stuff and be helpful. Everything is different wherever you go. Learn how to use these systems to do what you need to do and find what you need to know.
5. Be prompt. Show up with enough time to get done what you need to get done (i.e. see patients, check labs, start writing notes, etc.) before you round.
6. Be present. Nothing says you're interested like actually being there.
7. Follow up. Anything you say you will do — do it. Don't fumble. That's integrity.
8. Take ownership of your patients. You should know about any and all aspects of their care and why they are getting it. While you may not be responsible now, you will be soon. So do not let anyone else do anything to your patient without you knowing about it. What you don't know could kill them.
9. Your residents have a BatPhone, which sometimes makes number 8 difficult.
10. Read about your patients. This is your opportunity to really learn medicine and it helps to complete the assessment and plan (A/P) in your SOAP note. There are several resources available, but UpToDate, Dynamed, Medscape, and "The Infectious Disease Compendium: A Persiflagger's Guide" are good places to start. Also, share what you read. Sometimes it helps.

continued on next page

continued from previous page

11. Don't worry about impressing anyone. The goal is to learn how to take excellent care of patients. If people see you doing that...well, actions speak louder than words.
12. You won't know the answer to every question you get asked. It's impossible — they know that, and that is fine. You can't know what you don't know. Simply refer to number 10 and get back to them. NBD.
13. Nurses are your friends. They do all the dirty/hard work, and what they have to tell you about your patients is invaluable...also, they may not have written it down anywhere.
14. Don't throw anyone under the bus. That's how people get killed. Also, you definitely aren't going to be the smartest person in the room, and likely won't be for the next half a decade or so...probably a lot longer than that. So be humble.
15. Check your expectations and assumptions at the door. You can't make this stuff up. You honestly don't have a good enough imagination! If you rotate through Denver Health at all, you'll immediately realize the truth in what I just said.
16. You're going to work some long days. Don't whine about it. Everyone else is working hard, too. You don't have to point that out for them. Be helpful and rally like a BAMF.
17. Keep an open mind. Every rotation has something valuable to offer. For some, that might be getting out at noon or free food (which is never bad); for others, it might be delivering babies or driving a femoral nail in the middle of the night. You can't knock it 'til you try it.
18. If you're married/have a significant other: Give them a copy of your schedule. You may be fine wandering in a nebulous world and may not care where you are, what you're doing (don't worry, you'll be doing cool stuff), or what time it is. They, on the other hand, might. It helps with logistics and planning of other life stuff.
19. Do other life stuff. If you have time off, capitalize on it and go out and do real-people stuff. People get burnt out because they get so engrossed in medicine that they neglect to pay attention to and enjoy the things in life that they love. Don't let that happen. Get your stuff squared away so you can leave work at work. It's not always going to happen, but it pays dividends when it does.
20. Don't let yourself go. It'll be tempting to perhaps not shower, brush your teeth, shave, or change clothes. Avoid that temptation. The 3 S's (\$%^@, shower, and shave) can go a long way towards making you feel better about yourself — not to mention others wanting to be around you. That, and hitting the gym whenever you get a chance.
21. Don't get jaded. That can be difficult sometimes, but the reality is you didn't get into medicine to pass judgment on people. See the humanity in what you are doing. People get sick and injured due to a multitude of things, several of which reasonable people would consider ridiculous. That doesn't mean they are not still seriously sick or injured. Regardless of how you may feel about the fact that someone was inebriated and jumped out of a perfectly good vehicle, their broken pelvis and perforated viscus are still very big deals. Often, they will be your sickest patients.

continued on next page

continued from previous page

22. Be a gracious host and caregiver. I know that you will be busy, but remember patients don't see the other 20 patients on your list. All they know is that they have a problem and that you are taking care of them. Remind yourself that it could easily be the worst day of their life. Furthermore, hospitals are extremely expensive places to stay. The patients are your customers and nobody wants to pay for bad service or care. Treat them well. A little extra time and attention go a very long way towards patient comfort and satisfaction.
23. There's only one standard of care. If you can't provide it, figure out a way for your patients to get it.
24. Volunteer. The opportunity to do cool things is summed up in one word: "Yes."
25. Trust, but verify — the mantra of medicine.
26. Appear competent. You will be put in some very awkward situations, and nothing makes people more uncomfortable or distrusting than someone who doesn't appear to know what they are doing. Qualifier: If you've never done something before, turn to someone who has and say, "Yes, I'd like to do this, but I've never done it before. Would you mind showing me the first time?" (A solid provider-patient relationship is critical and requisite here.) You don't want to hurt anyone or get sued. The next time, act like a boss.
27. Take this opportunity to truly learn how to think and make definite decisions. You will be expected to be able to explain your reasoning and defend your decisions. If you can't, you shouldn't be making them. You will be doing this the rest of your life, so there's no better time than the present to get started while the liability is pretty much zero. Note — most of the decisions you make will not be ideal, and someone will let you know that. Don't sweat it; that's how we learn. If it doesn't cost someone their life, limb, or eyesight and isn't illegal, unethical, or immoral, carry on. You'll do better next time.

Don't let people scare you into thinking that 3rd year is some inordinately difficult task where your body turns to mush and you lose your soul. It might be some places, but not at this institution. Here, 3rd year is awesome. It's the embarkation on the great journey that is medicine, and you will get to do/see/experience some extraordinary things that will truly change peoples' lives. That being said, if you end up hating it, it's only a year — and 4th year... well, 4th year blows the doors off 3rd year. If nothing else, eat when you can, drink when you can, read when you can, sleep when you can, and pee when you can. Those 5 things will get you through in relatively good shape.

SHAKE AND BAKE,
CHASE DUKES



AFTERWORD

WE ARE SO PLEASED WITH ALL OF THE WONDERFUL LETTERS WE RECEIVED THIS YEAR. These letters were humorous, inspiring, practical, creative and poignant, and were constructed in many forms, including poetry, prose, lists and even a recipe. I am grateful for all of these letters that serve as a precious gift for our new third year students. In addition, I would like to thank the fourth year student college advisors who graciously agreed to write special letters for their colleges. As a college mentor, I felt that having these fourth year students write letters for their mentees would be particularly meaningful. I am so excited to incorporate this project into the advisory college system. This year, a third year student volunteered to serve as an editor for this booklet of letters. Her perspective was an invaluable asset as were her superb skills in editing. I would like to thank all the students who helped to create this collection, and were willing to share their thoughts and experiences to guide their younger peers through this amazing and challenging phase in becoming a physician. Thank you so much and best of luck in your careers!

ANJALI DHURANDHAR, MD

ACKNOWLEDGMENTS:

We would sincerely like to thank Dean Richard Krugman for his thoughtful and inspiring foreword, and for his strong and progressive leadership for our school. We are deeply grateful to Dr. Henry Claman for his incredibly generous gift in supporting this project, and also for his extensive promotion of the medical humanities on our campus and in the curriculum. We would also like to thank Dr. Wendy Madigosky for supporting this project as part of Hidden Curriculum. Special thanks to the Office of Student Affairs, specifically Dean Maureen Garrity and Terri Blevins for helping in promotion of this project in the advisory colleges, and a very special thank you to Courtenay Holscher for her enthusiasm and leadership role in this project for the fourth year student advisors, and for her collection of photos of the advisory college mountains. A heartfelt thanks to Justine Migdall for serving as student editor and offering the invaluable perspective of a current third year student, and also for her exceptional skills in editing and punctuation. Thank you to Mary DeSimone for offering her expertise in translating the ideas for this project into a beautiful publication. Special thanks to Bill Daley at Light-Speed Color for his excellent production each year. Most of all we would like to thank all of the students for the precious gift of their letters.

SUBMISSION GUIDELINES:

We welcome submissions to the future edition of *Letters to a Third Year Student*. There is no word limit, but we prefer submissions to be fewer than 1000 words and should not include identifiable patient information. We accept both poetry and prose and encourage you to be creative. Please identify your advisory college when you submit your letter. If you choose to submit your letter anonymously, stricter criteria for publication will be applied. Please submit your letter to Dr. Therese (Tess) Jones therese.jones@ucdenver.edu and to Dr. Anjali Dhurandhar anjali.dhurandhar@ucdenver.edu for consideration for publication. If accepted, your letter can be included on your curriculum vitae as a publication. We look forward to your letters!