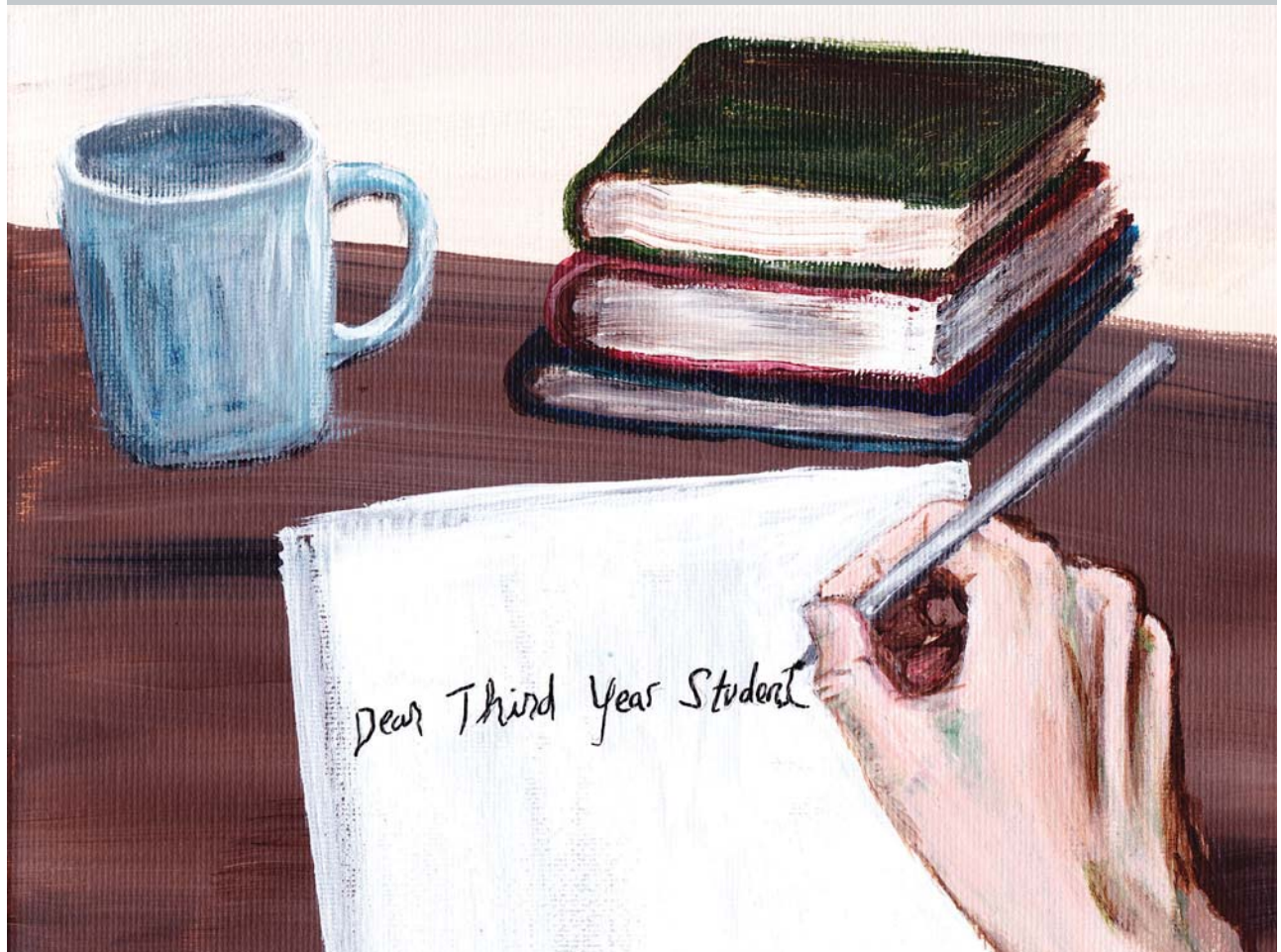


LETTERS TO A THIRD-YEAR STUDENT

FROM THE CLASS OF 2011
SCHOOL OF MEDICINE

ARTS AND HUMANITIES IN HEALTHCARE PROGRAM
CENTER FOR BIOETHICS AND HUMANITIES
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS



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FOUNDATIONS OF DOCTORING
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

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FOREWORD

PREPARE TO BE SURPRISED

A FEW WEEKS AGO, I was asked to write a foreword to this first edition of *Letters to a Third-Year Student*. My assignment was straightforward: encourage you to read this book; highlight the most important themes; offer wisdom and some practical tips for success; and wish you well as you embark on your first clinical rotations.

The letters in this book, written by medical students in the class of 2011, speak for themselves. There is practical advice (On rounds, jump on the easy question early; remember that surgeons don't wear stethoscopes around their neck; take off your white coat before starting chest compressions; never have political discussions in the OR). There are cautionary notes (Practice your case presentations; read about your patients every day; if you didn't check a lab test or perform part of the physical examination, never cover up and say you did; take care of yourself, because you need food and water, too). Perhaps most importantly, these letters offer a hint of the adventures that lie ahead. Medicine is filled with wonder and great surprises. Cassie Liggins' letter included this advice: Prepare. Prepare by throwing your expectations out the window. Prepare to be surprised.

Kathryn Montgomery Hunter, a professor of medical humanities, once wrote about "the appalling moment at the beginning of clinical training when students are compelled to realize that, despite their years of successful study in the basic sciences, they know almost nothing that would be of any help to a patient."

Professor Hunter is incorrect. No, you do not know the same amount as your resident, and you cannot answer every question correctly on rounds (See Tyra Thorstad's letter: Get used to the fact that you won't be the smartest person in the room for a VERY long time). The fact is, third year isn't all about book learning or PowerPoint, and you can't ace the practice of medicine. But you can always help your patients if you bring your whole self to work – not just your inquisitive mind, but also your gentle hands, your comforting smile and your heart filled with hope. That's when your patients will insist on calling you "doctor." Or as one medical student's patient called him, "baby doc." It's why you are here. Bring your whole self to work.

One of the salient messages in these letters is that you must allow yourself the privilege of talking with your patients – of getting lost in their stories, even if, as Jamie Weber wrote in her letter to you, your patients will test your brain and push your emotions to the brink. Very soon, you will care for patients who are dying, perhaps because of liver disease or emphysema or cancer. After rounds, when all the inspection, palpation, percussion and auscultation are done, you may have the chance to go back to the patient's bedside, just to listen. And you will hear the other part of the patient's story that no one else on your team will ever know. You may hear about your patient's life – as a teacher, perhaps, or a jazz trumpet player or a navy pilot in the war. Your patient may tell you about his wife, the children they raised and the dreams they shared. You may marvel at your patient's resilience and grace. Your patient may smile, call you "doc" and say that you lifted his spirits. And he will lift yours. Cassie Liggins, class of 2011, wrote this advice to you: Walk into each rotation with an open mind and an open heart – you will need both.

I wish you all the best on your clinical rotations. Each of you will have a different adventure. But there is one adventure that you will share – with your classmates and with 100 years of medical students who have come before you. Every day and often late into the night, you will learn about medicine. You will make great diagnoses. You will give outstanding medical care as members of your clinical team. And, with your laser-like focus on listening, caring and comforting, you will inspire hope and touch lives. It's what you came here to do – to save the world – one eight year-old, or one eighty-eight year old, at a time.

*Steven R. Lowenstein, MD, MPH
Professor of Emergency Medicine and Medicine
Associate Dean for Faculty Affairs
University of Colorado School of Medicine*

¹ Hunter, Katherine Montgomery. *Doctors' stories: The narrative structure of medical knowledge*. Princeton, NJ: Princeton University Press, 1991.

INTRODUCTION

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

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

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

Members of the Class of 2011 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 2011

DEAR PHASE III STUDENT,

IN MEDICINE, AS IN LIFE, it is extremely important to feel comfortable in your own skin. The only difference being that, in medicine, your skin is bright white, full of pockets and has a black university logo over your right breast that slowly fades to pink. I still vividly remember the white coat ceremony and the excitement I felt when I tried on my new skin for the first time. It seemed smaller than I anticipated— in fact, mine hardly covered my belt buckle and my sleeves stopped about mid-forearm. I struggled that first day, in front of the whole crowd, contorting my arms behind my back to try to find the tiny little sleeve holes. My arms eventually found their way but not before I felt a little panic, a sense that this coat was too small, too tight or too restrictive.

I quickly forgot this feeling as I blended back into the herd of med students stacked stadium-style first and second year. I somehow managed to avoid wearing my little white coat most of those first two years. Then, on the first day of my first clerkship, I again had to struggle with the white coat. I continued to feel a baseline discomfort when wearing the coat and to make matters worse, it was now loaded full of books, tools and notes that often clattered to the ground in front of amused residents. That first week, I even had a resident tell me that he could tell I was a 3rd year because it looked like a yard sale every time I pulled my coat out of my backpack.

I have to admit it wasn't simply the coat that made me feel uncomfortable third year. You, too, will soon enjoy the confusion that is inherent when starting at a new hospital, with a new computer system, new residents, new attending and a completely different subject matter every four weeks. Certainly both the coat and the environment contributed to my feeling of awkwardness, but for me it was overcoming the coat that made everything else fall into place. It all came together for me one day when an old woman caught me in the hallway outside of her room and addressed me as "Baby Doc."

An occasional, confused patient and even a few nurses had called me "doctor" in the past, but it never felt right. I always felt like I was an imposter. I knew it was my "tighty whitey" that confused them, and I think that is why it made me uncomfortable. It wasn't being confused for a doctor that troubled me. Our coats are clearly only $\frac{3}{4}$ of a real doctor coat, visibly warning all observant patients that we are only $\frac{3}{4}$ of a real doctor. For me, the problem was that I saw the coat not only as the symbol of a physician but of all the clinical knowledge a physician is supposed to command. When I wore the coat, I felt as though I were pretending to possess knowledge far beyond what I had really acquired. When the sweet little lady called me "Baby Doc," she somehow released me of the guilt that I felt for impersonating someone with answers. I felt very proud to be addressed as baby doc. It was a title more fitting of my training. A title that I could honestly tell myself I had earned and not just received through social promotion by virtue of being in medical school. She reminded me that we all start as baby docs, and it is okay not to know the right answer, even if your white coat suggests to others that you should.

Her comment made the coat feel less restrictive though my tiny sleeves still made me look as ridiculous as ever. I realized then that, by avoiding the dreaded baby doc coat, I had not only failed to learn how to properly put it on, but I had also missed the opportunity to become comfortable in it. It is a powerful symbol, the significance of which I am still learning to accept.

This year you will certainly feel confused, you will have difficulties accessing computers systems, your badges may lock you in a stairwell, you will consistently have attendings give you contradictory instructions, you will undoubtedly feel under appreciated and overworked, and many of you will initially feel uncomfortable in your white coats. When you feel frustrated, just remember that all residents and all attendings started as baby docs in short coats just like yours. They all struggled through an awkward adolescent phase in their medical training. Just like true adolescence, this third year will eventually pass. My advice for getting through it is to work on feeling comfortable in your own skin. Wear your coat often, wear it proud and buy a bigger size, not just because your university logo has turned pink but because you will grow into it as you mature into a physician.

Mycroft Smith

DEAR FELLOW STUDENT DOCTORS,

WELCOMETOYOURTHIRDYEARCLERKSHIPS. I bet you are excited, but you are nervous too, aren't you? All who have come before you know exactly how you are feeling, yet your experiences in the coming year will be uniquely your own. Therefore for me to offer advice such as how to survive a clerkship, lessons you should learn, or how you should act would portend your experience being similar to mine. The only thing I can say with confidence is that it will most definitely not be.

So before starting that first day of your clerkship: Stop. Take a deep breath. Remind yourself why YOU came here. Why are you at this place, at this particular time in your life? What are you hoping to get out of the next twelve months? Who do you believe you are today? Do you think you'll be the same person in a year? What type of physician will you be?

Answering these questions will help you shape your 3rd year of medical school. If you are unsure of any of those answers, that's okay; you are not alone. The truth of the matter is you will survive this. If you can answer that last question before you answer what kind of a physician you will be, then you were successful in your 3rd year.

My only advice, if I may offer some, is remember every day that to be here, to share in our patients' experiences, to be part of their healing process, to engage them when they are weak and vulnerable, to learn from them—this is a true privilege. Be honored every day. When life is tough and time is short, remember they are human beings. Be grateful. Tell them thank you.

Chris Breed

DEAR PHASE III STUDENT,

IF YOU'RE ANYTHING LIKE ME, you are terrified of what lies ahead of you in the next year. In fact, the last day of ICC week I grabbed my pager and sprinted over to my preceptor's office to get a prescription for a beta blocker to keep my giant nervous tremor at bay while I was presenting. I was convinced I'd learned nothing the previous two years and that I was finally going to reveal just how incompetent I really was.

In a way, I was right.

When I started my first rotation, I did feel that I knew nothing. I absolutely felt incompetent. And guess what. It was okay! I was right where I was supposed to be. And it didn't stop with my first rotation. With the start of every rotation, I felt like I, once again, knew nothing and had to start all over again. But with every rotation, I learned things, many of which had nothing to do with the science of medicine, but just as, if not more, important. Hopefully, I can pass some of this on to you without inducing any panic.

1. **You have to be selfish.** These rotations can only help you as much as you let them. So let them work for you. My real life example: my medicine rotation. By that time (rotation #5), I knew I was going to go into OB/Gyn and was truly dreading my time on the wards. In the end, I enjoyed this rotation, and I learned so much. But I was also practical about it. I chose sites where I hoped to do my sub-internships so when I started 4th year rotations, I could skip the "orienting myself to location" step and get down to business. When I needed to do a project, I turned the busy work into a mechanism to learn about what I really wanted to know: how do I apply this medicine stuff to an OB/Gyn patient? I feel ready for my sub-Is and I feel like I got more out of that rotation than I could have if I had decided to passively muddle through. I might not have loved the work, but the benefits were greater than I ever thought they could be.
2. **Do something for yourself, something for those you love, and something for school every day.** No matter how hard the rotation, no matter how long the hours, you do have time to send that email, make that cup of tea, go for a run or a walk. At the end of 3rd year, yes, your grades and comments will be important, but if you get to the end of 3rd year with a life you don't recognize, being a person you don't recognize with a fistful of honors – have you really gained anything? Life doesn't actually stop because you're on call. Keep it in perspective.
3. **Know when you're in over your head and get help.** Whether this happens because your patient is getting sick in front of you or because you are truly losing your mind. Know who it is you can go to when things get bad and make sure that when you need them – and you will – that you know how to reach them.
4. **Be there for your classmates and don't be a competitive jerk!** Even if it's just a kind word, a smile or checking a lab that you know they won't have time to do, be there for each other. When you are alone on the wards, you'll miss your classmates, so don't waste the positive relationships you get a chance to build. These people will be your colleagues long after the flames of competition have died. Some day when you are lost on what to do next for your patient, you'll want someone to call that you can trust. Give them a reason to trust you.

Lastly – and most importantly:

5. **It's okay to hate it.** I remember someone telling me before third year started that if you don't like 3rd year, you should consider changing professions. That's crap. Third year is intense and unique in the fact that you start a new job every 4-8 weeks. When you start a new job do you instantly love it? No way! Just when you start to feel competent you get to begin again – and that is not a great feeling. Just because you don't love the feeling of being a 3rd year student in no way means you don't love clinical medicine. Take what you can from each rotation and leave the rest behind. Don't question your capability as a future doctor because you're not functioning as a resident when you start out as a 3rd year student. It gets better and better. Don't lose sight of that.

Take what you can and ditch the rest. A theme of 3rd and a theme of any (particularly unsolicited) advice. It may be useful, it may seem ridiculous – I'll let you decide. All I can tell you, with absolute certainty, is that you will learn so much this year! And you'll come out the other end (I promise you will!) knowing one thing more than ever before – there is still so much to learn. But it's just as true in life as it is in school, and it is all part of the ride. Enjoy it, keep it in perspective and learn to prioritize what really matters.

Oh yeah – and keep brushing your teeth and showering. Seriously.

All the best– Lisa Gill

DEAR PHASE III STUDENTS,

TO SAY THAT THIRD YEAR IS A CHALLENGE would be an understatement. I would say it is more trial by fire, fly by the seat of your pants, forget what day of the week it is kind of fun. I have assembled a few Dos and Don'ts from my experiences that may help you navigate third year successfully (or at least more successfully than me):

- **Do send out gruesome photos to your family and friends.** Great conversation starters or stoppers. (see photo of me holding my inaugural 3rd year amputated foot during my surgery rotation)
- **Do keep an open mind.** You may be surprised at what you like and what you don't like. I will be happy if I never have to do a well-woman exam again in my entire life, but not many people can say they were given the opportunity to deliver about a dozen babies!!!
- **Do practice your presentations.** If you can impress your attending with a clear, succinct, well-organized presentation on your first day of a rotation, you will not have to work as hard to impress them later.
- **Do spend a lot of time with your patients** – gathering history and working on physical exam skills. It can be very rewarding – in fact, I won a bag of M&Ms during my nursery rotation for diagnosing a congenital hip dysplasia. Yum.
- **Do take the stairs whenever you can...** you never know when you will make it to the gym again and the sandwiches at the VA are not exactly low-cal.
- **Do extra reading about your patients and, if given the opportunity, discuss this information on rounds.** Residents do not often have the time to do this and appreciate that you were willing to take the extra time to advocate for your patients and enlighten the team.
- **Do take the time to jot down some memorable moments** – they will come in handy when you are writing your personal statements, or if you need a moment to reflect on how much you have accomplished.
- **Don't take it personally** when your attending tells you on the first day of your internal medicine rotation, "The only person who actually cares if you show up is your mother."
- **Don't wear your white coat when drinking coffee or eating anything with mustard on it.** Mine is downright embarrassing to wear – I really like coffee... and mustard. I would also suggest removing your white coat before attempting to compress a femoral arterial line. Those babies can bleed.
- **Don't make your fellow students or residents look bad** – no matter how good you think it will make you look (this strategy has a tendency to backfire).
- **Don't arrive late,** but Do leave early if someone gives you the green light to do so.

*Best of luck to everyone!!
Danielle Shimek, MSIV*

DEAR PHASE III STUDENT,

PREPARE TO BE SURPRISED! Prepare to be shocked and amazed during this third year in your medical education. What you will be doing is like nothing you've done before. You will walk out of your first two years of medical school full of knowledge and information. You are eager to take all that you know and see what it means in the hospital. You are nervous and anxious, you are concerned about how you will perform, you wonder if you will have all of the answers when pimpled, you wonder how you will do. You will find that none of that matters. You will find that your patients care less about what you know and more about how you treat them. You will find in the end that is all the attending and residents care about as well. We are taught so much information, we are given the equations and taught how to apply them; we are walking vessels of knowledge. We are also human. We are daughters and sons, mothers and fathers, sisters and brothers, and friends. It is these traits that will carry us through third year. It is these skills that we could not be taught. It is this that will make us true physicians.

So if I have any advice to offer, it is this: throw your expectations out the window. Walk into third year with an open mind and an open heart, and prepare to be surprised. I learned in third year that I really didn't have my future figured out. I learned that patients expected more from me than I thought I would be expected to give, and I learned that these same patients would give me more than any book or lecture I could experience. I learned that every specialty plays a crucial role to provide well-rounded patient care. You may hear physicians "bash" other specialties but know that without this variety that medicine has to offer, we each may not find our places. Also know that our patients see us for help. They are in a vulnerable position, and they each deserve our respect. I think many times we can get caught up in the role and expectations of a third year medical student and forget that these are not SPETA patients or a test for us to pass. These are real people who need our attention and compassion.

Lastly, I would tell new phase III students to stop and think about where they are. Medical school comes and goes incredibly fast. The first and third years tend to be overwhelming and outside of our comfort zone, so we tend to get caught up in the action of what we are doing. I would tell new third years to remember that we are in such a unique and privileged position. We can really make a difference in the lives of everyone we encounter. What a privilege and what a responsibility. Please remember this before walking into the room, before leaving just a few minutes early rather than checking back in with your patient, before aiming to impress your attending rather than impress your patient. Please remember we are training to be physicians and although we will always be students, we have a larger role to play now.

Good luck! You will all be fantastic!

Cassie Liggins

A LETTER TO AN INCOMING THIRD YEAR MEDICAL STUDENT,

THIRD YEAR OF MEDICAL SCHOOL feels like swimming in a turbulent current in vast open water. My arms are moving, my legs are kicking, and I am just focused on keeping my head afloat. Occasionally, there is a lull within the waves once you are on your 4th week of your rotation and you know your team, the material and the expectations, but this is quickly followed by a blow to the face and you are plunged back under the water at the start of a new rotation. What can make it even harder is that, despite all your struggles to keep your head above water, you are in expansive open water, and there is not a shore in sight. It is a methodical repetition of stroke, stroke, stroke, breath. But the danger is, if I keep my head down and barrel through the current, I won't take a moment to look up and see the life ring that has been thrown out by a rescue boat passing by. That life ring can come in many forms. It can be the encouragement to maintain a curious mind that comes from my attending, or the kind smile from my resident who believes I will succeed, but the best is when it comes from my patients.

Even by this point in my training, I have images of countless faces lying in hospital beds. I feel like I have seen the spectrum of patient attitudes toward disease. Some patients are quiet, reflective and tearful. Others are angry, bitter and frustrated with the system. Some lay alone in beds, without a visitor in their rooms they could name. Others are inundated with people, gifts, flowers and pictures on the wall. But within all these faces, there are some that just stand out. Occasionally, I will walk into a room, and my eyes will meet the eyes of someone with whom I just connect. In that moment, I pull my head above the current, or I reach for the life ring and I find time to sit at their bedside and hear their story. In some crazy way, this gives me rest. It is an interesting concept to think that, with all the resources an academic training system has to offer, some of the best encouragement comes from the patients that we are trained to heal.

All the responsibilities, the commitments, the long hours of studying, learning new hospital systems, orders and team dynamics can be lifted off my shoulders when I can recline in my seat and hear the wisdom and perspective that comes from a person who has suffered. I continue to ask myself, how can this be? How can a person in such a time of need, of hardship, fill this role for me? Even more, what kind of person is able to shine this kind of light in the midst of personal darkness? I am not sure I have an answer to this. Many of these patients are experiencing my greatest fears: a terminal diagnosis, excruciating pain, loss of their physical capacity. But despite this, they are still not plagued with despair. Rather, they shine.

What I do know is that the patients, who provide me with that perspective, throw me a life ring. They remind me that life is precious, and the human spirit is resilient. And if I could offer any one piece of advice to an incoming third year student, it would be: Don't forget to lift your head up from the current and take a look around you. Although you are in vast open water, there are opportunities for rest and perspective, and you just might find them in the most unexpected places.

*Sincerely,
Jennifer Bishop, MS4*

DEAR 3RD YEARS,

THERE IS NO DOUBT IN MY MIND that medical school possesses a unique set of challenges and that holds especially true for the third year. It is truly the first great Waterloo of medical education, and it is during this time, our first clinical “playground,” that we learn the rules of conduct and set the course that will determine what kind of doctors we will be. Some of the most popular advice regarding third year will be about how to write an exquisite SOAP note, or how early to get to the hospital in order to pre-pre-pre-round. These are all very good and timely. My advice, however, boils down to one thing: come out of third year a better person than when you started.

Unfortunately, many of your predecessors have fallen victim to cynicism after spending time on the wards. Cynicism is very insidious in onset and rooted deeply in the medical tradition. Really, there’s no mystery as to why this is. We are taught to ask questions, look for proof and come to logical conclusions. We deal with patients who do not take care of themselves or who even seek medical attention for obvious personal gain. You will see it, too. The lure of sarcasm and cynicism is great, especially in these settings. The temptation is further magnified when our interns, residents and attendings participate in such behavior. What I would say to you is that you must resist the urge to descend to those levels. Your patients are real people with real lives and real illnesses. They have families and friends who care about them. They are looking to you for answers to their medical problems. Remember that while you will often possess the advantage over your patients of having medical knowledge, the abuse of that position of authority through sarcasm and cynicism will eventually beget a bad physician. Do yourself a favor and cut the cynicism out. Remember that your patients are real people.

We are often taught to separate ourselves from our patients in order to guard against emotional burden in the case of tragedy. I personally feel that this, in and of itself, is a tragedy. It will not be long before you have a patient who dies or has a poor outcome. My recommendation to you is that, if possible, you open yourself up to these experiences and really try to connect with your patients. I had a patient with end-stage pancreatic cancer

who was unable to speak. Yet, while I cared for him in the ICU, we shared a bond that was much deeper than words alone could produce. In his last hours of life, he grasped my hand and looked at me as if to reassure me that everything would be okay. What he taught me in that moment was so much more valuable than creatinine clearance or proper vent settings— he taught me something about life and something about death, and I would have missed out on that if I had remained disconnected emotionally. You will not always have the opportunity to spend a lot of time with your patients and connect with them on a deeper level. Take the opportunity now, and you may learn something you never expected.

Lastly, one of the most important things to remember during third year is to maintain proper perspective. Sure, grades are important and so is impressing your residents and attendings, but they are not so important that you should forget to take care of yourself. Aside from school, think about what is important in your life. Do you have family or children? Do you love to hike or play the guitar? Don’t neglect yourself by omitting the spice of life during third year. There are probably many of you, who are so saintly that you chronically put the needs of others ahead of your own. This, of course, is unsustainable in the long run. It is important to nurture yourself when you can and in doing so, you will be a better nurturer on the wards.

There are many other things that could be said. Third year is a time of tremendous growth and sacrifice. Remember those around you who sacrifice for you to be here. Remember that you are becoming a physician, not just someone who prescribes medicines and provides treatment. This is the time to decide what kind of physician you will be and set a pattern of living for the rest of your life.

Daniel Jensen

DEAR PHASE III STUDENT,

IT WASN'T ALL THAT LONG AGO that I sat in your seat. It won't be long before you are sitting in mine. Although it may not always seem like it, this year goes fast.

The first time your alarm goes off at 0315, so you can make the pre-pre-rounds for surgery sucks. The next day your alarm goes off at 0300– which isn't much better. By the end of your rotation, you will convince yourself that setting your alarm for 0400 is sleeping in, and if you sleep past 0500, you'll be asking yourself where the day went. One day your alarm clock will go off, and you will have an epiphany about paying expensive tuition for this opportunity!

There will be times that you wonder just how bad can it get? Every time those thoughts cross your mind, think of your family and what they are going through to ensure your success. They are losing sleep, passing up their own opportunities, and giving up time with their loved one. Take pride in your success, but don't lose sight of the people who sacrificed to give you this chance.

No one expects you to be dressed to kill at 0600 six days a week, but brushing your teeth doesn't hurt. The guy with the fanciest tie does not win a prize. When your white coat looks like you just changed your car's oil, maybe it's time to wash it. The rotations you get to wear scrubs have an amazing effect on your laundry bill and your morale since you get to sleep for an extra five minutes instead of struggling to find a presentable outfit.

Not every rotation will have a profound effect on you. For some, none of them will. There are over one hundred specialty options available for a career, and third year clerkships expose you to fifteen of those options if you are lucky. Go into every clerkship thinking that this could be my future career, and if nothing clicks, there are always fourth year electives and sub-internships.

When in doubt, just remember that everyone teaching you was once in your shoes. They got beaten up just as much as you are now. Someday it will be your responsibility to teach those junior to you, and they will be the physicians taking care of you and your family. Don't forget where you came from.

Enjoy it when you can. Survive it when you have to.

Chris Galton

DEAR THIRD YEAR STUDENT,

CONGRATULATIONS, AND WELCOME TO PHASE III of the CU SOM curriculum. You now have Step 1 behind you and are ready to move forward with the clinical portion of your training. This is truly the most exciting, challenging and rewarding period of your medical training.

Survival Tips:

1. **Bring your own food.** Many rotations do not have built-in lunch breaks and even those that do may run late and prevent your freedom to roam to the nearest cafeteria or Jimmy Johns for a nice lunch break.
2. **On a similar note,** bring food with you on any extended trip away from your work room – such as rounds, lectures, etc. You never know when you'll make it back to your neatly packaged lunch bag. I recommend stuffing the pockets of your white coat with small bar food, snack bags, or small fruits and veggies to prevent an embarrassing episode of hypoglycemia. Nothing says "newbie" like passing out from a low blood sugar.
3. **Be prepared to talk.** Be as formal with your preparations as you like – note cards, powerpoint, chicken scratch on the back of your hand, whatever – your attending will expect you to read outside of the hospital on pertinent topics. If you have a septic patient, you should be able to talk for about five minutes on the early goal-directed therapy for sepsis. Know the common causes of common conditions and be able to talk about them on or after rounds. Offer a talk first thing in the morning– that way, they know you're prepared, and the pressure is off.
4. **Read!** This goes along with number 3. Don't just go to UpToDate all the time, either. The required/recommended textbooks may be helpful. You should do your best to be an expert in whatever area you are rotating in.
5. **Do practice questions.** This is especially important for rotations that end with a shelf exam – pediatrics, OB/GYN, and psych. You'll be amazed how rusty and slow you are after a two month rotation without so much as a quiz. Keep your critical reading and reasoning skills sharp with a Step 2 question bank. You can always reset your question bank after Phase III when you start gearing up for Step 2. You won't remember many of the questions, I promise. And if you do, good for you, go get another question bank.
6. **Show your interest.** Some may confuse this with "kissing a\$\$" or "sucking up," but your enthusiasm will be matched by your residents and attending. If you don't give two craps about Pediatrics, so what, tell your team what DOES excite you so that they can help you get some useful information out of your rotation. If you can't think of anything that excites you, just pretend, so that your team will be excited, too. Maybe you'll learn something. You should leave a rotation knowing that your team is thinking, "Man, I really hope that student decides to apply to our program, they would be great at Gyn Onc," even if you have no plan to pursue a career in Gyn Onc. You should prove that you could be great at it anyway because you could be if you wanted to.
7. **Always make a formal assessment.** An assessment should follow the format: "Mr Jones is a 55 year old with a history of XXX and XXX who presents with X days of XXX symptoms or problems. He is NOW...," and explain how they are doing with their problems now, i.e., is he crashing and burning or is he improving?
8. **Always have a thorough differential,** even if your attending won't listen to it. Just give it and let them cut you off. If you're doing well, they will listen to it, and your team will respect you more for having a thorough differential prepared. Be thorough. Go through systems and EXPLAIN your differential. Say things like, "For his chest pain, my differential includes PE, pneumonia, MI, reflux, and costal pain. At this time, PE is most likely because of the acute onset of the pain, the pain increases with deep inspiration, and because he has a history of DVTs. Pneumonia is less likely because of the acute onset and the lack of fever or cough, as well as the normal physical exam. MI is unlikely because of a normal EKG." Go on and on here and be thorough. Explain your clinical reasoning to the team and, again, be thorough!
9. **Make a GOOD plan.** This can't be stressed enough. Take the two seconds to look on UpToDate at the management of acute chest pain and know the diagnostic tests to rule out pertinent items on the differential. Be prepared– because most of your questions will revolve around your decision making and why you want the tests and treatments that you chose to include in your plan. This means that you need to read before rounds so that you have answers to these questions. The answer "because my resident told me to" never looks good.
10. **Lastly, and I do mean lastly,** please do take care of yourself. This goes along with points 1 and 2, but goes further to say that not only do you deserve food and water, but you also deserve a comfortable bed, good relationships and a general sense of satisfaction and well-being. If you lose any of these, your education will surely suffer and you won't be doing yourself or anyone else any good.

Benjamin Elkon

DEAR THIRD YEAR STUDENTS,

AT FIRST GLANCE, medical education appears quite random. The subjects include every body system from head to toe, studied at various levels from the micromolecular to the metaphysical. For example, one day you might try to understand the impact of excessive radiation on stem cells in a developing fetus, the next you might have to figure out how to respond when a dying patient asks, "Do you believe in God?" Here are my thoughts on maintaining perspective and peace of mind during Phase III while trying to assimilate the information you've learned into the process of providing care.

1. **Embrace your role:** Ultimately during third year, some patient will call you "doc" (most likely at the VA). You will explain that you are a 3rd year student, not yet graduated. They will call you "doc" anyway and treat you as such. Your role is "doctor in training" and in my opinion, that includes giving advice to patients and providing your opinion. At first, I found it very difficult to provide an opinion, even on subtle matters, e.g. "Instead of taking a statin, can't I just take fish oil instead?" It seemed that I always needed more information, a return to the literature, or that I should seek expert approval first. Toward the end of each rotation and especially toward the end of the year, I felt more and more comfortable providing an opinion when it was appropriate. Patients will come to see you, the 3rd year medical student, as their doctor and you should embrace that role to the maximum (safe) extent!
2. **Become "interprofessional":** By this I mean that no person working in the office or hospital should be inaccessible to you. This includes the pharmacists, nurses, social workers and other providers, of course, but I would also include the secretaries, translators, janitors, orderlies, food service workers and so on. Some of these folks hardly ever interact with physicians directly. Some also carry around valuable insights into the workings of the hospital and/or your patient population. Personally, I wish I had made more of an effort to communicate with folks who were "other than" physician.
3. **Disregard grades entirely:** Study daily by reading about your patients because there is never time to cram for a Friday shelf exam when you work 8 to 12 hours Mon-Thur. Work daily to improve the quality of care given by your team, volunteer and be proactive often. Don't be surprised if you work your ass off, read every day, ace the test and still get a "Pass." It doesn't really mean anything for your ego or your career- honestly! Medical schools are stuck with the fact that they must try to take something subjective (your performance) and make it objective (numbers on a piece of paper). Also, there is no "Pass" that can't be superseded by a great letter of recommendation during your 4th year Sub-I's. Just work hard and hope for the best. Then move on to the next block without regret or bitterness.
4. **Avoid cynicism:** Self-explanatory.
5. **Go above and beyond:** Is it beneath you to get a cup of water for a patient? Or an extra blanket? Or to call a patient's spouse to explain a procedure? Or to call a patient you were worried about at home a week after they are discharged, just to check up on them? Or to call that patient's PCP personally, to see if they received discharge paperwork? Some blocks have this last part built into the curriculum, but I think it's highly beneficial for the med student to go above and beyond in every block as time allows.
6. **It's not all about you:** You think it is because, hey, when you go home everyone asks about med school and specialties and how do you like it, etc... And in the syllabus, it says you need to write a paper, take a test, see a SPETA, log in T-Res, write up H&P's, etc...but it's not really all about you. It's about taking care of patients.
7. **Finally, embrace the idea of "servant leadership":** http://en.wikipedia.org/wiki/Servant_leadership

That's about it...oh, and don't plan any major life events during 3rd year. Having to do wedding planning while in the surgery block = bad idea!!!

Josh Potocko

DEAR PHASE III MEDICAL STUDENT,

BE BRAVE. BE KIND. BE PRESENT. Be prepared. Be excited.
Be caring. Be humble. Be patient. Be honest. Be probing. Be sincere. Be willing.
Be helpful. Be loving. Be grateful. Be amazed. Be thick-skinned. Be pro-active.
Be confident. Be assertive. Be wholehearted. Be sensitive. Be motivated.
Be inquisitive. Be sympathetic. Be open-minded. Be optimistic.
Be compassionate. Be enthusiastic. Be a team player. Be strong of heart.

Don't be arrogant. Don't be pretentious. Don't be dispirited. Don't take anything personally—99% of the time it is not about you. Don't be easily offended. Don't do just the bare minimum—even if you're rotating on family medicine and want to be a neurosurgeon. Don't think you're alone in your feelings of inadequacy—everyone feels that way though some will not let on.

Don't feel you have to know everything—no one really expects you to know anything. Don't be discouraged—if you are, talk to someone who has been there. Don't let time pass without gleaning everything you can from each rotation—especially if it is not your future career as this means it may be the last time you will be exposed to that field.

Accept yourself. Accept your fatigue. Accept your duties.
Accept your circumstances. Accept your limitations. Accept where you are.
Accept the inherent discomfort that is third year. Accept the subjectivity.
Accept the humanity of yourself, your patients, your residents, your attendings.
Accept the lack of control. Take ownership of your patients. Take time to listen and hear what they say for they are the ones from whom you will learn the most.
Take your job seriously. Take advantage of every opportunity.
Take care of yourself, your relationships. Take time to breathe and enjoy the moment, lest it pass you by.

Leah Swanson

DEAR 3RD YEAR MED STUDENTS,

THERE IS SUCH A THING as too much advice. Sometimes, you just have to plow ahead in semi-ignorance, lest you produce more anxiety than is needed. Nevertheless, what follows is a short list of practical tips that I felt helped me play the game.

- Smile, be energetic and willing to do whatever it is someone may ask of you. This will go a long way towards endearing you to the team and will help everyone forget how much you don't know.
- Don't offer excuses for why you did (or didn't do) something. If you get called out on it, just apologize and be willing to be corrected.
- Don't disagree with the residents or interns in front of everyone on rounds, even if you are right. If it's something that would affect patient care, then talk to the resident afterwards. If it doesn't really matter, then just let it go.
- When told that the work for the day is done and you can go home, ask one more time if there is anything else you can help with, either on your own patients or someone else's. If they say no, then go home.
- Always make time for lunch. Crappy days increase their crappiness exponentially if you are hungry. If your residents are pretending they are superhuman and not stopping for food, then carry snacks in your pockets.
- Don't be afraid to let your own personality shine through. Unless you have a bad personality. But hopefully, you would have figured that out by this point and have attempted the necessary changes.
- Know that, oftentimes, things will be unfair, subjective and people will be focused on your faults rather than your strengths. Don't take things personally and know that while this attending thinks your presentations are too long, your tie is too flashy and your knowledge of endocrinology woefully lacking, the very next one will ask you why your presentations are so short, why you wear such boring ties and why you spent so much time memorizing hormone feedback loops. Choose to be amused by this instead of frustrated.
- Maintain outside interests. People will tell you to go home and read about your patients every night, but sometimes, after a long day, the last thing you want to do is spend more time thinking about medicine. Refuse to feel bad about taking a break once in awhile.
- Each block is only 2 months, tops. You can do anything for 2 months. And if you hate it, well, then at least you know that you'll likely never have to do it again.
- Remember that, in just a few short years, you will be the intern or the resident with some snot-nosed medical student tagging along after you. When that time comes, try to be the resident that you wished you had had.
- It really is fun at the end of the day.

Good luck! You'll do great!
Dave Tarullo

DEAR PHASE III STUDENT,

FIRST OF ALL, I would like to welcome you to a year that you will remember forever. The third year of medical school represents the beginning of your clinical career, and you will finally begin to understand what you got yourself into. When you are out on the wards, you will be meeting patients, writing H&Ps, and pre-rounding, rounding and pre-rounding again. You will laugh, and you might cry. You will have days when you experience the greatest sense of accomplishment, and the next day you are so overwhelmed and exhausted that you fear you have forgotten all that you learned over the past two years. Some of your colleagues will take these obstacles in stride and others will struggle, but at the end of third year, you will all take in a big sigh of relief.

So after just completing this roller coaster ride, I have come up with a few pieces of advice that I wished I would have known when I started approximately one year ago.

One, you do not have to like everything that you do... but you still have to do it. This took a while for me to figure out. I was starting to feel guilty and to feel like I wasn't meant to be a doctor, but maybe I just wasn't meant to be a neurologist.

Two, take advantage of every second you can to spend with family, friends, or walking your dog (yeah—don't forget about your dog). But also don't feel like you have to do it all, just take care of the people and things that mean the most to you.

Three, don't forget that above all else, you are still a student. You may feel as though you are paying to go to work, but you are paying to learn, so learn. Take spare time to read. I know you will be tired at the end of the day, but ten minutes reviewing heart failure will be worth it, and you won't regret it in the end. And most of all, ask questions.

Four, don't be too scared of "pimping." Your team expects that you will not know the answer to every question that they ask you. So think of it as a learning opportunity because you can never know what you don't know.

Five, know your patients. The people you will meet during this year will change your life forever. They will test your brain and push your emotions to the brink. When you look back, this year will be a series of faces, not power point slides illustrating disease and I guarantee you won't forget. When I was on pediatrics, I met a nine year-old girl with hemolytic uremic syndrome, do you remember that slide? Or the sixty-two year old gentleman I met on medicine with pancreatic cancer— he went home with hospice care and likely passed within a few days, comforted by his wife and children.

And finally, number six. This is my last piece of advice and perhaps the most important. During this year, you will become really close to the classmates that you work with, so be a good friend and help each other out. You never know what they are going through— maybe his parent passed away, or she got in a fight with her boyfriend. So don't be the person who throws someone else under the bus, just to make yourself look better. Instead, offer to help them out and be sincere because the reality is that we are all in this together.

So that is it. As you will soon find out, there are many layers to the year you face and countless things to learn. At the end, you have to pass your next licensing exam, but just as important, you have to decide what you will do with the rest of your life, so consider each specialty with care. But also enjoy the opportunity to do something you will never do again.

*Good luck,
Jamie Weber, Class of 2011*

ADVICE FOR THE 3RD YEAR MEDICAL STUDENT,

- FIRST: DO NOT GET IN THE WAY. Second: try to be helpful. Third: learn things. In this order.
- Be impressed. You will be surrounded by the smartest people you have seen yet in your life. Get used to the fact that you won't be the smartest person in the room for a VERY long time.
- Try to answer every question. Even if you are totally wrong. No one is as mean as you think they'll be.
- Be enthusiastic. I think this means smile a lot. And saying yes when anyone asks you if you want to do something. But I could be wrong.
- There is no shame in hiding out for a few extra minutes in the bathroom if you need a minute to yourself. Or if your legs are sore.
- Don't lie about lab values that you don't know. If you start now, you won't be able to stop later.
- When an attending asks you if a lab test is really necessary, the answer is always "it wouldn't change what we do next, so no."
- Try, try, TRY not to listen to specialty or other service bashing. It is everywhere and cannot possibly benefit you in any way.
- Don't congratulate or berate yourself too much.
- Don't forget that you are smart. This may be the hardest thing to do since you'll probably be the least smart person on your team, but you are still smarter than most people on this earth.
- Everyone tells you to be nice to the nurses. And you should. But don't ever expect them to be nice to you.
- Carry a power bar in your white coat at all times.
- Pretend that you are enjoying every rotation even if you are not. It will never hurt you to act happy, smile and feign interest. A lot of 3rd year is this game, and it definitely favors extroverts.
- Remember that you will feel lost at the beginning of every single rotation. You will feel like an idiot who has no idea what to do, and you may even be sure that you will fail this rotation because of this. But everyone feels this way, and you will get the hang of it sooner than you think.
- You can still do well in surgery even if you pass out in the OR.
- Enter every team situation with an open mind. The people you dislike most in your class right now may end up being the ones who impress you the most on the wards.
- Do one thing every day just for you. Even if it's downward dog in the unoccupied nurses lounge at midnight. One thing.
- Ask for feedback all the time. No matter how stupid you feel doing it. Ask.
- Do as many procedures as possible; never turn one down even if you really don't want to. You will be happy that you did.
- Go over your assessment and plan with your intern before presenting. It's pretty embarrassing to say your plan and then have the resident say, "Well, actually, no, we're going to do this."
- Memorize a few generic answers for pimping sessions. For example: Question: "What are the side effects of this medication?" Answer: "GI disturbance." Question: "What else could be causing this patient's symptoms?" Answer: "A side effect from a medication," or "Sarcoidosis." Question: "What would you do first for this [critically ill] patient?" Answer: "ABCs! and IVF."
- Don't forget to drink water. For some reason, residents and attendings can get away with dehydrating themselves for days on end. Med students who try this will undoubtedly end up with a headache. Or acute renal failure.
- Accept the fact that your emotions will fluctuate on a daily basis. Sometimes you will question your choice to go into medicine. Other times you will feel like nothing can bring you down. This is okay.
- Print out all of the nice evaluations that you receive and read them when you have a particularly hard day.
- Don't wear contacts in surgery. Something WILL get in your eye during an 8 hour operation, and you will look like you are crying.
- Don't worry too much. Or do. You probably won't be able to stop worrying, but understand that if you try to prepare for every potential bad outcome, you will run out of time to learn medicine, and you will probably forget the one bad thing that actually does happen to you and look like an idiot despite your preparation.
- Don't take anyone's advice too seriously.
- Lastly, you can't go wrong if you remember:
"One of the essential qualities of the clinician is interest in humanity, for the secret of the care for the patient is in caring for the patient."

*Frances Weld Peabody, "The Care of the Patient."
JAMA 88:877, 1927*

Tyra Thorstad – MSIV

DEAR PHASE III STUDENT,

FIRST OFF, CONGRATULATIONS, you have been deemed worthy to see patients. Third year, though the most stressful, can be the most rewarding year of your medical school. You are no longer a puppy following the doctor around in admiration. The patients you see are your patients. You are a part of the team and have the ability to positively impact your patient's health care experience.

My first patient was a 13 year-old having an appendectomy – I quickly realized that I didn't know what I was supposed to do. I walked in and introduced myself to the family, "I'm Nicole a second, sorry, third year medical student that will be helping care for you while you are here." The family had already consented for her surgery and had all of their questions answered by the resident and as my hand was on the door, my patient began to cry. I walked back in, sat on her bed and asked what was wrong. She was worried about the male resident seeing her naked. I talked with her a little more about how we drape and prep her for surgery, and I promised her I would do my best to keep her covered up. I now had something I could do to help my patient. And that is what it started with. Do what you know, and be willing to learn what you don't.

Your role now is that of a doctor in training- a helper and a learner. It is important to balance the two. As a helper, you are an extra set of virgin hands to be used for your patient, including scut work. But remember, the people you work with are your evaluators, and small things are noticed and rewarded. The attending thought I was silly for trying to cover up my 13 year-old, but I have a feeling this act was why I had the honor of cutting the appendix. As a student, try to read a bit about a topic related to your patient as it will help you remember. Also keep a list of the objectives for each rotation and seek out learning opportunities on that list as that will also help you with the written exam. You are paying to be there – make it your learning arena.

While on whatever rotation, always, in the back of your mind, ask yourself, "Is this a field I would like to go into?" Ask your attending how they chose their specialty (great way to start a conversation and learn a lot!). Keep a list of pros and cons of each specialty. Surgery pro: don't have to worry about what to wear, scrubs daily! Surgery con: the Bovie smell makes me nauseous. It is often easier to determine what you don't want to do. And if you determine you don't want to do pelvic exams for the rest of your life, then keep in mind this will be your ONLY opportunity to be proficient at one. You never know when you will be the ONLY doctor on the plane with a woman in labor.

Last, but not least, don't forget to take care of yourself. Take the time you need for sleep. Don't use the elevators- walk up stairs while you are at the hospital. Buy healthy snacks that you can keep in your car. Wash your hands (especially on Pediatrics – those kids are walking Petri dishes). Send your loved ones an email letting them know you are doing well. Life happens, and when it does, let the appropriate people know. You are supported. You'll know it's worth it when your patients call you "doctor."

Congratulations student doctor,

Nicole Erwin

DEAR PHASE III STUDENT,

SURELY BY NOW you realize that the next year of your life is going to be filled with new challenges, exciting opportunities to grow as both a person and as a future physician, and perhaps somewhat lacking in sleep. Congratulations for making it to this point. As you likely remember from the process of applying to medical school, simply getting here is an accomplishment that you should be proud of. Now you have made it through the “basic science” years and actually get to interact with patients. This is the payoff that you have been waiting for.

Even though the next year is going to be a learning and growing experience for each of you, this year will present you with challenges that you may or may not have anticipated when you applied for medical school all of those years ago. Although I cannot pretend to be some sort of expert in how to negotiate the many hurdles of being an MS3, I have some pieces of advice that I hope will maximize your ability to grow and learn from this experience.

Rule #1: Give your residents and attendings every opportunity to teach you something. Although seeing patients is fun and exciting, your primary responsibility as an MS3 is to learn something, so that you can take better care of each new patient that you meet. Residents and attendings have boatloads of experience in clinical medicine, and this is the most important skill set you can hope to learn from them. When someone walks into your office/ED with a chief complaint of chest pain, you can probably list off ten possibilities for what might be causing it. What you can learn from your residents and attendings is how to think about each patient, considering the most likely and most serious cause for the problem, and how to go about narrowing down the possibilities. They might teach you the magic questions that differentiate ACS from pneumonia if you don't ask, but they certainly will if you do. How did you know that Mr. Jones was going to have an infiltrate on CXR? When I was thinking about Mr. Smith, I was wondering if you could explain to me how you knew that he had mesenteric ischemia as opposed to an ulcer? The more questions you ask, the more teaching points your residents and attendings will have to start with, and the more nuanced your understanding of patient care will become. It's your job to view each patient as an opportunity to learn something from your team.

Rule #2: Show up and be present. Hopefully your caffeine tolerance has almost normalized from your board study period as I have found caffeine to be a wonderful way of feeling more alert than I should. Sometimes high volume, upbeat music on the way to the hospital at 5 am makes a big difference in how you feel when you show up. Regardless of how you do it, make sure that when you walk into the hospital, your head is in the game. The greater the responsibility that you have on your team, the more important it is for you to be present and actively thinking about each patient. The greatest sign of respect you will receive is when your team lets you take care of a patient as if he is your own. The next thing you know, the patient

will be asking after “my doctor” and mean you. Both your teams and your patients will know if you are just standing in the back of the room, counting down the hours until you can go home and go back to sleep. I have found that the best way for me to stay awake is to get my head in the game and participate in the work-up, diagnosis or care of a patient. If you work hard and pay attention, you will learn so much more than if you passively absorb the experience by proximity alone. If you work hard on a regular basis, you will notice that sometimes you are not up to your normal par, and these are good times to ask for help. Realizing that you are too tired, hungry or upset to take care of someone is one of the most self-aware and impressive things that a medical student can do. If your team knows that you know when to ask for help, they will feel much more confident trusting you to work independently with less supervision.

Rule #3: Teach your patient something. Ask all of your asthma patients which medications they are on and why. You will be amazed at how infrequently even highly intelligent patients will not understand why they are taking specific medications. Evidence shows that asthma patients who take long-acting beta agonists without concomitant use of inhaled steroids suffer greater mortality. Yet if a patient does not know which one of the medications is albuterol vs. steroid vs. long-acting beta agonist (LABA), how will he be able to take his medications correctly? When I say teach your patients, I don't mean tell them which colored inhaler is which medication, I mean teach them about airway inflammation vs. airway constriction and how each medication treats each condition. Tell them that they need to use their inhaled steroid and their LABA every-day even if they are not having symptoms. Teach them that if they find themselves using their albuterol more often that they need to see their doctor for medication adjustment. Help them understand that when they start having symptoms of an attack that are not controlled by their inhalers, they need to come into the hospital sooner rather than later. And everything you just read is only about asthma, think about how much you could teach your patients if you took the time. Maybe one of them will even be interested in the role of cAMP regulation in pertussis!

I hope by now that you realize that you will get out of your third year what you put into it. The next year of your life is one of the greatest opportunities you will have to learn about medicine, and even to learn about yourself. In summary, show up, be present, and remember that at all times, you can be a teacher and a learner.

Sincerely,
Keely Chevallier, MS
3.9999999999

TO THE RISING THIRD YEAR CLASS,

YOU HAVE MADE IT. Finally, you get a chance to step out from behind the books and learn how to practice real medicine. Here are a few words of advice for you as you take our place on the wards.

Never have political discussions in the OR- you will pay.

Never correct your attending or senior resident, even if they are wrong.

No complaints.

Be enjoyable to be around.

Avoid eating lots of fiber bars on call days.... self-explanatory.

When "released" to go eat, make sure you ask how much time you have- no omelets.

Always act interested- they can tell.

On rounds, jump on the easy question early.

Continue the elusive search for the 18 hour shoe.....

How will you get up at 4:30 in the morning? Fear.

Don't worry, you'll wake up.

Sleep in your scrubs when on call.

Be confident.

Take the difficult patient – if nothing else, you will have a good story for later.

Laugh – you can't make this stuff up.

Your answer is always "Yes!"

Learn your brand names for drugs – that is all you will ever use.

Before starting pediatric surgery, study your storybook characters.

Warn your significant other that you will not be around.

During medicine, presentations = your grade.

If you don't pre-round, plan on failing.

Be nice to nurses – they can ruin your life.

It's not over when the baby comes out...

Select your words carefully when describing patients.

Call your mom.

Take the stairs – this will serve as your exercise.

Go the extra mile for your patients and for the team.

Read, read, read.

Take the time to sit and talk with your patients.

Performing procedures is a privilege, not a right.

You will be wrong... a lot.

Sleep when you can and where you can.

Listen to your patients and their families.

Know your limits – ask for help.

Tragedies happen; it's okay to be sad.

Don't feel guilty for being happy even when there are sad things happening.

Surgeons do not wear their stethoscopes around their neck.

Do not bring your beverage into the patient's room.

Respect your fellow medical student.

Cliff bars are a necessity; many times they will be your breakfast, lunch, and dinner.

Remove your white coat and stethoscope before starting chest compressions.

Do not pimp others.

Your pager will be used on medicine and meeting other medical students for lunch – that's it.

Pediatricians like eating candy, so buy gummy worms for the team and you're in.

On the first day of third year, you are already a certified retractor, drain puller, and limb holder.

Psych is on every rotation, and the best psych stories will not be from your psych rotation.

Showering everyday is ideal, but not always a reality.

Don't eat crackers on neurology rounds.

The mini-mental status exam does not work on patients who are aphasic.

Many patients will identify themselves as Jesus – don't be fooled.

Nothing gets a group of neurologists going like a good stroke.

Learn the two-handed tie, then give yourself a high five.

Never tell a prisoner when his next medical appointment will be.

Be sure to stop a prisoner from showing you his fake eye.

Trust me – you don't want to see it.

Now might be a good time to put a bun in the oven.

Learn to swaddle.

Know your patient inside and out.

To circumcise, or not? – your decision will be made during your pediatrics rotation.

Detailed descriptions of secretions (colors, viscosities, etc.) are a plus.

Keep your penlight in your pocket.

Make sure your patients have teeth before asking them when the last time they went to the dentist was.

Never go to the bathroom during labor and delivery – you will miss it.

Cheyenne Wells – beware of the cheeseburger soup...

I hope this helps you during your third year. Some of your most vivid memories of medical school will be made during this year. Take every opportunity to push yourself and get the most out of every rotation. When all else fails, ask a fourth year to help you. They know exactly how you feel.

Crystal Medina

CONGRATULATIONS!

TODAY IS YOUR DAY.
You're off to the hospital!
You're off and away!

You have brains in your head.
You have pockets stuffed with books.
You'll see sick people everywhere you look.

But you're not on your own; you know what you know.
And you'll be part of a team everywhere you go.

You'll have lots of patients. Look 'em over with care.
About some you will say, "I don't want to go in there."
But with your head full of brains and your pockets full of books, you'll ILS hard patients with empathetic looks.

A word of caution: on the floors things can happen
and sometimes do
to people as green and wide-eyed as you.

So when a patient crumps on you, don't worry.
Don't puke.
Just walk into the hall and call a Code Blue.

Oh! The Places You'll Go!
You'll learn to gown up!
You'll learn retractor technique!
You'll wear colored scrubs and look very sleek.

You won't lag behind because you'll have the speed.
You'll pre-write your notes and present with great ease.
Wherever you rotate, you'll be best of the best.
Wherever you go, you will ace every test.

Except when you don't.
Because, sometimes, you won't.
I'm sorry to say so, but, sadly, it's true:
burnout can certainly happen to you.

You can get all hung up on a prickly-ly attending.
And the days will drag on.
They will seem never-ending.

You'll go into the hospital feeling down in dumps.
And the chances are, then, that you'll be in a Slump.

And when you're in a Slump, you're not in for much fun.
Un-slumping yourself is not easily done.

But stick with it! Keep smiling, chin up and
push through!
Just two months and you'll be as good as new!

And then you'll escape all that down-in-the-dumping.
You'll find Childrens' where everyone is happily jumping.
With IDs flip-a-flapping, you'll work on new floors!
Ready for anything to come through the doors.
Ready because you're excited to see more!

Oh, the places you'll go! There are sutures to knot!
There are MMSEs to be scored.
There are babies to be caught.
And the magical things you'll do with that
reflex hammer
will make you one bad-ass mamma-jamma.
MS3! You'll be happy as happy can be,
finally feeling like a doctor-to-be.

And will you succeed?
Yes! You will, indeed!
(98 and $\frac{3}{4}$ percent guaranteed.)

Medstud, you'll do great!

So... be your name Buxbaum or Bixby or Bray
or Mordecai Ale Van Allen O'Shea,
you're off to the hospital!

Today is your day!
Your patient is waiting.
So... get on your way!

*Adapted from
Oh! The Places You'll Go!
by Dr. Seuss
Becky Higbee, MS4*

AFTERWORD

WE ARE DEEPLY GRATEFUL to all the students who contributed their letters of advice to the rising third- year medical students. Students had the option of writing these letters for the final Phase III Hidden Curriculum session. We received many wonderful submissions, and we would have loved to publish all of them, but we wanted to avoid repetition in content. These fourteen letters represent a diverse sample of the experiences of a third-year medical student. They contain a mixture of stories, thoughts, practical advice, humor, creativity and inspiration and also illustrate the vast array of feelings that a student might have during third year: excitement, anxiety, enthusiasm, exhaustion, hope, despair, compassion, joy. Before starting my third-year clerkships, I remember my nervous anticipation, yet I was reassured by the few words of advice that a rising 4th year student gave me. I would have loved to be given more advice such as this collection of letters, which can serve as a manual to help novice students navigate a completely unknown endeavor. We greatly appreciate all of these students for this gift that they have provided for their colleagues.

Anjali Dhurandhar, MD
