



Letters

To a Clerkship Student

From the Class of 2025
School of Medicine

LETTERS TO A CLERKSHIP STUDENT

FROM THE CLASS OF 2025
SCHOOL OF MEDICINE

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FOREWORD

Dear Students,

Congratulations on reaching this pivotal moment in your medical journey! As you step into your clinical rotations, you are about to embark on an extraordinary adventure filled with learning, growth, and human connection. I'm so excited for you to start this stage of your training!

Reflecting on my early clinical experiences as a medical student at CUSOM, one patient remains particularly vivid in my memory. Ms. R was a remarkable 99-year-old woman who was adorned with red lipstick and purple nail polish, and who radiated a tireless spirit. She was admitted for several weeks for infections due to immune suppression from her rheumatoid arthritis treatment. Despite the debilitating effects of rheumatoid arthritis that had rendered her hands nearly incapable of writing, each day she would enlist a nurse to transcribe the "learning of the moment" on the whiteboard in her hospital room. During our rounds, Ms. R eagerly shared these daily insights—nuggets of knowledge she had accumulated over her lifetime.

Ms. R taught me not only about the profound impact of rheumatoid arthritis and its treatments but also about the enduring power of a curious spirit. From her, I learned that the "C" on the Colorado flag signifies centennial, that the national animal of Scotland is a unicorn, and that the Eiffel Tower grows taller in the summer. More importantly, she imparted a lesson in the strength that stems from a spirit of curiosity and the richness of the human experience.

One of the greatest gifts of clinical rotations is the privilege of learning from your patients. You will meet individuals who have faced unimaginable adversity with grace and resilience. You will hear stories that will move you, challenge your assumptions, and broaden your understanding of the human experience. Embrace these moments with an open heart and a curious mind. Remember that medicine is not just about diagnosing and treating diseases; it is about understanding the whole person and their unique journey. Hold onto the curiosity and enthusiasm that brought you to this point. Approach each day with the mindset of a lifelong learner, just like Ms. R.

I wish you all the best on your clinical rotations. May this journey be filled with growth, inspiration, and the joy of learning. I am forever indebted to one of my greatest teachers, Ms. R, who revealed the power of a curious spirit and taught me that bananas are, in fact, radioactive.

Kristin Furfari MD, MS
Associate Professor, Division of Hospital Medicine
Director, Health & Society Pillar
CUSOM

INTRODUCTION

The inspiration for this publication is rooted in the work of Czechoslovakian poet, Rainer Maria Rilke, who wrote a series of letters to an aspiring writer in the book, *Letters to a Young Poet*. This book generated a series of other works to those beginning careers in various fields and is titled, *The Art of Mentoring*. The collection spans a diverse number of professions and includes such books as *Letters to a Young Jazz Musician* by Wynton Marsalis, *Letters to a Young Lawyer* by Alan Dershowitz, and *Treatment Kind and Fair: Letters to a Young Doctor* by Dr. Perri Klass. Inspired by these works, Dr. Tess Jones innovated this concept and encouraged senior medical students to write letters of advice to their younger peers as they embarked on their clinical year—considered the most challenging phase during medical school training. I had known Dr. Jones for many years and learned about this project. Over fifteen years ago, I began collecting these letters and would email them to students as they started their third year. Subsequently, we were fortunate to have Dr. Jones join our institution and initiate the Arts and Humanities in Healthcare Program and found this publication here. She wished students to grasp the relevance of Rilke’s work and asked the rising clinical students to consider certain points:

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.” Rilke 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.”

Letters to a Clerkship Student is a collection of creative works by students from the Class of 2025. The publication contains practical advice, tragic stories, inspirational words, and humorous ideas. Within this volume, you will discover a source of guidance and a resource to help partners, family and friends gain understanding of the intense experiences during the clinical year. We hope to read your letters in a future edition! Wishing you joy and fulfillment on your path!

Anjali Dhurandhar, MD
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FOREWORD FROM THE GOLD HUMANISM HONOR SOCIETY

Congratulations on reaching this significant milestone in your medical school journey! The countless hours you have dedicated to studying, memorizing intricate mechanisms, and mastering obscure disease and medication names have paid off. Your hard work, determination, and perseverance have brought you one step closer to realizing your dream of becoming a physician, and we couldn't be more proud of your accomplishments!

As we reflect on our own pre-clinical years, we recall upperclassmen often expressing that the clinical years are both more rewarding and more challenging. The upcoming year presents you with the opportunity to delve into what likely drew you to medical school in the first place: the chance to interact with, treat, and directly impact patients as a physician. This phase allows you to explore various specialty options, forge lifelong friendships and mentorships, and participate in patient experiences that will shape your identity as a physician. However, it is important to acknowledge that this year will likely also test you physically, emotionally, and mentally in ways that you have never experienced before.

Within this collection, you will find stories and lessons shared by students who have walked a similar path before you. Our hope is that these narratives inspire and guide you as you face the challenges that lie ahead. Remember, you are not alone in this journey. A supportive community of individuals, as represented in this collection, attest that it can be accomplished.

As you embark on this next phase of your medical school journey, we want to extend our encouragement. Additionally, members of the GHHS would like to share patient stories from our clerkship year that have left a lasting impact on us.

Brian Carter: "The wait is over!" I exclaimed, as I placed before my patient a warm bowl of the closest thing resembling ramen in the entire hospital that day. Our patient, Miss G, was a sweet elderly lady, well known to our surgical team, who was admitted for a repeat bowel anastomosis. I recall meeting her shortly after her operation and learning from her about her course with the surgical team. She spoke with me at length about her prior operations, the trust that she had placed in her surgeon time and time again, and the patience and support that her family had continued to give her in her times of recovery. Amidst this conversation, we worked on developing goals for her recovery during this admission. She made one thing abundantly clear: she had a massive craving for ramen and couldn't wait to get home to have some. After being cleared to return to oral feeds, Miss G began the dreaded waiting game of having a successful bowel movement before being allowed to discharge home. That day, I devised a mission: I would bring Miss G some ramen and hopefully encourage a bowel movement in doing so. I began what became an arduous search for ramen. I spoke to the cafeteria staff members who had none that day. I searched the coffee cart in hopes of a Cup-of-noodles to go, and I explored the physician and surgeon lounges, all with no success. After over an hour of searching, I remembered a storage closet used to restock the physician lounge and in a final effort, decided to check there. That's where I finally found it: "Simply Asia Spicy Kung Pao Noodle Bowl." It certainly was not the ramen I had envisioned, but it would have to do. I carefully prepared her bowl and headed to her room with excitement.

When she realized what I had given her, the look on Miss G's face was a mix of joy and eagerness. I watched her face light up as she took a bite, as if she were a toddler experiencing a delicious new food for the very first time. In that moment, all the time sacrificed in finding this noodle bowl, time that could have been spent completing notes, prepping for the next day's clinic, or studying for shelf exams, became worth it. Not to mention, shortly after her food delivery, Miss G had a successful bowel movement and was prepped for discharge home. To me, this story is a prime example of the kind of opportunity you have as a medical student to make meaningful changes in a system that often fails to put the patient first. Sometimes, your time and willingness to listen is the medicine your patient needs.

True medical care is what happens when we listen to our patients and allow their stories to inspire action informed by knowledge. The compassion, altruism, respect, and empathy are likely what drew you to a career in medicine in the first place. I am so excited for you to embrace these tenants as you embark on your clinical year. This is it! This is where the rubber meets the road! Focus on building relationships with your patients, listening to their concerns, learning from their experiences, and involving them in the decision-making process related to their care. The rest will take care of itself, I promise.

Melody Jan: He was a middle-aged, Hispanic man who presented to the ED with dizziness after receiving his third round of dialysis that week. As we repleted his fluids and electrolytes, his stay in the hospital became more complicated when imaging and pathology results, from a hospital stay the previous week, became available. He had pancreatic cancer. When the patient received the news with his family, it was a heartbreaking image that I will never forget. The hospital bed was dimly lit, and the atmosphere heavy. He was stoic and dignified in his response, but as he gripped the hands of his son and daughter for support, his hands turned white from the tension. Due to the extent of his disease, there was little that the medical or surgical oncology team could offer him. A few months later, as I reviewed my patient list in EPIC, I saw that the patient had passed. In our careers, we may often face situations outside of our control and our abilities to cure, to help, or to solve. Sometimes, all we can do is bear witness to and alleviate the pain and suffering of others. It may not seem like much, but I often find myself hoping that this witnessing, however powerless it may feel, serves a purpose. Surely, at the very least, we carry these stories forward with us, and this allows us to be more empathetic and humanistic providers for our patients.

George Burnet: It was early in my Internal Medicine clerkship when my preceptor asked me a question that I was not prepared for (which isn't saying much)—I was probably unprepared for most of his questions, to be honest). "George—have you ever encountered a genuine German Oma?" When I informed him that I had not, he told me that I was in for a treat later that morning when we would be visited by a dear patient of his, Mrs. E. As it turned out, he was quite literally correct. When the 85-year-old Mrs. E arrived, she brought with her pastries from the premier German bakery in Colorado Springs. Despite her severe COPD (a consequence of untreated asthma during her childhood in rural Germany), she appeared glamorous with her flashy outfit, styled hair, and meticulous makeup. As usual, I went in first to say hello and begin to take a history. We ended up spending the majority of the visit talking about her world travels, her grandchildren, and how seeing Pikes Peak every day reminds her of the mountains bordering her childhood home.

Mrs. E had monthly appointments at the clinic. Ostensibly, this was because her condition was so tenuous that it required frequent monitoring and adjustments to her oxygen and medication regimen. However, I think it was just as much to allow us a chance to keep her company. Despite the challenging circumstances created by her disease, she still presented us her very best with every delightful story and delicious pastry. To me, she was a reminder that even when our schedule is packed—when we have exams to study for, research commitments to honor, and other relationships to nurture—we can still be present and give *our* very best to each patient.

Welcome to your clinical year! Embrace the challenges, show grace to yourself and others throughout the learning process, and trust in your ability to succeed.

Best wishes,
Brian, Melody, and George
On behalf of the Gold Humanism Honor Society (GHHS)
Class of 2024

Dear Clerkship Student,

Congratulations! You've endured endless hours of lectures, flashcards, and videos to make it to the clerkship year—to finally get a taste of what it is you came here to do. It can be equally as exciting as it is anxiety-inducing to stare down the year ahead, but above all I guarantee you will have some of the most memorable experiences of your life. From welcoming brand-new babies into the world to reducing limbs in the ED and even cutting sutures the perfect length (who am I kidding? They're always too long or too short), I can promise you will experience more than you ever imagined was possible in one year.

There will be days when you go home beaming and bursting at the seams wanting to share all the cool things you were able to do or see that day. There will also be days that weigh heavily on your heart and mind. Days when you help your patient process their new cancer diagnosis, you comfort someone through yet another miscarriage, or you sit with a stranger as he takes his final breath, so he doesn't die alone. As strange as it sounds, it is these difficult moments that drew me to medicine. In the busiest times of the year when assignments seem endless, immersion is never ending, and burn out is at an all-time high, it is these difficult moments that remind me of what a privilege it is to be the one present in the room and to have the opportunity to offer whatever it is they may need—even if it's just a hand to hold. It will never be lost on me that during the clerkship year we are in a unique position to witness the full range of the human condition from the highest highs to the lowest lows, and we get to share in those experiences as they come.

As you move through the next year, try not to lose sight of how incredible it is to do what we are able to do as medical students. Some of you may be thinking to yourself, "But I'm *just* a medical student... Surely I can't have that big of an impact." The best piece of advice I received heading into this year was from one of my favorite SPETAs. He told us to never introduce ourselves as "just" a med student because we should never underestimate the ability that we have to make a difference in a patient's life. You have put in the work to be where you are, and you have so much to offer as a medical student and a human being; never sell yourself short on that fact.

With all of that being said, let me leave you with some more lighthearted, albeit equally as useful, and undoubtedly cliché advice:

- Find a classmate, friend, mentor, or partner with whom you can share your excitement, sadness, and frustrations.
- Never forget that medical school is intended to be a part of your life, not the entirety of it. Make time to nurture your hobbies and social life as much as possible.
- It is okay to say, "I don't know."
- Always be kind to the office staff, nurses, PAs, and anyone else you encounter. They will inevitably save you from embarrassing yourself.
- Always have extra pens. You will either lose them, or they will get stolen.
- It can be easy to confuse shoe covers for surgical caps. Don't forget to laugh at yourself every once in a while.
- Be open-minded to different specialties, even if you know you don't want to pursue them.
- If a preceptor asks which specialty interests you most, be honest. They can tailor your experiences to match your interests.
- Try to forget about the evaluations. Come prepared to do your best each day, and it will all work out.
- Don't back away from difficult conversations. You may be the only person to whom a patient feels comfortable disclosing sensitive information.
- If you struggle with confidence, after you determine your assessment and plan, add, "and try to stop me" to the end of your presentation (in your head of course, unless your preceptor has an excellent sense of humor).
- Patients will accidentally call you Doctor. Let them.

Enjoy the ride,
Jen Felker (GHHS)

Dear Student,

My advice to my former self is usually some rendition of “It’s not that deep.” Regarding the clinical year, I would amend that statement. The depth of this year is in your patients, so do not waste your energy on the factors of this year that are not that deep. Choose to carry your patients deeply.

Let me begin with those features of the next year that I felt too deeply.

First, the shelf exams. Do what you must for your own development and do no more. If all you need for fulfillment is a pass, study when and how you need to in order to pass and spend your remaining hours doing literally anything else. Amboss and Uworld are not the main characters in the story of you, so don’t let them take up space in your head like they are.

Speaking of the characters, your classmates have likely already become significant ones in your med school narrative, and that’s great. Lean on them for support, understanding, guidance, and friendship when no one else outside this niche of life could possibly understand. Deepen the friendship, deepen the community, deepen the commiseration, deepen the shared triumph, turmoil, and tragedy. In doing so, however, remember that comparison is a thief of joy. You are unique and exceptional, but the history and culture of constant metrics will lead you to believe that your classmate who knows the mechanism of a drug you’ve never heard of, who got to do something in the OR you’ve never even seen, who got amazing feedback from their peds preceptor, is better than you. If you are like me, the void of concrete scores to judge your performance will leave you even more vulnerable to this insecurity, to the afflicting narrative that you are not keeping up, even that you may become a “bad doctor.” Let me express in the strongest possible terms that this is a lie. Do what is in your power to silence this lie because it is both irrational and harmful. Not one of your classmates will have the same clinical experiences, teachers, or timeline that you will, nor will they ultimately practice medicine in the way that you do, so the metric you may be using is a fictional one.

Regarding the metrics you may use to gauge your self-worth, you will receive a lot of feedback. This volume of feedback is anomalous in your path to medicine, so **use** that tool while you can. Do not, however, carry it negatively or allow it to take hold of your mind or performance. The negative feedback is an opportunity for you to grow, and ultimately, to do better for your patients. It does not mean that your preceptor does not like you, that your grade will be bad, or that you will be any less talented of a doctor; it is simply the feedback they are directed to give you. Your ability, your worth, and your potential are not measured by the subjective criteria you will see on your evaluation.

Not only is dwelling on the non-existent faults you may see in yourself detrimental to your own health and burn out trajectory, but more importantly, to spend precious bandwidth concerned with the performance of others or intangible flaws of your own is to draw critical brain power from the most important feature of this year: your patients. The volume and complexity of the medicine and the emotional investment are work enough. Do not disservice your patients by adding self-doubt to that burden.

This brings me to the best advice I have for this year. Someone told me this early, but it took many months to set in, despite the simplicity: Treat the patients as if they are your own. Practice this in all aspects. Spend the time, do the whole exam, listen to them cry, hold their hands, and make the decisions that you think will be best for them. If you see your patients as your own, you will make wiser clinical decisions, stronger relationships, and better memories that will serve you from this point onward. Use whatever practice you must to remind yourself that the patient and the patient **only** is the priority before every clinical encounter. Serving the patient is the greatest service you can do yourself. Carry them deeply.

Julia Gonçalves

Dear Student,

Congratulations on reaching your Clerkship Year! Before reading any further, take some time to reflect on your first year... I am sure a lot of memories involved late-night study sessions at Strauss. But I hope there are even more memories about the great times you shared with your peers outside of the classroom, anatomy lab, and clinic. American author Gretchen Rubin said, "The days are long, but the years are short." From here on out, the days only get longer, and the years only get shorter. Savor this time and take in any opportunity to grow.

If you are open-minded, there will be a chance to learn in almost any situation you are placed in this year. I urge you to set lofty goals for yourself. Even if you do not achieve every item on your list, I am confident you will develop into an outstanding student physician if you adopt this mindset. One of my clinical goals was to: "Learn how to process grief after the death of a patient." The fact that one of my objectives required the loss of life felt unusual, but I knew that learning how to compartmentalize these emotions was important. When this day finally arrived, I would be lying if I said I was prepared.

While on trauma surgery, the team received an alert regarding a full activation. The patient was an unrestrained driver who had collided into a brick wall while driving 70 mph. He presented to us in obvious signs of shock. While we did not know the source of his hemorrhage, his blood's final destination was readily apparent. The floors of the trauma bay glimmered a deep red. As he coded for the first time of many, I performed chest compressions on him, fracturing his ribs in the process. To this day, I can feel the grinding sensation and hear the audible crunching of his chest wall. As I stepped away after my cycle, I thought to myself, "So that's what paradoxical breathing looks like."

As the code progressed, I overheard random staff mentioning how the patient was a "drunk alcoholic" and a "dumb Jehovah's Witness" simply because he did not accept blood products. I finally looked at his face and realized he was my patient while I was working on hospital medicine. At that time, he was admitted for an upper GI bleed secondary to his alcohol use disorder. I immediately remembered our long conversation about his life struggles. He began using alcohol after he lost both of his parents unexpectedly. He eventually faced his struggles head-on and participated in intensive rehabilitation. His sobriety spanned over a decade, but he relapsed a few months prior when he lost his child. He was not a "drunk alcoholic."

Despite our efforts, we lost him. After sharing the news with family, his brother asked if we would participate in prayer. As everyone bowed their heads and closed their eyes, I was thankful that no one could see me struggling to maintain my composure and hold back tears.

While I am still learning from his death, this encounter reminded me of several important themes that I try to always hold close. I urge you to do the same. For one, humanity is desperately needed in medicine. Every patient has a complex story, and I implore you to learn each one. This habit fosters true patient-centered care. Although you cannot sign your own orders and prescriptions, kindness and empathy are often the items that patients want most. Secondly, the ability to participate in patient care is a true privilege. Throughout this year, you will witness the start of life, the end of life, and everything in between. No matter the stage of life of your patient, strive to make these experiences positive for them. Lastly, it is not always easy to be grateful during the clinical year, but I can assure you that it does help. Continue to nurture feelings of gratitude. Your role as a medical student may seem insignificant at times, but your contributions truly do matter. Take every opportunity to cherish and celebrate your successes no matter how small they may seem.

Wishing you all the best,
Brandon Bellen

Dear Student,

As the end of my clinical year nears, the most challenging part of this year was not the countless hours spent in clinic and studying, nor the omnipresent sensation of imposter syndrome. For me, the hardest part of this year has been trying to answer the following question. How far do I open my heart?

I met this patient after she had intentionally overdosed in an attempted suicide. Within a few moments of talking to her, many parallels between us became obvious. We were similar in age, and both of us went to the same college. She was trying to get into medical school, while I'm still trying to figure out how I got in. As our discussion grew heavier, it came to light that her suicide attempt happened after not being accepted to medical school in the last interview cycle. Over the next couple of weeks, I witnessed and participated in her recovery. However, it eventually came time for my schedule to change. My clinical site would be changing, and she would likely be discharged by the time I could visit again. When I said goodbye, I lost the battle against tearing up, especially when the goodbye ended with, "I wish I would have gotten into CU. We would have been good friends."

A couple of weeks later, I was notified that less than 48 hours after being discharged, she committed suicide. Around a week later, I was informed that she had left a note. In this note, she wrote among other things, "Please, don't blame yourself for this ... you were the highlight of my last few weeks."

In the aftermath of that, I asked myself questions. I have wondered if it would have been easier if I had built some emotional wall between us. Initially, I couldn't help but feel like this was the correct answer. If I hadn't cared so much, if I hadn't spent more than the amount of time necessary to care for her while she was hospitalized, her death would not have hurt me as much. As time has crept forward, I have come to terms with the fact that approaching patient interactions with an emotional shield isn't correct either.

The biggest reason I wanted to go into medicine, and more specifically family medicine, as cliché as it sounds, is that I want to help people live better lives. Note the fact that I said "people" and not "patients". One of the things I love most about family medicine is the fact that you get to care for your patients as people. Yes, you help them when they get sick. But you also help them live happier and more productive lives. A big part of that is knowing your patients as people, not just a list of medical problems and medications. It may sound simple, but to provide the best care for your patients, you have to *care* for your patients. Yes, boundaries are necessary. Regardless of whether I'm a medical student or an (eventual) attending, lines need to be drawn. But at the end of the day, it is the role of a physician to care.

In the aftermath of my patient's suicide, I wanted to make sure that I never felt that way again. With the benefit of hindsight, and way too many sleepless nights, I've realized that sentiment is not entirely accurate. Yes, I hope dearly that I am never put in a position like that again. However, I hope that if I am, I still feel just as bad, just as hurt, regardless of whether I am a medical student, a resident, or an attending who has been practicing for 35 years. I do not want to become numb to the suffering of my patients. Keeping my heart open does allow for the possibility of being hurt, but closing my heart goes directly against why I entered the medical field in the first place. My worst fear is not that I will feel that way again, it is that if I'm put in the same situation again, I won't feel that way.

Dylan Mechling (GHHS)

Dear Student,

During my clinical year, I remember being struck by both the deep tragedy and deep joy we witness in medicine. At any given moment in the hospital, a mother is saying “hello” to her newborn for the first time, and in the room down the hall, a child is saying goodbye to their parent for the last time. Similarly, a patient is told their scans showed no evidence of cancer recurrence, yet in the next exam room, a father is told that his scans showed diffuse metastases, and there’s a chance he won’t live to see his daughter’s wedding next year. At the beginning of the year, I was unsure what to make of this reality: how could I go from a devastated patient room immediately into a joyful one, and vice versa, and code-switch quickly enough to be fully present with both? I thought it would be impossible to not let whatever I was carrying in my heart and mind from the previous patient into the next patient’s room, and I was afraid it would interfere with patient care.

However, although the juxtaposition can be jarring, I have come to appreciate what an immense privilege it is to bear witness to such a full breadth of human experiences. We may encounter the ups and downs in more rapid succession when we’re in medicine, but everyone in the world experiences ups and downs, joy and sadness, life and death. Isn’t that what it is to be human? I think getting to be a part of these vastly different experiences with patients allows us to grow in empathy and develop a better understanding of (and respect for) life and death, in all its beauty and ugliness. And in growing in this understanding, we may discover that we can hold space in our hearts for joy and sorrow in equal parts and find that it is, in fact, possible to be fully, equally present for our patients both in the highest of highs and lowest of lows.

Enjoy this messy, beautiful rollercoaster of a year! You’ll learn so much— about medicine, patients, life, humanity, yourself. Try to remember to give yourself plenty of grace. You’ve got this, you wonderful human!

Kate Mijo Hwang

Dear Clerkship Student,

By this time next year, you (and your clothes) will carry the stains of your patients, your successes, and your failures.

The smear of ketchup (not blood) on your white coat sleeve from when you were so busy stressing during pre-rounds that you didn't notice your arm laying across your breakfast. You've never quite been able to bleach the orange out.

The spot of (actual) blood that squirted onto your goggles during an umbilical hernia repair on a patient with cirrhosis whom you met many months ago during a hospital stay. After he woke up from the procedure, he recognized you and told you he finally got an appointment with the transplant team next month.

The amniotic fluid soaked into your sneakers from the first time you delivered a baby. You pushed with the patient for two hours, but somehow you still didn't have time to put on shoe covers. You'll have to put these shoes in the washing machine when you get home after your shift ends. In 4 hours.

The snot of an adorable toddler on your collar. When you first came into the room, she wouldn't even let you touch her with your stethoscope, no matter how many soothing tricks you tried. But when you came back with your preceptor, she ran over and immediately threw her arms around you. You held her for the rest of the appointment, her face buried in your shirt.

The contents of an ostomy bag splashing everywhere while it was changed in the OR. You think it might have splashed on your shoes, but you're not going to check. Time for another round in the washing machine. You really need to start wearing shoe covers.

Your own snot in your mask when you were pipped so hard and for so long on rounds that you teared up. It's okay. There will be days that are harder than others, and you are allowed to be human. And after this, your preceptor just might be easier on you for the rest of the day.

The tears of a patient's daughter that you wipe away in the hallway after you diagnose her dad with acute cholecystitis and inform them that he will need surgery. She just lost her mom last month, and she's afraid she'll lose him too. You hold her tight before you both go back into the room.

Getting these stains feels a lot like how clerkship year feels. In the moment, it can be frustrating. How could you forget your shoe covers? How are you going to make it through another 4 hours with wet socks? Why didn't you give yourself more time for pre-rounds? Why do you feel so annoyed with this patient, and why can't you stop?

But eventually, you will learn to approach it with patience and compassion, and an appreciation for the privilege that these stains hold (even if you don't appreciate the smell). You are taking care of someone's health every single day. You may not know them as a friend or family member does, but you know them intimately in a way that few people ever will. These stains mean that someone allowed you to get close enough to see them at their most vulnerable. And you don't have to be grateful for the stains in the moment. Again, you are allowed to be human. There will be days when you feel stressed and stretched thin, and there isn't much room to feel for someone else. There will be days when you wonder if you've lost your empathy. You haven't, I promise. Because there will be other days when you'll randomly think about that patient who was told she's lactose intolerant. You call her to see if she needs help reading food labels, and she'll thank you for caring. There will be days when your heart melts at a newborn grasping your finger in his tiny palm, even though you know it's a reflex. There will be days when you come home knowing you came up with a good plan, sat and listened to a patient for a few extra minutes, answered most of your attending's questions right. It can be easy to forget the successes when you are brand new at something but remember that you are brand new.

And about the stains. Don't worry, they wash out of your clothes and your hair and your shoes, but they stay in a special place on your heart.

Stay safe, stay clean (as much as possible), and remember that you make a difference in these patients' lives, and they make a difference in yours.

Best of luck,
Anima Shrestha (GHHS)

Dear Student entering clerkships,

Congratulations on starting your clinical year! I hope you are excited. I know everyone tells you to be excited right now, and it's a little annoying, but I also know that you ARE excited!

I know that this is daunting. If you are anything like me a year ago, you are afraid. Afraid of hurting a patient, looking stupid, failing at something, burning out, not sleeping at all, losing a patient, and crying a lot in stairwells and bathrooms. I can tell you that despite doing all of those things, I made it through and had fun.

I have a lot of advice for you but know your mileage may vary.

My first advice is to take ALL advice and feedback through the lens of your experience. Including mine. It is just one perspective.

On that note, my second piece of advice is to treat hard feedback with curiosity rather than condemnation. Receiving feedback can be rough, but it is part of this career and growth. The best thing I did was to ask someone I trust and who isn't afraid to be brutally honest to read my written evaluations before me. They gave me the overview and tone, and only AFTER did I read my evaluations. This has been instrumental in reducing anxiety and fostering my objectivity and learning from hard feedback.

Third, sleep is non-negotiable. You will be more present, emotionally stable, patient, and intelligent when you sleep. Your patients will like you better, your preceptors will like you better, and you will like yourself better. Sleep deprivation will only make it harder for you to perform well.

Fourth, find something to look forward to each day. Everyone tells you to find gratitude, but that can be difficult and full of judgment. What you are looking forward to is often what you are grateful for.

Fifth, practice questions are your best friend. While it is best to use multiple modes of studying, practice questions will ensure you pass shelf exams when short on time.

Sixth, set expectations with your preceptors from the start. If supervisors don't prioritize setting them, be persistent and seek help early. Be clear about what you're hoping to learn, what you're comfortable doing, and what you expect. Write both sets of expectations down for reference. Set up regular check-ins from the start. Most conflicts come from poor communication and mismatched expectations.

Seventh, don't wait or hesitate to let a leader know when a preceptor-preceptee relationship is not quite right. If a preceptor makes you feel like you shouldn't be there, or small, or like a burden, something else is wrong—maybe in their life, your life, expectations, or something else. Be empathetic to this, but don't let it fester. There are a lot of leaders who are willing to help, and it is best to reach out early. On the flip side, find ways to get more shifts with preceptors who make you feel excited and valued.

There are two last points that I want to share that may be the most important of all:

The best thing you can bring to every day is joy and curiosity. **Enter with joy.** Every single day. Every single transition in your day. Lean into your excitement and curiosity, and you will find joy in this year.

Lastly, lean on your classmates. You are all in this together, and you will need each other's support. Make time to get to know each other. Regardless of how strong your non-medical support structure is, your classmates will often be the ones who understand when no one else does. You will cry, complain, giggle, eat while talking about poop and pus, and sit in silence with them. They will get you through this. Per the advice of my wise classmate, Andy Steiner:

Despite what your anxious brain says, sharing what you are going through with each other is not a burden or too much for the other person; it is a gift of vulnerability. It gets the other person out of their

own worry for a moment. When someone does it with you, you feel honored that they trust and value you; the person you share with feels the same way.

Stay curious and take care of yourself. You are a good person. You are learning. You're going to do great things.

With love,
Rachel Henderson

Dear Student,

Congratulations on reaching the clinical year! This is a significant milestone in your journey towards becoming a healthcare professional, and I'm thrilled for the experiences that await you. As you embark on this transformative phase, I wanted to share some advice that I wish someone had given me when I began my own clinical year. So, here are some survival tips, memorable experiences, lessons learned, and personal/professional advice to help you make the most of this incredible time:

- **Be Present and Curious:** This year will be filled with countless learning opportunities and patient interactions. Embrace each experience with an open mind and a curious heart. Be present in the moment, listen actively, and don't hesitate to ask questions. Remember, your learning doesn't end with textbooks but rather continues through real-life experiences.
- **Embrace Mistakes as Learning Opportunities:** You're bound to make mistakes during your clinical year; it's a natural part of the learning process. Don't be too hard on yourself. Instead, view each mistake as a chance to grow and improve. Seek feedback from mentors and colleagues and use it constructively to refine your skills.
- **Self-Care Is Non-Negotiable:** Clinical rotations can be intense and demanding. It's easy to neglect self-care in the pursuit of knowledge and experience. However, taking care of yourself physically, mentally, and emotionally is essential to thrive during this year. Prioritize sleep, eat well, exercise, and make time for hobbies and relaxation.
- **Embrace the Art of Time Management:** Time management will be your best friend throughout the clinical year. With multiple responsibilities, rotations, and studying, it's crucial to plan your days effectively. Create a schedule, set realistic goals, and stick to them. Balancing work and personal life can be challenging but achievable with good time management.
- **Learn from All Specialties:** Even if you're set on pursuing a specific medical specialty, approach every rotation with an open mind. Each specialty offers unique insights and skills that can enhance your medical knowledge and clinical practice. You might discover new interests and passions along the way.
- **Develop Strong Communication Skills:** Communication is the cornerstone of patient care and collaboration with colleagues. Practice active listening and clear, empathetic communication with patients, families, and healthcare teams. Effective communication builds trust and enhances patient outcomes.
- **Reflect on Your Experiences:** Take time to reflect on your clinical encounters and experiences regularly. Journaling can be a powerful tool to process your emotions, track your growth, and recognize areas for improvement. Self-reflection helps you become a better healthcare provider and a more compassionate human being.
- **Be Kind to Yourself and Others:** The clinical year can be challenging, but kindness goes a long way in creating a positive and supportive environment. Be kind to yourself when facing difficulties and extend the same kindness to your colleagues and patients. A compassionate and understanding approach can make a significant difference in patient care.
- **Seek Support and Build Connections:** Don't hesitate to seek support from your mentors, peers, and friends. Building a network of like-minded individuals who understand the challenges you face can be incredibly beneficial. You'll find comfort and strength in sharing experiences and learning from each other.
- **Celebrate Your Accomplishments:** You'll achieve significant milestones during the clinical year. Whether it's mastering a new procedure or receiving positive feedback from patients, take the time to celebrate your accomplishments, no matter how small they may seem. Acknowledging your progress boosts confidence and motivation.
- **Find Trusted Mentors:** As you navigate through different rotations, seek out mentors whom you respect and trust. These mentors can guide you through the complexities of patient care, provide career advice, and serve as a source of inspiration. A good mentor can make a world of difference in your clinical year and beyond.

- **Don't Be Afraid to Speak Up:** Your clinical year is a time of growth and learning, but it's also crucial to prioritize your safety and well-being. If you encounter situations that make you uncomfortable or witness practices that seem questionable, don't hesitate to speak up. Your voice matters, and your feedback can lead to positive changes in patient care and the learning environment.

Remember, the clinical year is not just about becoming a skilled clinician; it's also about personal growth and finding your place in the medical community. Embrace the journey, stay true to your passion for helping others, and let your experiences shape the remarkable healthcare professional you're destined to become.

Wishing you all the best on this exciting adventure ahead!

Sincerely,
YooJin Yoon (GHHS)

Dear Rising Clinical Student,

Clinical year is a year of “firsts”. For me, it was my first time scrubbing into the OR, first time helping deliver a baby, and first C section (lots of blood). It was also my first time participating in a code, first time performing chest compressions, and first time witnessing the death of a patient. It was a year of growth, a year of learning, and a year of finally feeling I was on my way to becoming a real doctor. As you reach the end of your clinical year, many of you may also experience your “last.” Depending on your future specialty choice, you may experience your last time scrubbing into the OR, your last delivery, without fully realizing it or appreciating it. It may be exciting for some or come as a relief for others that the year is over. But looking back at it all from the other side of it, I realize that my clinical year was an amazing experience because I was able to experience the breadth of medicine. There is something beautiful about spending a year as an undifferentiated, unspecialized medical student. It requires so much, but it also gives so much. It gave me unforgettable experiences—good, bad, and embarrassing. It gave me mentors and role models whom I greatly needed. I hope you all have a similar experience as well.

Also, a word of advice: If the attending or resident says you can leave, get out of there as quickly as possible before someone finds a reason for you to stay. Don't forget to enjoy life outside of medicine.

Good Luck!

Colin Gardner

Dear Clerkship Student,

Congratulations! You have reached the fun part. The crazy, stressful, sad, in-over-your-head, why-am-I-being-trusted-with-talking-to-patients but still fun part.

Clerkship should be primarily a blast. You will get treated with some of the authority of a physician and none of the responsibility. You get to awaken every day and pretend to play doctor, and, as far as I know, there is nothing better than that. You will feel like you are playing pretend for a lot of the year, but one day you will realize that you actually do know what you're talking about. An attending will try to pimp you on something, and an answer will spring forth automatically from your lips with little to no conscious thought. Your eyes will meet your preceptor's, and you will stare at each other in shock as you both realize that you are right. You will each wonder how you managed to do it.

One day, someone will call you "doc." That person probably needs an eval for delirium. But then a nurse will call you "doc," or a patient who is alert and oriented. You are allowed not to correct them a couple of times, just for fun. It is a little treat. A little glimpse into the future of being competent and maybe even trusted.

I should say that not all of your days will contain triumphs. Those days, the "drinking out of a water hose" cliché will seem appropriate and also somehow lacking—because it isn't just one fire hose. It's eight fire hoses, all slightly different sizes and shapes and velocities. You get to work down the line of them, taking turns getting blasted by each, hoping that someone will see your willingness to face the deluge and say, "strong work." I don't know why we all landed on "strong work," but that phrase is as close as many preceptors can get to an emotion approaching approval.

Still, clerkship brings so much joy. The first time you tie a suture smoothly in front of your surgical preceptor, you might feel joy. When you give a differential for shortness of breath that is long enough to bore even your internal medicine preceptor, you will feel something like joy (although I am not convinced joy exists on IM rounds). You will bond with a patient in family medicine. They will say to your preceptor, "This one's a good one!" when you walk in the room. You will smile in spite of yourself.

My point is: you will feel the thrill of your skills growing, and it is incredibly rewarding. Cherish it! Take time to look back at where you started, laugh at yourself, your awkward introductions, your slow questions, and your fumbling exams. Growth is a wonderful thing.

If you can, bake something for the nurses and medical assistants who tell you where the bathroom is. It goes a long way.

Sam Mathai

Dear Student,

Starting the clinical year can feel like trying to get a hospital badge. You get the vaccinations, submit the paperwork, and upload them to the appropriate sources. Even when you feel like you put in all the right preparation, you realize you're duly unprepared for what's to come. Oh, you want to pick up a badge? That's too bad because the medical staffing office is taking a 2-hour break at 10:30 am. Try to show up on Monday? Well, the person who prints badges is on a weeklong vacation. So, the next week, you try to get a badge once again, but the printer doesn't work. Then someone suggests she can give you a temporary badge. She pulls out a drawer to look for badges. To everyone's surprise, there are none.

My point, other than ranting about medical staffing, is that the clinical year is full of brand-new experiences, and it can feel overwhelming. You put in a lot of preparation in the first year studying various disciplines to finally be more involved with patient care. Oftentimes, I felt dumbfounded by how much I didn't know and wondered how I could make a meaningful contribution to the patients I was seeing. I tripped over myself many times, like interviewing the patient in room 8105 instead of the patient in 8015. Eventually, the new environments you're in become more familiar, and you sometimes feel like you make a worthwhile difference. For me, those times were when patients remembered me and were excited to see me.

One tip I learned is that you can win most patients over by spending more time with them and demonstrating that you care about them. In the hospital, I had a patient who was reticent but then later disclosed to me about how her husband's suicide had affected her and how scared she was about her new diagnosis. I think it was only through visiting her every day, sitting down with her, and making a consistent effort that I was able to connect to her. Just as in daily life, some patients will dislike you for immutable characteristics about yourself, and that's okay. A patient with antisocial personality disorder said my face looked very "spittable" without me uttering a word. Sometimes people just think you have one of those faces. Regardless, the patients who hate you still deserve the same care as everyone else and often need more time and attention. On the other hand, patients will also like you for immutable characteristics. An elderly lady with dementia absolutely loved me because I looked like her dog. In the upcoming year, you will have an amazing diversity of patients to interact with and learn from.

Onto another point, this may or may not be your first time witnessing a patient death. You will have opportunities to observe and reflect on how this affects you and affects other people. One team member might take time to sob in a storage closet, and another might lash out others. Personally, I intentionally selected my role models during these difficult times and chose the qualities I wanted to emulate. From what I've been told, there are many ways to grieve and not necessarily a best method, other than not harming yourself and others. I hope you can take time to care for yourself and have an open heart to the tragedies that your patients face. Overall, I wish you the best on your new journey.

Warm regards,
Michael Kwong

Dear Student,

I recently had my final internal medicine immersion of the clinical year. One morning after rounds, I went to check in with my patient who had been admitted multiple times in recent months. When I walked into her room, she was reading a copy of *Alice's Adventures in Wonderland* that her daughter had brought for her the previous day. We talked about the world of tea parties and croquet and caterpillars and riddles that don't quite make sense. She joked with me that the description of wonderland reminded her of the hospital. And although I experience the hospital in a very different way than my patient, the hospital in many ways feels to me too like a wonderland in all its grand mystery. And when I reflect on what advice I can give to students entering the clinical year, some of what I have to say can be distilled down to this comparison.

Much like the book, the clinical year is full of puzzles and scenarios that seem utterly nonsensical and foreign, particularly at first. My lack of familiarity with clinical medicine in the beginning of the year was tangible. Starting each new clinic or immersion felt as though I was bracing myself to wade into a lake filled with ice water. Whether it be a new clinic, a flummoxing clinical presentation, or a niche clinical pathway, my advice is to breathe into it and take these opportunities to let your curiosity take over. Dive headfirst into the unfamiliar.

You'll get to know yourself in a way you likely haven't before. You'll learn and change and grow and step into different versions of yourself as you try on different specialties. As in the book, I sometimes felt as though I had grown too big and was taking up far too much space. Sometimes, I felt so small as if I wasn't truly there at all. Write it all down, talk about it with your fellow classmates, your family, those who know you best.

You will meet quite the cast of characters through your time in the clinical year. The most meaningful experiences you'll have in the clinical year will be with your patients. Try to not get bogged down by the logistical circus and seemingly endless list of to-dos you will inevitably face. Rather, connection is the foundation that underlies this year. Remember that what will shape you most as a physician will be taking the extra thirty minutes to sit with your patient to get to know them more.

It is true that I can draw some baseline parallels between the clinical year and my patient's discussion of wonderland. And while there is much to be learned in this parallel in adjusting to the clinical year, wonderland is inherently an inconsequential dream, a fantastical and imaginary world with little tether to reality. In this sense, the clinical year is the exact opposite.

Over the course of the year, you will encounter the starkness of the harshest realities in a person's life. And you'll hold the wonder you feel with regard to learning clinical medicine alongside the brutality of its reality. Stay true to what brought you to medicine and remind yourself of what an extraordinary privilege it is to be able to bear witness to your patients' stories.

All the best and all the luck,
Caroline Smith

Dear Student,

I am sure, like most medical students, you have a general idea of a particular specialty (or specialties) you see yourself practicing as a future physician—even if you’ve only admitted this to yourself, in the comfort of your own thoughts. For me, my heart was set on cardiology, pun intended. Right after college graduation, I spent a few years working closely with an interventional cardiologist trained in advanced heart failure therapy and, with each passing day in clinic, I grew eager to learn more. My goal, from the moment I sat down for my first lecture in ED1 as an MS1, was to be back in the cath lab, not as an assistant, but as the interventional cardiologist.

Early in my clinical year, I began psychiatry rotations. After just a handful of days, I knew that specialty wasn’t for me. I experienced the same feeling as I started my OB/GYN and pediatric rotations. Toward the end of my clinical year, I realized fostering a mindset of ruling out certain specialties or patient populations made going to clinic or the hospital more challenging. And, although I did my best to approach each day with a positive attitude and a growth mindset, I felt more and more assured of my calling toward cardiology.

At the end of my first clinical year, I had the privilege to attend an educational talk by one of the fellows from Children’s Hospital. The subject was anticipatory guidance for parents of newborns that we as physicians should review before the newborns are discharged. Despite going in with the same positive attitude and growth mindset, subconsciously I was telling myself that there would be nothing truly relevant to my cardiology aspirations. However, it suddenly dawned on me that one day—hopefully in the near-future—I would be that parent of a newborn receiving similar advice from a physician. So, I started asking questions and taking notes to bring home and share with my fiancée. And then I kicked myself for having missed some pertinent information from the beginning of the session due to my close-mindedness.

After the talk ended, I took a few moments to reflect. I realized that even though I do not anticipate becoming a psychiatrist, OB/GYN, or pediatrician, I will most certainly have family, friends, and future patients with needs to be met in these areas. It’s incumbent upon me to completely assimilate all the knowledge being passed on to me, from all medical specialties. Additionally, this experience challenged my understanding of my role as a medical student; I see now that my former “pick-and-choose” approach to what I felt was or wasn’t important ultimately leads to narrow-minded practice that can compromise patient care.

As we have all heard repeatedly, a career in medicine also buys you a ticket to becoming a dedicated lifelong learner. But it’s much deeper than merely retaining information just long enough or in a way that you are simply able to regurgitate it to pass Steps 1, 2, and 3. Before I sat and reflected that day after leaving Children’s Hospital, I considered the phrase “lifelong learner” trite and cliché. But by understanding that medicine truly is a practice, with new research and insights to be incorporated constantly, we can see the cliché rings true. Cultivate and maintain a mindset that is truly open to learning, even if you think you are as sure as I was about your specialty choice. A sincere dedication to this concept will prove beneficial to you and your patients.

Stephen Heyliger

Dear Student,

As you advance into your clinical year, I'd like to share a mindset that helped me transition into mine. Back before medical school, I used to be a delivery driver for Amazon. It was a terrible job and required me to drive an enormous van seemingly made of nothing but blind spots through rural back roads where my GPS device routinely lost service. Needless to say, I made a lot of mistakes as I adjusted to my new job. What helped me keep going even after a terrible day was my decision that I was allowed to make up to ten mistakes each day. After ten mistakes, I told myself, I could feel bad. But until I reached my tenth mistake of the day, I would simply acknowledge the experience and move on without guilt or any self-flagellation. So, I tallied the moments. Took a wrong turn, one mistake. Didn't realize I had two packages for an address and had to double back, one mistake. Ran over someone's mailbox—I think that counted as two or three mistakes. Each time, I mentally added the point and then moved on with my day. And you know what happened? I never actually reached ten. Some days I might hit seven or eight, but most of the time my total stayed much lower. This system was a way for me to process and accept my minor mishaps without labeling myself a failure. As you embark on this next step in your training, I encourage you to remember that you are a medical student and grant yourself the grace of still being a learner. Note your mistakes and acknowledge the opportunity for learning each one presents, but do not make them a part of your identity. Give yourself permission to move on without guilt for the first ten goofs of the day. Or who knows, maybe your threshold is fifteen. After all, medicine is a bit more complicated than delivering Amazon packages.

KC Hummer

The Sweet Release of Disillusionment

I truly did not know what I was getting myself into when I started pursuing medicine. For many of those naïve years, the decision was made purely out of idealistic altruism. It should be a surprise to absolutely no one that this was unsustainable and was one of the first things to go once starting medical school.

As I was applying to medical school, writing the personal statement was a formative experience for me and one that I frequently reflect on as I've been figuring things out this year. It was then that I realized that pursuing medicine was much more based on childhood experiences, traumas, and the fears that always drove me to action, rather than some honorable innocent mission like I wanted it to be. This has come up over and over in my clinical year, as I come to terms with the wounded parts of myself that continue to appease and enable, and the healing parts of myself that are trying to find rest and self-love.

I still haven't quite wrapped my head around how medicine could take advantage of every single piece of me if I let it. At times it feels like a black hole. And this feels like such a betrayal. It takes and takes, no matter how much you give. I don't necessarily blame anyone or anything in particular for that. There's a lot of need. A large part of that "black hole" feeling comes from knowing how much need is not being filled and never will be. It's an impossible job in so many ways.

There are so many times I've wondered how this was sustainable for anyone. But day after day, doctors showed me endless capacity for all of it. It's not even worth articulating the pieces because that almost feels like it would minimize the vastness of roles, burdens, joys, and responsibilities we take on every day. I've gotten a lot of advice on how to make it sustainable. *Focus on what you can do, hold on to the joyful moments, remember that feeling of changing someone's life.* And all those things: helping, sharing joy, and making an impact, are such an insane way to interact with our society and our humanity. In a good way. I'll never be able to explain that fulfillment to someone who isn't in medicine.

To reflect on how my clinical experiences in the last year have changed my view of medicine, disillusionment is the central theme. But the word is so fitting because my original views were truly just that, an illusion rooted in naivety and idealism that don't even closely resemble the reality of walking through people's most vulnerable and painful moments in life in a sustainable way that also preserves your body and spirit. But the illusion was also some version of me that didn't preserve herself. And in that, I'm grateful to find out that I don't have to live that way. I think it is insanely difficult to find ways to preserve myself in a career that could swallow me whole and still be starving. It's against every people-pleasing bone in my body that brought me to this career in the first place. At first the disillusionment was terrifying because I didn't know how I could give everything and keep going in order to maybe someday experience the joy and impact that I've been craving. But once I realized that giving all of myself, all of the time was never a reality—never something that I could've achieved in the first place—I began to let it go. I could've never known the immense fulfillment I get from the balance of service and self-love. This was just one year, and I have no idea how this balance will shift as I move through the next 40-50 years. At the end of the day, I hope the one piece of medicine that I never lose sight of is the incredible privilege it is to learn, to help, and to make an impact. While it is not worth sacrificing and losing myself, it's a very compelling argument to continue looking for whatever version of the balance allows me to continue moving forward in medicine in that season of my life.

Kaylin Langer

Dear Student,

There is no way to know what this year holds.
Your expectations will be dashed, met, and exceeded

There is no way to anticipate your reactions.
To know the emotions of caring for humans,
 of watching them thrive
 of watching them slowly slip away
 of watching them die

There is no way to know what you will carry with you
 The stories you will remember
 The patients who will stay in your mind forever
 And those you forget
 The minute you draw the curtain
 And turn down the hall

You will treat your patients as a whole
And you will think of them only as a problem to be solved

You will curse the time you spend on services for which you hold no interest
Then leave, and revel in the knowledge you have gained
 Even if only for that question on the USMLE

You will be confused as you realize that
You eagerly await
 your clinic days in OB/GYN
 your Emergency shifts that seep into the night
And that you somewhat despise
 Standing for still hours under operating room lights

You'll have no choice but to let your life change,
To be swept up in the studying, the skills, and be drained
Until you give birth to your children halfway through the year
And for the very first time
Consider a different career.

Caitlin Robinson

Dear Student Doctor,

Congratulations on getting here! This is where medical school really starts to feel real. Everything you learned last year will finally prove useful. Everything you didn't learn will come back to haunt you. You are probably a mixture of anxious and excited, and desperate for insight into what is ahead of you. None of my advice is particularly unique, but perhaps if you hear it enough times from different people, it will stick. With that, I offer you these tips to get the most out of your clerkship year:

- **Carry snacks.** Learning to eat, drink, and sleep when you can; it will serve you well in residency too.
- **Forgive yourself.** You will say awkward things. You will inexplicably become mute when your attending asks you, "What vein is this?" You will forget things. You will likely feel stupid every day. You will fail frequently. If you don't, you're probably not learning. Despite how it feels, you are making incremental progress.
- **Treat every opportunity like it's the last time** you'll ever get to see or do that thing. Sometimes it will be.
- **Keep an open mind.** This year will give you a closer view of the realities of medical practice that may very well change how you imagine your future career. Consider everything. Allow yourself to be surprised. And, yes, everyone will ask you what you want to specialize in; it's okay to say, "I don't know."
- **Try not to get FOMO** ("fear of missing out"). Your classmates will share stories of cool things they are seeing and doing. It will be very easy to feel jealous or insecure. You may feel like you're missing out or wonder if you're getting a good clinical experience. Don't get caught up in that unhelpful train of thought. Be present, seek out your own opportunities, and remember that you still have a lot more learning ahead.
- **It's okay to cry.** This year you will see patients going through unimaginable hardships. You may have personal losses or challenges. No matter how steeled your heart is, nothing can prepare you for the wailing of a family who just lost a loved one to suicide, or the feeling you'll get in the pit of your stomach as an elderly patient begs you to let them die. There will also be happy tears. The gasp of joy and eruption of tears that a first-time dad makes when he sees his new son and announces the gender might make you tear up too. Feel as much as you can tolerate feeling. This helps maintain your humanity during the darker times. (Also, just know that everyone around you will empathize with your tears. No one will judge you.)
- **Finally, take time for yourself.** Your life is not on hold while you're in training. Fill your cup by doing the things that you love and spending time with the people whom you love. You won't have as much time as you'd like, but you'll also never get this time in your life back. Have a life outside of medicine. You will be a better doctor for it.

This year will be transformative. You will have so many opportunities to make a real difference in patients' lives. You will learn more than you thought possible—not just about the human body, but also about yourself. There will inevitably be moments of doubt and struggle—perhaps lots of them. Just know that you are not alone. Don't be afraid to reach out to your classmates, friends, mentors, upperclassmen, or attendings. This journey was not meant to be traveled alone.

With warmth and compassion,
Jamie Pfahl

Dear Student,

As you embark on the beginning of your clinical year of medical school, let me offer you my thoughtful reflection as I exit my core clinical year. This year will challenge you. Everyone will tell you this, and you are probably already fearing the academic rigor that comes along with beginning clinical rotations. What I can tell you is that it's not academics that challenge you, but rather the challenge that comes with having *real* patient experiences. This year you will be challenged by having tough conversations with patients—conversations that you will inevitably take home with you each night and conversations that will impact you in your future practices for years to come. Prior to my clinical year, I had never thought about how I would give someone a cancer diagnosis. I had never thought about how I would tell someone that they had miscarried their first pregnancy. I had never thought about how I would tell someone that their family member had a stroke and would likely never speak again. You take these conversations home with you. It affects you. It's scary, it's new, and it's part of your growth. Cry with the patient. Tell them that you share in their feelings even though you may never know what they're going through. The best lesson I can share with incoming clinical students is that these conversations are tough, but they help you learn. You will be better prepared to have these conversations in the future because of the experiences you're having this upcoming year.

Although this year will be tough, you'll find yourself leaning on people in more ways than you thought you needed. You'll discuss patient cases with classmates, debrief some of those hard conversations with friends, and find mentors in physicians whom you didn't know before this year. When you find these connections, hold them close. You'll need people in your corner who can relate to your experiences. Find friends to go out with after shelf exams, plan weekend events, and above all, remember that **you are still a person this year**. It will often feel like you have endless studying and pre-charting to do, but looking back at the end of the year, I can tell you that I never regretted skipping out on studying to go out to dinner with friends. Find your balance. When you inevitably find the balance shifting more towards school, remember to tip the scales and find the friends whom you can count on to motivate you to have balance.

Especially this year, it's important that you avoid comparing yourself to anyone else in your class. Everyone will learn differently and at their own pace, and that's okay. If you need to study for a few hours each night, do it. If you prefer to cram before the exam, do it. If your classmates are taking extra shifts in the ICU, or doing more surgery shifts than you, that's okay. Maybe they are exploring their niche, and your time will come to do that. Don't feel like you need to do more things to satisfy an urge to be like your classmates; it doesn't serve you well to be something you're not. We all took different paths to get to medical school, but the important part is that we all ended up in the same place, which just goes to show that there are multiple paths to the same destination. The same will hold true for residency. So, if you think you like a particular specialty, feel free to take extra time to explore it but also know that there will be plenty of opportunities to try it out later, and *not doing something this year does not disqualify you from pursuing it later*.

Above all, my final parting words are to remember that **you are here to learn, and nothing more**. Even on my worst days, I learned something that I didn't know the day before, and that was a win in my book. Some days, my patient was the best teacher, and other days, it was the attending or resident, but either way I was able to learn that day. You'll adapt to the crazy schedule during your clinical rotations. You'll adapt to studying and pre-charting and trying to have a life. Things will fall into place. Just remember you are here to learn, and you'll do great.

Best of luck,
Adrianna Kayden

Dear Student,

Your upcoming clinicals are probably highly anticipated, amidst some nervous tension. These are an intense period in your medical school journey. Some personalities naturally thrive during these clinicals and fuel themselves on the interactions with their patients, preceptors, and colleagues. Unfortunately, I was not one of them. As an introvert, I had to be more intentional about my boundaries in order to restore my energy each week. Do not get me wrong; I greatly value establishing rapport and gaining the trust of my patients (especially with my longitudinal ones). However, no matter how rewarding, these relationships can be emotionally draining.

If you're a fellow introvert, continue reading as I share a couple of pointers that allowed me to survive my clinical year. (If you're an extrovert, feel free to skip to the "P.S." at the bottom.)

- **Be intentional about resting.**
 - Set aside a half day weekly to do something that recharges you. This can be hiking, reading a book, drinking tea, remaining horizontal on the couch, etc. This gets harder to keep up at the end, but in general, listen to what your body is trying to tell you. Take a break when you're worn out. Those breaks will recharge you for when you return to clinic or to your desk to study.
 - Depending on where your LIC site is, you may be separated from your close friends from first year. There's texting and Facetime, but it's just not the same. Take the time to schedule a weekend every so often to spend time together and catch up. Even if you're at different LIC sites, you will bond over your struggles and form an even stronger comradery.
- **Get into the habit of thinking out loud.**
 - This is what I struggled with the most this year. As an introvert, my train of thought tends to be internal, and I can automatically go through a differential diagnosis in my head. However, this became a problem when I had to present my A&P. In order for my preceptors to know I am competent (which was questionable at times), I had to verbally process my thoughts and explain why some disorders were less likely or more likely. This didn't feel natural to me at all. Once I got used to it, my oral presentations became much smoother.

Overall, this clinical year will be extremely invaluable (but hard nonetheless). Some days will be filled with adrenaline as you discover new specialties and procedures that keep your heart pounding; other days may be a scramble to even survive, so just take those day by day. Trust in the process and enjoy your second year!

Good luck,
Your fellow introverted student (Yuna Park)

P.S. Here are some practical survival tips for all students (yes, even you extroverts):

1. For those who use Epic in your clinical space, **the sticky note is one of the most useful tools.** Each patient's chart has a yellow sticky note where you can add notes that are only visible to you. You have a fair amount of space to add anything you want. For me, I used the sticky notes to keep track of the dates when I saw patients (which is helpful for panel patients).

More importantly, I drafted a brief A&P in my sticky note while pre-charting on my patients. Some patients are very complex with multiple problems, so organizing your thought process in the sticky note can be very helpful! (You can also add your sticky note as a property on a patient list. That way, when you print a patient list, the text in your sticky note will also be printed!)

2. Most of all, be kind to yourself.

Give yourself some grace when you feel too tired to study, when you're being pimped and don't know the answer (this will happen a lot), and when your UWorld % correct is painfully low (don't worry, that's normal at this stage). This is the time to make all sorts of mistakes, so don't be too hard on yourself and just enjoy being in the clinical space.

Dr. Future Clerkship Student,

I don't know when you will be reading this, but I hope it is during orientation. Specifically, I hope it is during the session on the "hidden curriculum." They will tell you that the "hidden curriculum" is what you learn about the unspoken rules and culture of medicine that is impossible to teach during a didactic. I, however, think it is more about learning to humble yourself enough to ask questions like "wtf is didactic?" You see, you are about to enter an incredibly beautiful space where you will be privileged to learn the stories of hundreds of people. With that comes with being surrounded by a lot of egos; I challenge you to not be one of them.

In this next year, you will be faced with words, knowledge, and acronyms (ohhh so many acronyms) that will sound like a foreign language. They will be said with so much confidence that you will anxiously think to yourself, "I should know that." But the truth is no amount of Boards and Beyond, Anki, or Online Med Ed can truly prepare you for what this next year has in store. The truth is, even though you might know the answer to a pimp question, you will have a moment when your mind goes blank in front of a preceptor whom you really want to impress. On the flip side, you will also have moments in which you stand shivering in the corner of a cold OR while waiting to get pimped on the anatomical landmarks of an inguinal hernia repair that you spent all night learning. When no one has asked you a question, you might choose to show off your knowledge by asking, "Are those the inferior epigastric vessels?" To which the surgeon will reply, "Yes, you know you should really do more research on the anatomy of the case before the OR, so you have the answers to these questions ahead of time." No matter how many times this happens, keep asking questions and keep asking to get pimped. Let go of your fears of being wrong and cherish the moments you get to learn something new. It might not feel like it sometimes, but in many ways, this is the best part of your career, because you aren't expected to know anything! (I know it feels like this is not true, but it is.)

You will also experience some of the most rewarding moments of your life. Maybe time flies when you are watching a knee replacement, or you willingly stay late in the ED to perform a speculum exam to find a lost tampon, or maybe you can't wait to tell your partner about how you helped a patient work towards smoking cessation. Hold on to these moments because it will help you begin to whittle down what you want to be when you grow up.

I will end this by saying, you may think this year is about memorizing GDMT for CHF (see, I wasn't kidding about the acronyms), but ultimately that is not what will make you a good doctor. You will be surprised how literate you become in medicine just from participating in it. So don't get too caught up in trying to learn everything at once. It is then that you miss the so called "hidden curriculum." Instead, take the time to learn about your patients as people rather than as patients and allow them to see you as a person rather than as a medical student. You will be surprised how their stories stick with you.

Megan Mazzotta

Dear Student,

Congratulations on making it to the beginning of your clerkship year! You have so much to be proud of and so much to look forward to.

As the bulk of your clinical experiences in medical school is about to start, I'm writing this letter with less than four weeks to go. When I think about what I've experienced in the past eleven months, I must admit it was nothing like what I would've predicted sitting where you are right now. I didn't expect how quickly everything moved around me, from the setup and execution of surgeries that flowed like a perfectly coordinated theatrical play, to the ten patients who were in-and-out of a four-hour afternoon clinic before I could even blink. I did not expect to love seeing moms and dads welcome their first child into the world as much as I did, and I did not expect the conversations about hospice care to stick with me for so long. I could take away something new that I learned each day in clinic and would feel motivated to become an expert on that topic by the next morning, only to have five new topics arise with the newly admitted patient from the night. I don't think the emotions I experienced throughout this year were ever steady. Just when I thought I was prepared for what I would see next, I would be blindsided by something I never would've expected (both good and bad).

I'm very jealous to know that you will soon experience very similar emotions. I'm excited for you to be surprised by what you didn't think you'd like and to feel reassured when you finish a rotation you've always envisioned yourself joining in the future. I'm excited for you to experience the day when your hard work and studying pay off, and you answer every question from your attending correctly. I'm excited for you to receive your first sticker as a gift from the 18-month-old child who keeps laughing every time you make a funny face. I'm excited for you to spend an hour during a slow afternoon on Medicine rotation sitting in the room with your 85-year-old Vietnam veteran patient talking about old war stories and how he met his wife of 50 years. I don't have any specific advice to share at this moment, and I think that's a good thing for you. You have enough things on your plate. Hearing unsolicited advice from a stranger about their very individualized clinical experiences is probably last on your to-do list. You're going to do amazing, you're going to love clinical year, and you're going to be a great doctor someday. I believe in you!

Cheers,
Alexander Zhang

Dear Student,

You are about to embark on the journey that is the LIC year—congratulations! Perhaps your feelings aren't concordant with the sentiment of congratulations or excitement. In fact, if you're anything like me at the beginning of this journey, you might be nervous, unsure of yourself, unsure of what is expected of you, and maybe even downright afraid. If you are feeling this way, rest assured that nearly every other student is too, unless they are wildly overconfident. I want to pass on one little piece of advice that may help combat these feelings: you are ready for the journey.

"How can you say that?" you may ask, "when all I know is a whole boatload of useless basic science and anatomy!" I say this because the only requirement to being prepared for this journey is an open mind that is ready to learn. That's it. Be a sponge and act excited about being a sponge (even if you aren't actually excited), and you will excel in every rotation. Floor rounding, note writing, suturing technique, oral presentations, interviewing skills, all these things will come easily to you if you merely assume the mindset of a sponge. Act interested, ask good questions, maybe read a little bit to show you prepared, and the LIC year will fly by.

This leads me to another piece of advice: don't be a timid, shy sponge. Imposter syndrome is not a fabricated phenomenon. Some thoughts that frequently ran through my mind at the beginning of my LIC year (and sometimes still do) were: "I don't know anything," "I can't do that," and "I'm going to do this wrong and get in trouble." Throw all that garbage out. If there is water somewhere, a sponge is going to soak it up. Maybe you get asked to do something you have no idea how to do (that will happen a lot). "Do you want to intubate this patient?" or "Go and talk to that family about this new diagnosis," or "Go suture that lac in room 8 for me." Just do it. No one cares if you don't do it perfectly. No one cares if you get the ET tube in the esophagus the first time, or stumble over your words talking to a family, or mess up your stitch and must redo it. Just do it. If your attending tells you to do something, they are confident you can do it, and you should be too. You will soak up way more water by trying and failing than by never trying at all. And you might surprise yourself and do it right the first time around! Be a "just do it" sponge.

You are ready for this! Show up every day on time with a little humility and a sense of humor. Don't take yourself too seriously and soak up all the water you can get. If you mess up, somebody will surely fix it. And boom, now you learned for next time. You might even find yourself having fun! (Hint: you definitely will have fun). Enjoy the journey!

Daniel Saks

Dear Clerkship Student,

We come to medical school for countless reasons. Many of us pursue medicine because of a formative encounter with the healthcare system at some point in our lives. If you have not yet had significant encounters with medicine either as a patient or as a caregiver—someday, you will. These experiences are as important, perhaps even more important, as any other that you will have during your time at the University of Colorado.

I am one of the several students each year who needed to take an extended leave of absence during my schooling for urgent medical treatment. During one of the many conversations that I had with Dean Dwinnell about this process, he counseled me that challenging as they were at the time, my experiences would make me a better physician in the future. At the time I think I laughed and told him I could have eventually become a good doctor anyway without all the added pain and suffering. But he was right. My own encounters irreversibly shaped me into the student-clinician I have become and into the physician I will someday be.

As a patient, there is nothing quite like having an extraordinary clinician or surgeon—one who is both an expert in their field and also a warm, empathetic, humorous person. When you are fortunate enough to have such a doctor, it is impossible to aspire to be anything else yourself. Whether it is through providing definitive treatment, clinical insight refined through years of experience, or simple kindness, my advice is to strive to be the sort of doctor you would want for your parents or siblings. Become the doctor you would want your significant other to have. Be the physician you would want yourself.

When this is the goal, your studies immediately become more meaningful. You will more easily remember seemingly insignificant details. You will be kinder and more understanding. You will work harder to find solutions though previously you may have felt like giving up. And when you finally leave the hospital after what felt like an unthinkable long shift, you will know that you made a difference, however small it might be.

Both you and your patients will be better for it. I promise.

Rebecca Ripperton

Dear Student,

On day 1, you might be so excited for clinic that you wake up nearly 2 hours before clinic even starts. Maybe you'll have picked your favorite, most confident clothes and run to clinic in your white coat only to find no one else wore theirs. And when you interview your first patient on your own and then present to your preceptor, you'll do your best to stay organized, but maybe you'll jump from your assessment to your physical exam then toss in some pertinent history you forgot to mention. You'll start to learn quickly how much you need to learn.

By day 180, you'll be halfway through and starting to get into the groove of things. Maybe you'll have your introduction down pat to patients. Maybe you'll even start taking a stab at what you think will happen but always ending it with "but I'm just the medical student." You're probably getting down your morning routine, sleeping until the last possible moment (and then some), until you need to be up to get to clinic on time.

By day 250, you might be fortunate to have never had to deliver bad news yet. Or perhaps maybe by now you've had to give bad news for the first time in your life, such as telling your patient they have aggressive lymphoma. And then the following week, maybe you'll be holding the hand of a new mother as she goes through labor and encouraging her to keep pushing for just one minute more. You may see your patient for their monthly visit in outpatient clinic and witness them bravely fight their newly diagnosed diabetes. You may see the premature newborn at their one-year checkup. The months might feel like emotional whiplash as you go from patients living their worst day to a patient who's having their best day.

And finally, by day 364, maybe you'll feel like you know what's going on and really feel like a "doctor." Or maybe you'll still feel still like "just the medical student"—and that's okay too. There are a million steps between here and becoming an attending. So, it's okay that you might have gotten that one plan for diabetes wrong even though you know metformin is first line, or that you forgot you can't give a patient albuterol and propranolol together, because you remembered the third-line treatment for a patient with schizophrenia who persistently has hallucinations. And your team agreed with your plan for a patient who had five comorbidities. And after a 15-hour day, you were the one who sat with your patient as they cried about their cancer diagnosis.

So, despite the doubts, you are growing every day into a doctor. It's just one step at a time.

Respectfully,

Kate, aka Ms "I'm Just a Medical Student" Dickinson

Abduction Ceremony: A Sequence of Consultative Tercets in Iambic Tetrameter

Dear Future Student Doctor X,
Your presence matters, not your vest.
Your kindness matters; that's the rest.

Dear Future Student Doctor X,
Your oral presentations suck.
And then they don't—it's not just luck.

Dear Future Student Doctor X,
You're here to learn, not to perform.
Thank Dr. Drysdale for that norm.

Dear Future Student Doctor X,
Sometimes you drive atop the bus,
Sometimes you're covered in its dust.

Dear Future Student Doctor X,
Your learning path is "J" in shape.
It's good to plan some small escapes.

Dear Future Student Doctor X,
Do remember who you are:
Your friends, your values, mountains, stars.

Scott Collins

Dear Student,

Enjoy this moment! The excitement of the unknown. While it is equal parts terrifying as it is exciting, it is the beginning of a transformational period in your future career as a physician. There are many pieces of advice I could give you, but I am going to focus on three that are most important to me.

- 1. Embrace the Discomfort:** Or in other words, be comfortable being uncomfortable. There are many times you will be thrown out of your comfort zone during this year. I would argue that I was outside of my comfort zone much more than I was inside of it during my clerkship year. But that is how I grew. You will constantly be working alongside new attendings and residents, and they often have different expectations. Learning to be fluid as you shift through teams is one way to embrace the discomfort. It is also important to remind yourself that you're not expected to know anything. However, you are expected to show up with a good attitude and be eager to learn and contribute. When you find yourself in those moments of intense discomfort, use your internal dialogue to say, "This is me growing for my future patients."
- 2. Find Three Non-Negotiables:** This is so important! When rotations get hectic and shelf exam studying is added to the picture, it can be easy to lose sight of the things that keep you grounded. This is where your three non-negotiables come into play. These are three things that you will always make time for no matter how busy life feels. For me, these were getting at least seven hours of sleep nightly, getting fresh air daily, and cooking dinners at home. I stuck to doing these all year. It created a sense of normalcy when the academic aspect of being a medical student was constantly changing. I knew I would perform better by going to bed and getting seven hours of sleep instead of staying up an hour later to study. Other ideas of non-negotiables include exercise, meditation, playing with a pet, seeing family/friends, etc. It can be anything, as long as it brings you comfort and is feasible to maintain.
- 3. Reflect:** I know this sounds deep, but it is important. The clinical year moves very fast, and you are frequently shifting between specialty and setting. It is easy to forget what you like and did not like about each one. Reflecting after each rotation is important. At the end of each immersion, make a list of pros and cons and most meaningful experiences. You should do the same at the end of the LIC time and focus on each specialty separately. Not only is it satisfying to review it at the end of the year, it is also a good way to narrow down the specialties that interest you as you get closer to selecting electives to prepare for residency.

Enjoy this year! Finally feeling like a doctor is so satisfying. Trust in your knowledge and skills as you navigate a new territory. You are going to be amazing!

Best,
Lauren Harris

AFTERWORD

We are so thankful to the Class of 2025 for their wonderful letters! The students displayed authenticity and vulnerability in sharing their thoughts and experiences to help their younger peers navigate this challenging phase in becoming a physician. The letters are a mix of prose and poetry and contain poignant stories, practical tips, and funny musings. These letters serve as an invaluable gift for our new clinical students. Thank you so much and best of luck in your careers!

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

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SUBMISSION GUIDELINES

We welcome submissions to the future edition of *Letters to a Clerkship Student*. Though there is no word limit, we prefer submissions less than 750 words or about one page. Submissions may not include identifiable patient information. We accept both poetry and prose and encourage you to be creative as you dare. If you choose to submit your letter anonymously, stricter criteria for publication will be applied. Please submit your letter to Dr. Anjali Dhurandhar, anjali.dhurandhar@cuanschutz.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!

