

# LETTERS

TO A  
THIRD-YEAR STUDENT



From the Class of 2014  
School of Medicine

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SCHOOL OF MEDICINE

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## FOREWORD

Here we go. Now begins your rapid metamorphosis from student to physician. This is not just the act of becoming a doctor but the development of a deep understanding of your new role and who you want to be in that role — the demands, limitations, expectations and values inherent to physicianship merged with your personal core values and beliefs.

In these pages, those who have come before you provide advice and document their personal journeys through this process of professional identity formation. Some describe critical incidents — experiences that changed them and forced them to confront issues or challenge their perceptions. Unfortunately, sometimes, these experiences are negative — a resident or attending behaves in a way that lacks empathy, respect, or professionalism, calling into question our perception of the profession. Many are wonderful, positive experiences that provide us with aspirations and goals. These critical incidents tell us about the kinds of physicians we want to be or don't want to be. They acculturate us into norms of our profession, and frequently they cause internal conflicts between our personal expectations and the role models or activities we experience.

Poet WH Auden wrote: "Young people, who are still uncertain of their identity, often try on a succession of masks in the hope of finding the one which suits them, the one, in fact, which is not a mask." This is one of your primary jobs this year. You will meet many role models in the next year and throughout your career — good and bad. As you do, try on their behaviors and activities, experimenting with what feels right and what doesn't. Ask yourself, *is this the kind of professional I want to be? Can I do this and be true to myself? Are people telling me I am good at this?* As your experiences grow, your personal professional identity will become refined — perhaps keeping the primary role of a certain specialty but incorporating aspects of identity that "fit" you. This process is not something that happens overnight or only during training. In my experience, it's continuous. It's that process of reflection we do as professionals — *am I happy? Am I doing what I thought I wanted to do? How do I need to change what I am doing now, to be true to the kind of physician or professional that I want to be?*

You may be asking yourself, *did she just say this craziness goes on forever?* And the answer is yes, and I am personally thankful that it does. That we as professionals are never stagnant, always growing, always striving to be better versions of ourselves and to find that "fit," that mask that is not really a mask at all.

So, this brings me back to you, rising 3<sup>rd</sup>-year students. Read these stories and pearls of wisdom from your predecessors. Listen to them and to the other students, residents, fellows, attendings and interprofessional team members who will surround you this year. Try on successive masks and find your fit. And as you do, remember that you, too, are role models. You will experience critical incidents, grow into your professional identity and become physicians. But you will also inspire your resident and attending to look up something that they didn't know, be better, learn and teach. Thank you for inspiring me, and welcome to the beginning of a wonderful, sometimes hard and always inspiring career.

EVA AAGAARD, MD

Associate Dean for Educational Strategy  
Director, Academy of Medical Educators  
Director, Center for Advancing Professional Excellence  
Director of Faculty Development, Division of General Medicine

## INTRODUCTION

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

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

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

Members of the Class of 2014 are now part of this long and respected literary tradition by giving you practical advice, helpful suggestions, and personal reflections on the year ahead of you in this collection, *Letters to a Third-Year...* Since I launched this project a number of years ago in another medical school, I, like all of the readers of all such letters, have been given the opportunity to learn along with you, to marvel at your courage and creativity, to applaud your stamina and resourcefulness, and to bear witness to your pain and your joy. Just as these letters provide a mirror of your own experiences and emotions in the third year, they also provide a window for those of us looking in at you and looking out for you as you make this journey, so please share them with your partners, your family members, your friends, and your teachers.

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

THERESE JONES, PHD  
Spring 2014

## DEAR THIRD-YEAR MEDICAL STUDENT,

### ***What is success?***

#### ***To laugh often and much***

Third year is not easy. But if I've learned one thing, a positive attitude really does make all the difference. There is no other career in the world where you get to "try on" so many different options before making a final career decision. Plus, try to remember what a privilege it is to participate in surgery, catch a baby, deliver good news, deliver bad news, hear a patient's honest history, perform a physical exam. And keep in touch with your friends, because you will have so much fun laughing at each other and at yourself! The stories are endless, and there's nothing to cure a tough week at work like an evening spent laughing with good friends ☺

#### ***To win the respect of intelligent people***

Intelligent people will be easy to come by! Winning their respect is not so impossible either. Be honest. Never report an exam finding you didn't complete. If you forgot to ask a patient something, admit it (and then go back and ask them!). Be OK with not knowing the answer. If residents, attendings, and patients feel they can trust what you tell them, they will be more willing to give you the reins, which is always the best way to learn!

#### ***And the confidence of children***

Suprisingly easy! Just make sure to buy some sort of critter to hang from your ID badge... even better if it squeaks or lights up!

#### ***To earn the appreciation of honest critics***

Don't take it personally. Seriously, it's not personal. The first time I had a patient treat me terribly, I went home in tears. The first time an attending embarrassed me in front of an OR full of people, I couldn't sleep. But keep reminding yourself: it's not personal.

Take setbacks as a chance to do better next time. Treat that patient so well that they can't find any more negative things to say about you. Read before your next surgery so you can answer all the attending's questions — and ask a question or two of your own. Take responsibility for your learning, and all the tough moments will make it that much better when the feedback is positive.

#### ***And endure the betrayal of false friends***

I'm not sure about false friends or betrayal... but there is a lot to endure as a third-year medical student. Long hours, difficult patients, difficult colleagues, inexperience, overnight call without a call room, exams, criticism — sometimes unearned, and very little consistency in life.

You will survive it. Your skin will grow a little thicker. You'll learn to adapt quickly.

You'll gain flexibility. You'll have bad days and you'll have good days.

And in the end, you'll make it!

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***To appreciate beauty***

One of the hardest things about third year is remembering to lift your head out of the daily grind and appreciate the incredible experiences all around you. There is so much beauty in medicine — the miracle of a heart waking back up after bypass surgery, the joy of new parents welcoming a baby into their lives, a stroke patient regaining a skill she thought she'd never have again, a family coming together in a difficult time. However, in the midst of charting, and catheters, and 4:30 AM alarm clocks, and endless reading, it can be really hard to maintain perspective on what you're doing. But if you can manage to appreciate the endless beauty of medicine and the miracles happening around you all the time, the rest of it won't seem so insurmountable!

***To find the best in others***

Third-year medical students work with so many different people; you are bound to find residents, attendings, nurses, and other students with whom you love to work, and others who challenge you. Your life will be much easier if you can find something to like about everyone. And it never hurts to tell them what you appreciate about them!

***To leave the world a bit better, whether by a healthy child,  
a garden patch, or a redeemed social condition***

This is why we all came into medicine, right? Third year will be your first chance to really, truly make a difference. Learn about your patients and their lives, but also take time to learn about the healthcare systems we work in. You probably won't have time to do too much world-saving this year, but you can certainly start noticing all the ways that things could be better, and planning to work on them in the future.

***To know even one life has breathed easier because you have lived***

You will be awed and humbled by the impact you can have on people's lives as a third-year. Whether it is the patient who insists he wants you present in the OR for his surgery, or the child who won't hold still for anyone else to examine her, the family who understands their loved one's condition because you took the time to translate all the doctor-speak, the woman who gets help out of an abusive relationship because she trusted you enough to disclose it — you will feel inadequate, incompetent, stupid, and lost over the coming months... but then you will realize you're doing what you came to medical school to do: you're making a difference in patients' lives, and it is such an enormous privilege.

***This is to have succeeded.***

— Ralph Waldo Emerson

Enjoy the ride this year, and remember: YOU ARE ENOUGH, even when it doesn't feel that way!

Sincerely,

LAUREN KING



*Mount Sneffels*

## DEAR PHASE III STUDENT,

Looking back at third year, the best way I can describe it is as an emotional roller coaster:

Grateful.	Accomplished.
and nurses.	Anxious. Happy.
helpful interns	really is for me.
Grateful to	Reassured: this
Worried. Eager.	Excited.
Nervous.	Motivated.
	Fatigued.
	have learned a lot.
	Relief — I really
	(more) confident.
	exam. But now
	Shocked: shelf
	Stressed. Sad.
	Frustrated.
	Drained.

When you're sitting at the bottom of this curve, disheartened, you can't see the path upwards — but remember that this feeling is temporary. You will make it through, catch up on sleep, and enjoy a weekend again. When you're at the top, feeling confident and energized, hang on to these feelings and try to pin down what elevated you and how to get back to this spot.

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#### SOME ADVICE TO TAKE ALONG ON THE RIDE:

**Balance.** Yes, balance your time in the hospital or studying with the other parts of your life — friends, family and exercise. But also try balancing wards-related studying with studying for tests (often not the same); balance your ability to do everything possible to help your team with the time you need to spend learning (that's why you are there); balance your focus on disease protocols with uncovering what your patient really wants and needs. This is all very difficult, but good thoughts to keep in mind.

**Keep a journal.** This is something I'd never done before, but I really enjoyed looking back at it periodically. You will go through so much during this year and it can be difficult to remember how you really felt and what you were thinking just a few months before. It was invaluable to see my progress and growth throughout the year.

**Preload.** Not necessarily before a rotation starts, but in those first days and weeks of the rotation. Read everything you can at the beginning and you will feel less lost in a new specialty, at a new hospital, working with new people. You will climb that steep learning curve quicker and be able to enjoy the other side more. This will also help you develop good questions so you're always ready to show off your knowledge or capitalize on one-on-one time with a resident or attending.

**Enjoy the small things (always, not just third year).** I particularly took pleasure in Jimmy Johns, learning fun facts about patients, any type of non-medical conversation with patients, NPR during long commutes, running into a classmate, and free coffee, just to name a few.

**Learn from everybody.** Your patients will teach you important life lessons, help develop your bedside manner, and occasionally provide you with rare physical exam findings. Learn from watching attendings and residents as well: what do you like about their style, how they talk to patients and colleagues, how they think? Take little pieces — both those you want to emulate and those you want to avoid — from each person.

**Keep an open mind.** Stereotypes about certain specialties are often not true (although sometimes very true) and it's okay to like a specialty you thought you would never consider.

Lastly, always take the stairs.

Best of luck,

LINDSEY SCHAFFER



*Mount Sneffels*

## DEAR THIRD-YEAR MEDICAL STUDENT,

I don't know much more than you at this point, but I've gathered a few words of guidance that may be worth reading before you embark on one of the most challenging and fulfilling years of your life:

There will be patients who make you laugh. Visit them often.

There will be patients who you find frustrating or annoying. Try to make them laugh.

There will be a resident who rubs you the wrong way or makes you nervous.  
Focus on your patients.

There will be a resident who exemplifies kindness, patience, and how to be a wonderful teacher. Take notes on how he or she does it.

There will be times when you are completely wrong. Listen openly as you learn why.

There will be times when you are completely right. Be humble.

There will be times when you dread the next day and just want to sleep in. Remember that you don't have to like everything.

There will be times when you can't wait to wake up and get to the hospital. Maybe you just found your calling.

There will be moments of total clarity. Savor them.

There will be moments of utter confusion. Ask for help.

There will be a day when one of your patients dies. Cry and talk about it.

There will be days when your patients call you Doctor. It's ok to correct them. But recognize that to them, you are their doctor.

And then — exercise, spend time with loved ones, play with your dogs, eat breakfast, carry snacks, sleep, study, love, learn, tell stories, ask for advice, give advice, try everything once, tell jokes, read, write, talk, look around, practice, enjoy.

Sincerely,

JOEDY HULINGS



## 30 MINUTES

For Ms. Sullivan, it was soap operas. For Mr. Martel, it was reminiscing. For Mr. Gonzales, it was pro-football talk. 30 minutes, that's all. No agenda, no clinical diagnostics, no Socratic method. Just being present. Whether you're on neurology, surgery, or pediatrics, one thing always stays consistent: your patients have a human side to them and, although you will forget it at times, so do you.

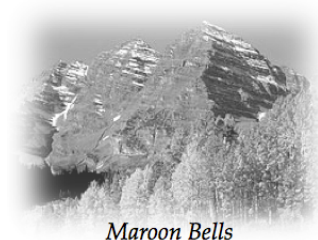
Take Ms. Sullivan for example. She was bare bones, a scene out of WWII concentration camps, a corpse. However, no matter the news of that day, she always smiled big whenever the surgery team rounded with her. "Oh yeah, I'm feeling great today. You all are doing a marvelous job! I'll be out of here in no time." It was a frightening sight, so much so that most of the team avoided spending time with her knowing very well that the end was soon to come.

I was lucky to have Ms. Sullivan as my patient. She taught me an invaluable skill on my very first rotation — one I continue to carry with me to this day. She and I slowly grew closer and we began spending 30 minutes together every afternoon. We watched *The Young and the Restless* and chatted about her old life, the one prior to the cancer diagnosis. By our third episode, she opened up to me. Tears ran down her cheeks as she confessed the intense fear of death that filled her mind at all times.

On days when the glory and surrealism of the OR ran long and I found it impossible to find 30 free minutes, I returned home depleted, exhausted, and mentally drained. Those days when Ms. Sullivan and I watched trashy daytime TV together, I was refreshed and as passionate about medicine as ever.

During this roller coaster year of emotions, if you find yourself forgetting that you are human, all you need is 30 minutes.

IGOR SHUMSKIY



*Maroon Bells*

## DEAR RISING THIRD-YEARS:

There are undoubtedly students among you who have been preparing for medical school for many years. You have read about it. You have talked about it. You knew the difference between an intern, a resident, and an attending when you were six. You took biochem just for fun in college.

However, there are probably a few of you out there who, like me, had no idea what to expect at all. You wanted to be a doctor so you came to school. But you didn't know that there were two years of PowerPoint lectures, tests, and a monster hurdle known as Step 1 to get past before clinical years.

Well, you made it — congratulations! Welcome to 3rd year (or what you'd thought med school was all along). Welcome to learning how to be a doctor.

### THE BIG THINGS:

- 1) Remember that the chance to be a doctor is a blessing. People will entrust you with their most precious item: their health or the health of their loved ones. Remember that even when you are tired, or frustrated, or the patient is a poor historian, or drunk, or you have 5 things to do and only time to do 2 of them, it's important to try to stay grateful even when you are not.
- 2) You will work long hours sometimes. You will be tired. However, being a medical student (or a doctor) does not make you the hardest-working person in the world. The people on night shifts as janitors work hard. The fry cook at McDonalds works hard, and probably gets burned by grease doing it. So all in all, take time to remember that your life is pretty good.
- 3) Take time to do what's important to you. See your friends and family. Get some exercise. Be a person. But take the long-view as well: you will get to be more of a person on some rotations than others. Ride out the peaks and the valleys.
- 4) Grading is capricious. You could do a great job but have an attending who doesn't care enough to give you a great review. You could work long hours but make a single mistake that bites you in the ass come grading time. Life will go on. Think big-picture when the small things make you crazy.

### THE LITTLE THINGS:

- 5) When a resident tells you to go home, go home. Remember this someday when you're a resident.
- 6) Keep granola bars in your pockets at all times.
- 7) Try to work through your own assessment and plans: even if you get shot down, your team will still respect you for it.
- 8) There are XBOXes in the rooms at Children's. If a kid asks you to play XBOX with them, you are pretty much working.
- 9) You will probably never get a VA badge. Accept this.
- 10) I brought in bagels to say thanks at the end of one rotation because it seemed like a nice way to say thank you. It cost a lot of money and nobody cared.
- 11) Be nice to the nurses. If they are nice to you back, cherish them.
- 12) Don't be afraid of scut work: if you never do it, you won't have any idea how to be an intern.
- 13) Free lunches will never not be awesome.
- 14) Don't forget to have fun! It's hard to be good at your job if you hate it.

EVAN TAYLOR



*Mount Bierstadt*

## LETTER TO A THIRD-YEAR

DON'T WORRY — I'm pretty sure I just read my patient's vital signs for my first presentation.

I'M THE TYPE OF LEARNER whose mind, when I cannot understand the reasoning behind something, will not allow me to do it, let alone do it well. I could not wrap my head around presentations. Why? What was the point of them? You say all this stuff that everyone else already knows, then you get corrected. You always get corrected. It's kind of like in the movies where one guy makes the other guy dance by firing off a few rounds at the other guy's feet. Dance!

SO I'D GO HOME and spend time preparing for this little dance, trying to anticipate which questions would be asked and how I could head them off, or at least answer them. I'd imagine every angle from which the attendings and residents might come at me. I'd prioritize which information to put up front in an attempt to mitigate the upper-level's absolutely irrepressible urge to interrupt, ingrained deeply and powerfully by some dark force in the first week of intern year. Here was my favorite presentation:

**Me:** "49 y/o presents with concern for pregnancy— "

**Resident:** "UPT was negative, care otherwise up to date, we're sending her home."

**Attending:** "Great."

I TIED MYSELF IN KNOTS with similar acumen during didactics, pimping, and teaching rounds. I tried never to interrupt residents even when I knew stuff. I smiled and nodded as attendings explained concepts I already knew. I asked residents and attendings for feedback on my notes to show that I cared. I acted surprised to be told a patient had a murmur even though I had presented this information for the last six days. The frustration I felt began to boil during my fourth clerkship, and luckily an empathetic resident took notice. He offered some quick advice:

"Hey, you look frustrated. You're doing just what I did third year — you're trying to please everybody, read everybody, understand what they want, what their moods are, if they want you to be quick or more thorough, if they want you to bring in articles everyday, or maybe just once... Then I figured out the key."

I LIKED THIS GUY — he understood what I was going through. He was dead-on with his descriptions, and it gave me relief. I realized I desperately needed this small amount of empathy because I was starting to lose my grasp on reality.

"Please... please share," I said.

UP UNTIL NOW he'd been typing his note while talking to me, eyes focused on the computer. Then he stopped, turned to his left, put his hands on his knees, and looked me hard in the eyes.

"F\*\*\* what people think. Take care of your patient."

HE GESTURED INTENSELY while saying this, both hands played complicated chords on an invisible piano, one chord per syllable. I stared at the floor for a few seconds, then looked up at him.

"That's it?" I asked.

"It's the only thing you ever have to do. Do whatever it takes to be the number-one advocate for your patient. Think of yourself as the only thing standing between your patient and certain death."

NOW, use this concept to answer any question you might have. Should I write a note? Should I bring in an article? Should I speak up during rounds? Should I stay later? Should I do a head-to-toe neuro exam? Should I interrupt the intern? Should I come in early? Should I do whatever? The answer is... are you doing it to care for your patient? If yes — yes.

DAVID ROY



*Mount Eolus*

## DEAR PHASE III STUDENT,

Your time is finally here.

You have worked hard for many years, and over the next year you will put the hard work to use in the form of quality patient care! Consider this: your patients are already out there waiting for you...

...Some of your patients have not even been born yet, some are currently healthy but will cross your path in an emergent manner, and others have been struggling with a disease for many years and will look to you for new answers. Regardless, these patients will require your attention and care.

You will feed information to the team from your history, your exam, and your research — all of which can make a difference. At times, you will feel like your efforts have been fruitless: care decisions will be made when you're at home getting some R&R or studying or working on a rotation assignment; you will change teams, and even hospitals, in a single block; or your patient will suddenly require a different level of care and leave your hands.

It's important not to get discouraged. Full responsibility of your patients will happen soon enough, but for now you will need to be the student — and with that comes responsibility that will take you away from patient care. On the other hand, when an attending, resident, or other staff member asks if you want to see a patient, 99% of the time the answer should be "yes!" Even if you expected to see a different patient, latch on to the opportunities that present themselves to you: you never know when you will strike a special connection with a patient that will later define who you are as a physician.

For the remaining 1% of the time, allow yourself to have a veto card in your pocket — use it when you are asked to do something that makes you feel too uncomfortable or for times when you are asked to get involved in something that will take you away from the learning goals of the rotation.

Before I close this letter, I'd just like to remind you that you are not expected to be perfect — learn to appreciate negative as well as positive feedback. Some negative comments will be unmerited, but others will be gems that can save you in the future. Let your patients know when you don't have the answers, and in return they will trust you when you do.

Congratulations on coming this far, and we look forward to seeing you on the wards!

CHRIS HAAS



*Mount Sneffels*

## DEAR 2016er,

So you're telling me that you survived and — possibly even thrived on! — that eight-hour endurance trial called Step 1. I bet most of you even remembered to print out the correct test permit on the morning of the exam (unlike this future physician). You're about to enter one of the most exciting and simultaneously exhausting years of your life that is barely comprehensible to those who haven't yet had the distinct pleasure of being a third-year medical student. Like everyone else, I wanted to share some pearls of wisdom I wrote down in the back of the notebook I carried with me each day.

1. Just be cool. There are many things to get excited about during third year, but just be cool. Find the groove of each team you work with and find where your personality fits. Remember your role as a student, but also take initiative.
2. On my first rotation, my intern told me, "Always strive to be able to replace the person one step ahead of you." As a 3rd-year, try to be as good as the sub-I (while not trying to show them up — that's rude) and so on. This way you have a goal with each rotation.
3. My high school had a sign that said, "No one cares how much you know until they know how much you care." Similarly, in third year, no one cares how much you know. Do not ask questions you know the answer to, and do not interrupt or talk over others.
4. Understand you will go through cycles of confidence. This can vary from rotation to rotation, day to day, or minute to minute. I expect this will continue until we are all gray and kyphotic and don't care anymore.
5. Do not complain. It's not worth it. Not even a little bit. Please, whatever you do, don't complain in front of your residents and attendings. They will have little sympathy, and you will just sound whiny. If you have had a bad day, give yourself 10-15 minutes to be upset when you get home, but that's it. Refrain from harping on the point. Remember — you signed up for this.
6. At the same time, if you witness truly unprofessional behavior, say something. This does not mean a busy resident is unprofessional if they don't have time to teach. If you're unsure, talk to someone you trust, and then — please say something. The culture of medicine will only shift if people stand up for themselves and for their patients.
7. Remember that it is not about you. It's about patient care first. That's why we all got into medicine in the first place.
8. Put a credit or debit card in with your badges during busy rotations. That way, when the team goes to lunch, you will be prepared.

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9. Clicky pens are awesome — but if you aren't careful, they can leave ink stains on your white coat. You may end up looking like the Nutty Professor.
10. How to have fun on your surgery rotation (especially if you don't want to go into surgery):
  - Brush up on music knowledge. The first pimp question I got on my surgery rotation was, "Do you know why this song is important?" (It was "Video Killed the Radio Star" by the Buggles...and I have a high five for those who know why it was important.) This was a good way for a non-surgical person like me to feel more comfortable going out on a limb and get to know my residents and attendings.
  - Don't just listen to music in the OR. While holding the retractor, pimp yourself on the disease process and the surrounding anatomy. You'll be surprised at how often the surgeons then ask you those same questions.
  - Before you leave for the day, quickly read about the patients scheduled for surgery on your service. That way, no matter which case you are assigned to, you will be prepared.
  - Always introduce yourself to the scrub nurse and the circulating nurse, put your name on the board, thank the nurses for their help, and follow your patient from pre-op to post-op.

I wish you all the best of luck. I promise that you will do well provided you are nice to your patients, your team, and your fellow students, and that you work hard. This year will not be easy, but it can be exceptionally rewarding.

Big gulps, huh?

Welp, see ya later!

CHRISTIE OSBORNE



*Maroon Bells*

## DEAR ALMOST-PHYSICIANS,

I HOPE THIS REACHES YOU WELL. I just wanted you to have some more words of encouragement. Third year can sometimes seem like you're hiking by yourself without a map, compass, or supplies. To those of you who have felt that way, I know it can be unsettling, scary, or even downright miserable. To those who have not — please be kind and supportive to those around you. While it may feel like all those disheartening things are true, here are some reminders of the tools you already have. Let's speak in terms that may be more familiar or, at the very least, less daunting.

**MAP:** Each rotation has its own quirks, and the quickest way to not leave things out is to ACTUALLY READ THE SYLLABUS. And if you ever have any questions, the course directors and coordinators are very responsive; so are the people who may have done the rotation before you, because you are not alone.

**COMPASS:** Now, how do you know you're going in the right direction? Do you stubbornly keep going and hope you end up at the right spot? Of course not — you have to ask for directions, and that's where FEEDBACK comes in. Sometimes you really have to ask, and the answers you get are to help guide you to where you need to go, not to deter you or bring you up short. The same idea goes for questions directed at you from residents or attendings: these are moments to find out what you may not know as well and to help guide teaching. These times may feel uncomfortable, but you are not alone.

**SUPPLIES:** This doesn't just count for books and material resources (although you really should practice sharing). Consider all the other resources you have that are just an email or text away: fourth-years, resident advisors, faculty mentors, YOUR COLLEGE, Student Life — there are so many people cheering for you and actively working to help you succeed.

Finally, this is more than a quick day trip. GET SOME SLEEP! You can't take care of your patients or your classmates if you don't take care of yourself first. Remember — you are not alone.

KINSEY ROTH



*Mount Eolus*

## HAIKU

Feel unimportant?  
Low man on the totem pole,  
know this too shall pass.

WILLIAM FORD



*Uncompahgre*

## DEAR PHASE III STUDENT:

WE COULD TALK ABOUT THE MEDICAL STUFF, but I have no doubt you will figure that out.

IF I WROTE AN AUTOBIOGRAPHY FOR MY THIRD YEAR, I would title it *Finding My Swagger*. Though my friends would call me an extrovert, I come across as reserved initially in group situations. I wouldn't even say shy — I'm actually somewhat outgoing, just not the life-of-the-party type. I can also report that I'm a very average medical student: I have had to work hard to get through medical school. I am not always the first person to understand a new concept. I do not always get the answer right.

THROUGHOUT THE FIRST FEW MONTHS OF THIRD YEAR, I really felt that my teams liked me. I worked hard. I put in the hours. I did the self-directed learning. However, I found that I would often remain quiet when "pimped" and allowed another student to answer even when I knew the answer a fair bit of the time. In hindsight, it was a lack of confidence more than a true aspect of my personality or a true depiction of my medical knowledge.

THERE WAS A DELAY UNTIL I STARTED TO RECEIVE SOME OF MY EARLY FEEDBACK. My teams did like me, and my "above the line" comments were positive. However, from some of my first rotations, I had "below the line" comments that included: "bashful," "needs to continue to work on her confidence," "took a little time to open up," and "needs to be more aggressive."

AFTER SOME SELF-REFLECTION, I made a decision to intentionally fake confidence. I needed to find my swagger. I looked to some of my physician role models. Patients and providers alike want to be surrounded by providers who are confident. I definitely did not want to overcorrect and become arrogant, but I wanted to be perceived by those around me as confident. I followed the old adage of "fake it 'til you make it." When presenting to my team, I charged through my Assessment and Plan even when unsure of my choices. I forced myself to speak up when I had something say. I made a point of making eye contact. I tried to smile. I asked more questions. I tried to step into a role during my clinical time each day.

NOT SURPRISINGLY, I FELT MORE CONFIDENT. I could feel my position on the team changing. I became an active participant in patient care instead of a learner. There were even more learning opportunities at this point, because when an attending altered my plan, I actually understood the logic between what I proposed and what was actually performed. Granted, some of these changes were the maturation of my clinical knowledge over third year, but there was something to be said for my purposeful change in stature.

SO AS YOU START YOUR THIRD YEAR, remember that mannerisms and demeanor — not just content — will greatly affect how you are perceived. You will see dozens of positive and negative examples in your team members. Take moments to step back from what they are actually saying and try to focus on their delivery. Emulate those role models and allow yourself to practice different styles until you find your own swagger.

Most sincerely,

LINDSAY KRANKER



### THIRD-YEARS,

You've made it! At least that's how I felt when I realized that all my time sitting in lecture halls trying to retain even half of what I was hearing was over — finally, it was time to dive in and really start learning medicine.

My biggest piece of advice is to remember how you are feeling now, how excited you are (probably a fair amount of nerves as well, but mostly excitement), and to keep that up throughout the year. Each new rotation offers exciting opportunities that you will literally never get to have again. Don't buy into all the "scary" things people tell you about various rotations; your experience on your rotation is largely in your control. As I'm sure you've heard at least a thousand times, your attitude and outlook will make or break a rotation. If you're excited, you'll learn a lot and enjoy your time even if you know it will be something you'll never want to do again.

My other piece of advice is don't study all the time! I'm not saying don't study — you'll need to — but you also need time to relax, have fun, be with your friends/family, and even take some time for yourself. You'll have most weekends off (with the exception of a couple rotations), so go to the mountains, go downtown, go do whatever you enjoy. If you don't, you'll soon hate third year and feel as though it controls your life, and you'll lose the excitement you started with.

And a point I still struggle with: if you only ever compare how much you know or your skill level to the residents and attendings 2-10+ years ahead of you in training and experience, you will always feel like you "know nothing" — and this can get very frustrating. So take some time every once in a while to realize that when most of us started med school, we didn't even know the basic components of a history or how to put on a stethoscope (who knew you could put it on backwards?) and now you're actually taking care of patients. Yes, you have a ways to go till you can be that attending, but you've also come pretty far.

So stay excited, take time for yourself, and remember, you're a lot smarter than you think!

MARINA RODRIGUEZ



*Mount Bierstadt*

## DEAR UNIVERSITY OF COLORADO MEDICAL STUDENT,

A few practical notes on third year:

1. Start a file of all of your computer codes for each hospital. Door codes are also nice to keep track of (though many of them are written on the door frames). Keep this on your person — it will be useful.
2. Consider an end-of-rotation log for yourself. My roommate and I started a Word file that we devoted five minutes to at the end of a rotation. What did you like/dislike? Note the attendings or residents you enjoyed (you may not remember their names a few months down the line and will wish you did). If you do this, you'll start to see trends about yourself, and this may help you make career decisions. It may also help with your personal statement later on.
3. When you present a patient, actually verbalize the titles — “subjective,” “objective,” “assessment,” and “plan” — before each of those sections. It will help you stay organized and can help a flustered presentation be more useful to the rest of the team. A medicine attending told me to do this and it was a major turning point in my ability to speak the language.
4. Never auscultate over a gown.
5. The DG cafeteria has a \$5 credit card minimum — carry cash. The VA cafeteria is terrible — avoid at all costs. The U and Children's are good. St. Joes and PSL provide many meals; everybody I know overate all the time.
6. The VA scrubs are pretty bad, but the Children's scrubs are the same color and much better fitting. As of now, they are not on lockdown.
7. If you spend money on a book like Pocket Medicine, spend an hour going through it before you start carrying it around. If you do not know what is in it, you will not know when to use it.
8. Carry easily accessible scissors. They are always needed promptly and no one ever has a pair (except you!). Pens that you are OK with “donating” to the attending are also helpful.

Best wishes,

SARAH CAMELLIA BALDRIDGE



*Mount Sneffels*

## DEAR THIRD-YEAR,

CONGRATULATIONS ON ENTERING A NEW PHASE IN YOUR TRAINING! As I'm sure you've heard, it is very different from the initial part of medical school and is filled with new challenges, successes, and failures. Unfortunately, the multiple-choice exams don't go away (sorry!). There are more weeks of early mornings, days of late-night call, and long nights of reading than there have been in the past.

BUT YOU ALSO GET AN ADVENTURE AND A CHANCE FOR SELF-DISCOVERY.

STARTING CLINICAL CLERKSHIPS is a bit like being thrown into the deep end of the pool. You have a lot of theoretical knowledge of how to stay afloat, as well as some experience wading in the shallow end or swimming with a lifeguard. There are many challenges, both expected and unexpected, in third year. Initially, it's overwhelming. I didn't know what was going on at least half the time early on in the year, while everyone else on the team did seem to know; they seemed to have flawless presentations, could perform procedures, knew where rooms and supplies were located and what phone number to call to get any department in the hospital. You stumble along and keep trying to improve. And things change rapidly. You get the opportunity to learn from some great residents and attendings. You hone your presentation skills and your note-writing. You read like a fiend. You recognize common problems and the common solutions. You learn which attendings like detailed presentations and those who want the basics. You stop stumbling and start swimming.

DESPITE GROWING BY LEAPS AND BOUNDS, there are always times you still feel like you are drowning. It's worse earlier in the year, but it never totally goes away. There continue to be times when you have no idea what is going on. Daily, you will be asked questions to which you do not know the answers. It's okay to not know everything. But if you don't know the answer on Monday, you better know by Tuesday. Read to fill the gaps in your knowledge, read about your patients, read for presentations and to prepare for your exams. Sometimes it seems like all you ever do is read. There's so much reading to do, you will never accomplish it all. Prioritize and read what you can.

THERE WILL BE ATTENDINGS AND RESIDENTS who seem to have a chip on their shoulder. Work as hard as you can and realize some of them will never change their minds. Sometimes the personal opinions of these attendings affect your grades, and usually there is nothing you can do about it. There may be times when you encounter attendings or residents who put you down or take advantage of you; this is not normal and not acceptable.

TRY NOT TO LET LONG HOURS in the hospital and the mad amount of reading swallow your life entirely. There are still people you love — spouses, children, family and friends — and you need to make time to see them. It will be less time than in the past, but they are still important. Sleep. Seriously, it may seem like a good idea to sacrifice a couple hours to finish your reading, but you will not get time to catch up on the sleep you truly need. Hire a maid service to clean your house: when you have time off, you'll want to be sleeping and spending time with your loved ones, not cleaning.

BEST WISHES AND GOOD LUCK, NEW MS3!

MARIA VELAZQUEZ



*Mount Eolus*



## FROM THOSE OF US WHO HAVE BEEN THERE:

Don't be afraid  
Believe it or not, you're well prepared for this moment!  
Embrace the excitement

Approach each new day, each new experience  
as a chance to learn, a chance to grow as a clinician  
You will be wrong, a lot, but that's okay

This is your chance to learn more than ever before  
Own it! Master your research skills and read as you've never read before!  
You will be tired — very, very tired; your desire to learn needs to prevail

Get to know your patients; learn from your patients  
Never forget that there are people out there who love them very much  
Treat them as you would want your loved one treated

Be nice to your classmates  
Support them, encourage them  
Work together and help remind one other about the lab across campus at 2 on Tuesday

Keep your friends and family posted  
Tell them when you're on a rotation that gives you weekends or evenings off  
And make sure they understand when you're on a rotation that gives you neither...

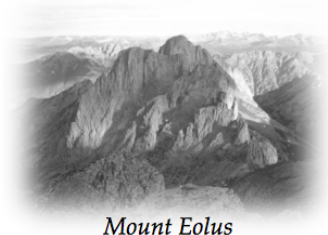
Make sure you look professional, all the time  
Make sure you're on time, all the time  
Make sure you're polite, to everyone, all the time

Wash your white coat  
Smile and say hi to people as you pass in the hallways  
Represent yourself and your school with pride and dignity

You are a 3rd-year medical student from CU... and the best years of your life are starting NOW!

GOOD LUCK! AND WASH YOUR HANDS!

ANONYMOUS



*Mount Eolus*

## ADVICE TO A THIRD-YEAR

CONGRATULATIONS on starting the true clinical portion of your medical training! You will undoubtedly work hard this year, but hard work is rewarding (as you already know). This year, you will actually practice much of that really cool medicine you learned in the lecture halls. You will also discover new insights about yourself and refine your skills by working in many different types of environments. In the process, you will narrow and solidify your future professional goals.

HOWEVER, DON'T FRET IF YOU CAN'T MAKE UP YOUR MIND. You can always do a couple of sub-internships at the beginning of fourth year, or you can take a year off to get an MPH, MBA, or even take a research year. But don't get ahead of yourself yet thinking about 4th year. Here are a few of my tips for 3rd-year success!

- \* **Have fun!** — On my psychiatry rotation, I worked with an attending whose goal for me was to have fun working with him in his clinic. I was halfway through third year and I'd forgotten how to have fun on rotations I was less enthusiastic about. On other rotations, I found I truly enjoyed going to work. In the end, a positive attitude will take you far during third year. So remind yourself to have fun, and it will be easier to find the silver lining and enjoy the time and effort you're putting into your professional development.
- \* **Fake it 'til you make it** — Not feeling confident about your oral presentation or your knot-tying skills? First, practice a few more times at home, with classmates, and/or with your residents. Still feeling jittery on rounds or in the OR? Tap into your inner confidence by remembering other things you're good at, and then go join your team! Sometimes you have to fake confidence until you start solidifying your skills and knowledge.
- \* **Be comfortable not knowing** — Since there is always more to learn, figure out how to feel comfortable not knowing the answer to that pimp question. After you're told the answer, write it down, go discover a little bit more about the topic, and come back the next day to share your knowledge. Learning on rotations with residents is a team effort, so find ways to chip in. Share a random fact, or offer to present a very brief review on main treatment options for your patient. If you're lucky enough to be on a rotation with a single attending, ask if you can share a brief presentation on a topic from your day's patients. The worst they can say is no, and you'll show enthusiasm and an interest in learning, which they'll notice and appreciate.
- \* **Stop procrastinating** — I have a history of being a procrastinator, particularly with big deadlines. Shelf exams are big deadlines not to be overlooked. On my first rotation in hospital medicine, I didn't make a study plan during my two months of rotations; instead, I spent time researching information on specific, and sometimes obscure, medical topics related to my patients. As a consequence, I didn't do as well on the shelf, which hurt my grade. But more importantly, I lost some of that broad learning in Internal Medicine that will continue to appear on other rotations. I learned my lesson and studied much more effectively and efficiently the rest of the year, and it paid off in both knowledge and grades. The lesson here is to do a little studying (almost) every day to prepare for your exams and increase your overall medical knowledge.

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- \* **Self-care is key** — What has nourished you so far during medical school? Whatever it is, keep doing at least one thing regularly to keep yourself well-balanced and better functioning this year! Start with small goals if necessary: cook something nutritious once a week, spend quality time with friends or loved ones on your days off, exercise once or twice a week at the gym or outside. Yes, this is easier said than done on some rotations (Medicine, Surgery, OB-Gyn, Peds); however, remember that your life will be even busier in residency, so keep developing those healthy habits now.
- \* **Mary Poppins–pockets** — The pockets of a med student's white coat are often filled with treasures, and it's easy to want what others have in theirs. Here were the essentials that worked for me (but beware of the heavy, bulky coat weighing on your shoulders all day!):
  - Smartphone with useful apps: Epocrates, Micromedex, Journal Club (worth the \$\$), AHRQ ePSS, Eponyms, Flashlight, EyeChart, iRadiology, MedCalc Pro, ACP Clinical Practice Guidelines
  - Folding clipboard and a few sheets of blank white paper
  - Pens, highlighter
  - Pen light
  - Calipers (or use a piece of paper with hash marks for your R-R interval!)
  - Reflex hammer (or use your stethoscope in a pinch)
  - Safety pin loaded with safety pins, pinned to the inside of your jacket
  - A few cotton balls
  - *Pocket Medicine*
  - 1 small, thin notebook for jotting notes down during didactics and on rounds
  - 1 food item: granola bar, chopped up apples or carrots, nuts and dried fruit mix
  - +/- 1 small water bottle stuffed in inside pocket

AGAIN, CONGRATULATIONS on being halfway to that MD you've been working toward so far! I hope you have a great year, full of more highs than lows. Of course, when you inevitably start to doubt your skills or knowledge, or you feel discouraged from your work that day, remember to take care of yourself — go on a walk, talk to a friend or loved one, get a good night's sleep. If you feel particularly overwhelmed, talk to the program director or staff in Student Affairs; they really are there to help you. You'll make it through like the rest of us. We all needed help in some way or another!

ENJOY THE BEST YEAR YET!

Sincerely,

SARA SCANNELL



*Crestone*

## DEAR THIRD-YEAR,

Yay, you made it! You survived the classroom years of medical school! Now get ready to embark on the crazy yet amazing ride that is third year. This year is draining, yet one of the best — if not the best — year of medical school. You actually get to take care of patients and feel like you're making a difference, which for most of us is the reason we came to medical school. So take advantage of it. Learn as much as you can.

Do not be afraid to ask questions for fear of sounding dumb — you aren't supposed to know everything. It's okay to be wrong; don't let fear of this stop you from proposing a plan for each of your patients (that's why we have interns, residents, and then attendings supervising us).

Even if you think you know which specialty you want to go into, be open-minded when going through each rotation — it's okay to really enjoy other rotations besides what you want to do. Take advantage of all the different teaching sites offered at this school; it is really interesting to work with so many different patient populations. Think about going to a rural site for a rotation besides Family Medicine: the one-on-one teaching you get from many of these sites and the relationships you can form can be truly invaluable.

And, of course, do all the things you would think are obvious: be on time, work hard, dress appropriately, study, et cetera. If, by the end of this year, you have not experienced every emotion at least once, you probably did not make the most of your third year. Don't let that happen.

NATALIA ARANGO



*Mount Eolus*

## DEAR THIRD-YEAR,

I figure you won't read most of this book unless you are completely Type A. So to make this easier, I will just give you some bullet points that I think you should know for third year:

- Wear a tie on the first day of every rotation, and then dress like the attending.
- Don't be late. Seriously, this could be half your grade.
- Practice a few presentations in the beginning of the year, but don't obsess about them or you won't seem natural.
- Know as much about your patients as possible, but don't present it all — that way, when someone asks you more questions, you know the answers.
- Understand that the hospital is not for you. You are allowed to learn in it, but it is for the patients. If you understand this, you won't get so mad about grunt work.
- It is okay to ask dumb questions. You aren't the first person to ask where the bathroom is... your classmate did it 4 weeks earlier.
- Approach each rotation as if it is the specialty you want to do. You will learn more and be happier.
- Be a team player. Medicine is turning into a team sport and your residents will notice if you are selfish.
- Buy USMLEWorld for any rotation with a shelf exam if you can afford it.
- Bring snacks. A lot of snacks. Don't eat the patients' snacks and drinks unless the residents do.
- Have fun! This is why you decided to do this — if you don't have fun this year, are you ever going to enjoy medicine?

And remember, fourth year is a blast once you get past Sub-Is, so there is a light at the end of the tunnel, and (for once) it isn't a freight train.

Cheers,

TOM SEIBERT



## DEAR THIRD-YEAR STUDENT,

It goes by quickly, doesn't it! Some days seem to last forever, but then all of a sudden, BAM! The month-long rotation is done. Now that it is fall, you no longer feel the terror of having no idea what rotations look like. Yes, anxiety comes with each new rotation, and that lasts anywhere from one day to a week (depending on the rotation in my experience). Is it starting to get to the point where you know what motions to go through in order to appear like a hard-working student? I remember reaching that point sometime during the fall (I think I was on my surgery rotation). I also remember a paradigm shift occurring during the fall as well: my thinking changed from *How do I get honors in this rotation?* to *What's important for me to know as a doctor that I need to learn on this rotation?*

You may have been thinking in this manner already, and for that, I commend you. I was a little slow in my conversion. You see, a lot of my education efforts prior to medical school were to get to medical school. And my efforts the first two years of medical school were to get good grades and a high Step 1 score so I can keep my specialty options open. When third year came around, I naturally continued on the same educational viewpoint: get good grades during my clinical rotations so I can be competitive for whatever specialty I choose to pursue. *But what comes next? During residency, will my goal be to get good reports so I leave open the option to do a fellowship? Then what?*

Eventually, it comes down to having the knowledge and skills to help my patients to the best of my ability. Hmm... it seems I would be far more successful at being a good doctor if I start practicing now. Getting good grades does not mean that you are, or will be, a good doctor. A physician is more than knowledge — a physician is respectful, empathetic, professional, resourceful, and above all else, a servant of the sick.

If you are like me and were late to the game of pursuing education for your future patients, now is a great time to shift your focus.

FRANK HALL

P.S. Of note, I found that after I switched my focus to learning for my patients instead of the grade, I actually got better comments and more honors. Just food for thought.



*Uncompahgre*

## DEAR PHASE III STUDENT,

HERE ARE MY TIPS for how to survive and excel as a third-year medical student:

1. **Remember to smile.** Have fun. Enjoy yourself. Laugh at your own mistakes; they are always opportunities to grow. You finally get to go to work every day and actually take care of patients — and believe it or not, patients will think of you as their primary physician. No matter how tired you are, how much you got pimped in the morning, or how hungry you are because all you've eaten in the past 12 hours is a hospital graham cracker, be happy to be there.
2. **Remember to be patient.** Don't rush home at every opportunity. Stay late, come early. Do all your work and patient care to the best of your ability, even if you were supposed to go home 45 minutes ago. It may seem like they don't notice, but residents and physicians do notice when you stay late and come in early, and they will appreciate you for your effort.
3. **Learn how to be helpful.** One of my main goals on every rotation was to figure out how to make the residents' day go a little better. Whether this is doing "scut work" so they could focus on other things (like running around the 9 floors of Denver Health to drop notes), coming in early and recording all the patients' labs and vitals, or just figuring out how to make them laugh, the residents really appreciate it. They will then, in turn, make your day better by giving you more responsibility, letting you do procedures, or even making time to teach you!
4. **Remember that every day is a new day.** You are going to have some rotations, some residents, and some physicians you may not instantly "click" with. Take what you learned from the previous day and try to go forward knowing that you can always learn something and improve yourself every single day. You will be surprised how much more you end up liking the rotation if you can do this.
5. **Remember: you are still important.** Third year is a ton of fun, and possibly the best year of medical school, but there will be times when you are tired, sick, or burned out and you need to take care of yourself as your first priority. You will still have time for exercise, your family, and your friends, but not all of them every week. Choose one thing to do for yourself each day. For me, certain days I played on a soccer team, other days I spent time with my sister, and other days I saw friends. However, remember that trying to do multiple things in the same day, or even the same week, will just make you more tired and create more stress.
6. **Remember why you are here — patients.** Spend time with your patients. Get to know them beyond just their medical presentation. You have the most time to spend with patients as a medical student, so take advantage and build excellent relationships with your patients. Receiving a hug of thanks from your patient when you discharge them after a weeklong stay really means a great deal.
7. **Always be prepared.** When one of your patients has a certain condition, go home and learn everything possible about it! When your team says there will be some teaching tomorrow on a certain subject, go home and learn everything possible about it! Your effort to prepare and even teach the team is very appreciated. Pimping becomes your time to shine when you have just recently reviewed the subject!

ASHLEY PHIPPS



*Redcloud*



## DEAR PHASE III STUDENT,

As you embark on this next phase of your journey, I hope you are filled with excitement, passion, and just the right pinch of timidity (since your patients will still perceive you as a doctor in your short white coat). Your patients will be your best teachers this year, but they will also rely on you as their advocate and to serve them through their visit or hospitalization.

I will never forget admitting my first patient on pediatrics and then pre-rounding the next morning. I walked into the room, and as the parents woke up, they smiled and said, "Look [kiddo], it's your favorite doctor!" You'll soon have that first moment when you realize no matter how little you know, no matter how much you feel incompetent and like the perpetual student, your patients see you as one of their doctors, part of the treatment team, and usually the person who takes the most time to talk to them. So take advantage of this opportunity: this year is your chance to learn — and to serve.

**Approach each rotation by embracing that specialty for that time.** You can do anything for a day, so take it one day at a time. I was terrified of starting certain rotations (especially psych and OB!) but ended up having great experiences on them.

**Each experience can be made or broken by the people you work with.** You can't control which team you're assigned to, but you can control how you respond to them and how you present yourself. Be the kind of person you would want to work with.

**Show up, be present, tell the truth.**

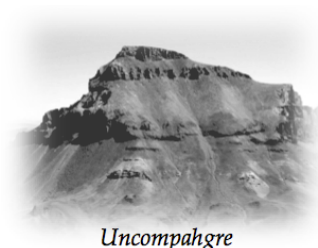
**Never be afraid to say "I don't know."** Your patients will respect your honesty and enjoy the opportunity to help them learn. It also gives you the wonderful opportunity to ask your questions, do some research, and then really solidify the knowledge by teaching your patients. Usually, they get a lot of satisfaction out of helping you learn. I had a patient on medicine who had to go to the OR for brain surgery, and I was able to go in to observe the procedure. I sat with her as she was in the PACU, and the first thing she said as the anesthesia was wearing off was, "Did you learn something?" It was a really great reminder that my job (as the third-year med student) was primarily to learn. However, if you're doing your job well, you will inevitably also provide excellent patient care. By asking your team a seemingly simple question, you may present things in a new light that allows for better management of the active issues.

**Remember to enjoy the process.** You may never again have the opportunity to sit with a person for an hour to discuss their fears and anxiety in the context of the trusting relationship of patient and psychiatrist, to coach a fearful patient through their first episode of chest pain in the ED, to console a child and their family through the fear of being hospitalized, or to catch a baby and deliver it to its mother's arms, to talk through the differential diagnosis of elevated liver enzymes and appropriate workup with your medicine colleagues, or to see the inner workings of the human body alive and vibrant under the cautious and meticulous attention of the surgeon's hands.

**Finally, remember to take care of yourself.** Sleep well, eat well, and use your downtime to re-center with the people and activities you love.

May your third year be filled with learning, joy, and discovery. Congrats!

CAREN MILLARD



*Uncompahgre*

## WHAT I WISH I WOULD HAVE KNOWN THIRD YEAR

Being a physician is a **challenging privilege**. You'll get frustrated and fatigued during third year (especially about halfway through, depending on your rotation schedule) and think you hate everything and the system sucks and you chose the wrong career (*can I be a PA at this point?*). You'll be happy again at the end (although frightened, perhaps, about fourth year and applying to residency — *now I want to be a doctor again, but will they give me a job?*). Remember that you are there every day to care for patients, and even if you are worried about a mediocre evaluation, only you know what you have really learned and which patients you have really cared and advocated for.

Approach each patient as though you're the only person left on the planet and you have to **take care of everything**. Avoid any input until you have come up with your plan on how to care for them (use the internet if you have no idea); then, and only then, ask for advice. Basically, act like an intern.

Remember, you often don't have the answer or the information you need and you still have to **make a decision** about what to do next. Always make that decision like the patient in front of you is your parent or child.

You have to **do other stuff** (academically) during third year — research, volunteer work, applying for away rotations for fourth year, etc. You also have to try to do well clinically and on exams. How to do all of this at once is still a mystery to me.

Realize that **the evaluation system sucks** and you will probably get screwed on one or all rotations. I was told to make sure to "get at least get a couple of honors and high passes" so my grades don't look mediocre on my residency application. Don't think you're going to be a terrible doctor if you never get above a "pass," and remember that the system is far from perfect. Sometimes it is crappy luck with evaluators; sometimes it is that really odd departmental exam you scored below the mean on.

I know you'll hear this a million times, but it bears repeating: **keep an open mind**. You will be shocked by some of the things you love and hate. That surgery rotation you've been dreading since Day One of med school? You may end up loving it more than anything and decide to invest a decade in residency to be a surgeon. (Just sign up for CT surgery and watch the human heart beat — it just might change your life.) This is even true if you thought you were going to be a pediatrician for the last twenty years. Seriously. On the other hand, you may be certain you'll hate a particular rotation, and it IS just as bad as you expected... You'll get through it. This is a good time to catch up on some other aspects of your life (friends, family, being outdoors in Colorado).

**If you don't ask, you probably won't get to do it.** Remember — you are paying to be there and learn, so if there's something you would like to practice, just ask.

If you have a significant other or close family or friends, **give them a heads-up** when you start a particularly challenging rotation (medicine, surgery) that you won't be around much for the next month or two. Then, schedule time to see them the first week of your next rotation. Also, don't be surprised if you work much harder on one rotation than you expected (as in you fail to get a "psychation" and work more hours on family than on internal med) but then find another to be much less demanding.

Last of all, **have fun and get what you want out of this year**. If you don't put honoring at the top of your list and give up everything else in life to make it happen, you probably won't get it. However, you definitely will get a mix of many other wonderful experiences.

ENJOY.

LAURA SCRIMGEOUR



Mount Eolus

## COUNTERTRANSFERENCE

The wandering,  
yet focused

humbling  
sequence of  
baggage

and textures

of the  
patient  
sharing

everything  
with you.

Quiet as  
a fern

soft  
breeze,  
bending

a firm,  
and upright  
reed

pushes  
back  
against

the force  
of the wind.

NICHOLAS BERLIN



*Uncompahgre*

## DEAR PHASE III STUDENT,

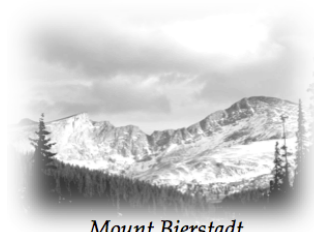
CONGRATULATIONS! You've made it through so much, and the journey you are about to begin is almost indescribable. You will have moments that stick with you for the rest of your career; meet patients who move you, and others who frustrate you; learn from some residents who inspire you to be a better, more knowledgeable and compassionate doctor; and be reminded by others of the type of physician you don't want to become.

I've learned a lot in the past year, including how to give unsolicited advice. So here are my thoughts for you as you begin third year:

- You will have some of the most beautiful, some of the hardest, and some of the most heart-wrenching moments of your life this next year, in and out of the hospital. So will your classmates. ***Share your experiences.***
- Learning is much easier when it is associated with patients: explore their diseases and treatments and it will stick with you. (You'll likely forget it again... but it will come back more easily the next time.) ***UpToDate is a great place to start.***
- Every first week of every rotation feels unsettling — you're starting another new job. That's normal. ***Starting each rotation will get easier.***
- ***Sleep.*** Seriously. ***And exercise*** — even if you just fit in a ten-minute walk in the sunshine.
- Don't be afraid to ask for feedback often, but ***be ready to listen without getting defensive if you truly want to improve.***
- On that note, ***ask.*** Ask about your patients, their diseases, and their treatments. Ask why your resident/attending chose their specialty. You may learn some of the best clinical pearls this way.
- ***Always take the time to do a more complete physical exam than you think you need.*** You will still often forget something, but you may find you are the only person who has fully examined that patient.
- When the residents tell you to go home... ***go home*** (as long as you've done all your work). And if you've done your work and it's the end of the day, ask if there's anything else they need help with — they'll understand what this means and will usually tell you to go home if there is nothing interesting going on.
- ***Be kind*** — to patients, colleagues, nurses, social workers, and anyone else you encounter. This will be one of your best tools.
- ***Don't take it personally*** when a patient/nurse/resident/attending is rude to you. Most of the time, it's not about you.
- ***Always carry a snack.*** (And if you forget a snack, learn where the Nourishment Rooms are — graham crackers and peanut butter got me through my surgery clerkship.)
- Lastly, never take anyone else's advice. Ultimately, you know yourself, and what you need to do to succeed!

GOOD LUCK, HAVE FUN, AND SEE YOU ON THE WARDS!

RACHEL SKALINA



*Mount Bierstadt*

## DEAR THIRD-YEAR MEDICAL STUDENT,

CONGRATULATIONS! You are about to start a period of medical school that will shape and define you as a student doctor and, eventually, as a physician. Without a doubt, it will be a challenging experience, but I'm guessing you didn't go to medical school to sit in a classroom all day. I am writing this letter to you, not because I am an expert on the inner workings of 3rd year, but because I have some experience and picked up some pearls along the way.

First of all, to be successful during 3rd year, you need to accept that your time is no longer controlled by you. You do not dictate your schedule and daily regimen. This may be hard to get used to for the first couple months (as most of us like to control the details of our lives). However, you're now part of a team, which will require you to work around their schedule to deliver excellent patient care. This loss of independence may be a tough transition, but it is one of the many steps required to do what is right for your patient and your team as opposed to yourself.

Next, most clerkships will emphasize the formal presentation as a way to communicate within your team. In fact, this presentation may be the vast majority of the communication you have with your attending (the person grading you). These presentations will be awkward and unnatural to start, and downright frustrating to many students. First of all, relax. Most attendings understand how hard it can be to learn this new form of communication, and are overall very understanding. I struggled to comprehend what, exactly, to put in my presentations. At first I recited my note, which is wrong. Then I tried to cut back but continually felt anxious about forgetting essential information. Eventually I got the hang of it, as you will too, but the tip that helped me most along the way was from a resident who reminded me why we do formal presentations: your job while presenting is to update the team on the pertinent information concerning this patient so that they can make informed decisions, demonstrate you understand what is going on, and show that you have at least some idea as to what the plan should be. The reason this is so hard in the beginning of your third year is because you don't necessarily know what is pertinent. However, your Mass Gen Internal Medicine book and UpToDate do. You will look like a rock star if you consult one of these resources before you see the patient, ensure you ask all of the relevant questions and perform a review of systems for the suspected diagnosis, and present only the relevant information to your patient's disease process. By doing this, you have cut your presentation time in half (which they will love), and demonstrated that you know what is important (as opposed to simply reciting what the patient tells you). Easier said than done, but if you remember why you are presenting, you will continue to improve.

Finally, the most important thing you can do as a third-year medical student is be enthusiastic and be on time. The on-time part cannot be overstated. It is a matter of respect and professionalism to many attendings. Being enthusiastic can be harder, especially to the introverts out there. The best way to show your interest and involvement, without acting like a puppy, is to ask intelligent questions. Start each question with something like, "I know that we do blank because of blank..." and end with, "but what I don't understand is why we do specific blank." One to two times a day, every day. Gold.

Again, congratulations on making it to third year. This is why you came to medical school. You will be challenged, but you will succeed, and you will make a difference in someone's life along the way.

ANDREW FABER



*Mount Sneffels*

## THE ENDPOINT

Standardized tests, undergraduate courses, extracurricular involvement inform medical school acceptance  
During first year, one ponders activities for the titled "last summer of your life"  
Second year is overwhelmed by the oppression of boards  
Life, perhaps unforeseen at the time, continues  
The year of clerkships arrives  
From one point to the next  
we have historically progressed from defined endpoint to endpoint

Site assignments are allocated  
Third year commences  
Peers disperse, spanning from Cortez to Craig  
with convictions for future careers  
unknowing of the probable indecision that will be introduced  
Challenge, emotion, and learning await us  
But where does the endpoint lie?

One may argue the endpoints to be readily apparent:  
Decision on a medical field or specialty  
Sitting for the Step 2 examination  
Applying for sub-internship positions  
Grades  
Recommendations  
End-of-clerkship shelf examinations<sup>‡</sup>

One looks back and finds such prospects trivial  
Because third year is a rare opportunity  
to sample careers for twelve months  
a liberty not encountered in many disciplines  
Savor this  
Embrace every opportunity  
Where does the endpoint lie?

Learn to accept ambiguity  
You will receive your rotation site assignment  
You will garner an understanding of your role in healthcare delivery  
You will obtain guidance and feedback  
Fight the urge imposed by your Type A personality  
It will save you valued time and energy  
Where does the endpoint lie?

Acknowledge your weaknesses  
and you will grow  
Acknowledge your emotions  
or they will rise  
Acknowledge your mistakes  
or your trust will be undermined  
Where does the endpoint lie?

<sup>‡</sup> Allocate due effort

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You do have the most time with patients  
Seize the opportunity  
Become their advocate and they will become your teacher  
Be inspired by their stories  
as they will preserve your dedication to medicine  
when coffee and sugar no longer suffice  
Where does the endpoint lie?

Don't underestimate the power of touch  
It is a commanding precipitant of rapport  
Don't underestimate the visibility of your actions and interactions  
They are appreciated  
Don't underestimate your influence on patient lives  
The responsibility is frightening, but real  
Where does the endpoint lie?

Always express appreciation for time afforded to teaching  
More opportunities will present  
Always follow through with promises  
or your perception will be tainted  
Always understand that the patient comes first  
It is no longer about you  
Where does the endpoint lie?

You will be challenged  
but you will grow more competent  
You will ignore your instincts  
but you will discover their value  
You will be wrong  
but you will learn  
Where does the endpoint lie?

The endpoint becomes a nebulous construct  
It lies in the experience  
embedded in the lessons learned  
the product of self-reflection  
instrumental in generating a foundation for continuous improvement  
most accurately approximated by the unparalleled, intimate involvement with the human condition  
The endpoint is the journey to understand and embody attributes of the art implicit in medicine

CHRISTINA CUTTER



*Conundrum*



## SOME THIRD-YEAR PERSPECTIVE

YOU ARE GOING TO GET A LOT OF ADVICE from a lot of different people on how to succeed during your clerkships. Really, though, there are only a few things worth hearing, so I'll keep it short and sweet.

1. **Attitude** — Go into each rotation with the mindset that this is the specialty you're going to do. Residents will take more interest in you, and you will work much harder.
2. **Presentations** — Everybody wants something different. Ask your attending what they expect of you. Length and detail varies depending on setting: Inpatient > Outpatient > Surgery. Always watch the residents/attending while other students are presenting. If they look bored, make sure to streamline yours. Much like this sentence, nothing is worse than a drawn out, monotonous, ongoing, repetitive ramble.
3. **Missing days** — Try talking to your team first. Odds are they will just give you the day off. At worst, they will have you make up the day.
4. **Picking sites** — I found that my face-time and continuity with attendings correlated directly with my grade. If you want to honor, pick sites with good continuity and pick your classmates' brains about that continuity.
5. **Order of rotations** — Probably too late by the time you read this. Good thing it doesn't matter anyway.
6. **Exams** — Shelf tests are similar to Step 1 in terms of question difficulty, excess detail, and length. Study as you go because there won't be much time to cram at the end.

Overall, third year is an amazing experience and you will come out of it so much more competent than you go in. Enjoy it. It goes fast.

JEFF BARTSCH



## LETTER TO A THIRD-YEAR

### *Never tell a lie.*

It sounds simple, but it may be difficult advice to follow when you realize you forgot to look up a lab trend, review treatment guidelines, or research a disease. Do not lie — all the trust you attempted to build with your team will crumble the instant you're caught. It's one of the most painful and insincere things to see, so never let it happen to you. Accept and admit when you forgot to do something, and use the moment to learn from your mistake. You're in third year to generate quality clinical skills that you'll apply throughout your career, so never let yourself develop the terrible habit of covering your tail with a lie. Be brave, be honest, and your team will trust and respect you more.

### *Hunt for murmurs.*

Be confident in your physical exam skills, particularly the cardiac exam. With a lighter patient load, you have much more time to dedicate to each physical exam. Close your eyes, focus on the sounds, and visualize what you hear with each heartbeat. I promise you this: you will catch murmurs... you will look awesome... and your patients will absolutely love the extra attention. Want a few awesome comments in your Dean's Letter? Take the extra time to hunt for murmurs.

### *Review your patients' images.*

Even though we have phenomenal radiologists to read your patients' imaging studies, you need to look at those images yourself. Don't have access? Ask permission your first day on a rotation to make yourself as autonomous as possible. By reviewing your patients' images, you're improving your learning experience in the following ways: First, this practice will help protect your patients from adverse outcomes, whether you're checking if a feeding tube is in the right place or if a patient has had a stroke. Second, you begin developing clinical questions about your patients and their studies. You can always go to the radiologists and talk about the studies, but you need to review them and think about a clinical question beforehand. Finally, it's the best way to correlate your physical exam findings with radiology findings. As you review your patients' films, be honest with yourself: did your neuro exam predict specific findings on the MRI brain? Did you pick up on the position of the heart in a patient with COPD? Did you hear a bruit in the patient before the CTA demonstrated severe carotid stenosis? The more time you invest in this aspect of patient care, the better you can learn to correlate what you hear with what you expect to see on a person's imaging studies.

### *Be your patients' doctor.*

Whether this idea sounds daunting or simple, learning to be your patients' doctor is often the unspoken cornerstone of your third-year education. As a student on the team, you get to learn more about your patients than anyone else. This opportunity is an asset, not a burden. Demonstrate how thorough, efficient, and engaging you are while serving as the strongest advocate for your patients. You know more than you may think, so never shy away from advocating on behalf of the patients who trust you with their care. They are providing you with the most amazing opportunity: they are teaching you to be their doctor. Assume that role with pride.

CHARLES JOHNSON



*Mount Sneffels*

## LETTER TO A THIRD-YEAR MEDICAL STUDENT

WELCOME TO THE MOST EXCITING AND MOST CHALLENGING YEAR IN MEDICAL SCHOOL! This is why you have studied for countless hours — now you will apply this knowledge to living patients.

YOU WILL feel joy, you will feel anger, you will experience deep satisfaction, and you will experience fear. This is the time to find your career and try on as many hats as possible. Throw yourself fully into each rotation; you may be surprised by what you enjoy. Also, this may be that last time you assist in delivering a baby, or assist in a renal transplant. Be present and in the moment.

REMEMBER that it is an honor to learn from your patients: they have a choice and they have allowed you to share in their experience with illness. Please treat each patient as you would your mother or dearest loved one — this is the respect they deserve, even the most difficult of patients.

AND REMEMBER, attendings, residents, and medical staff are human and fallible, as are medical students. Mistakes will happen and sometimes they will be your own; allow yourself to fall and learn from them without taking it too personally.

GAIL STANLEY



*Redcloud*

## DEAR RISING MS3,

CONGRATULATIONS! You are halfway to being a real doctor! This is when the real fun begins and you start taking care of real patients. Third year was probably one of the most exciting times so far during my professional career and I would definitely do this year over again, whereas if I had to repeat the first two years, I would probably think about another career.

IN ORDER TO SUCCEED IN THIRD YEAR, the most important thing is to be you. If you're true to who you are, it makes the process a lot less draining, and it shows you're comfortable in your own skin and that you're not trying to be someone you aren't during your rotations. With that in mind, act interested. If someone asks if you want to go see a patient, go do it! If someone offers to teach you, be engaged! If you are interested, your residents and attendings will be more interested in you. They will go out of their way to teach you and take you along with them to see interesting patients. You really get out of third year what you put into it, so use this as your opportunity to shine.

ON THE NOTE OF BEING ENTHUSIASTIC, take the time to learn everything about your patients. Your residents don't always have the time to sit down with patients for 30 minutes and learn about the details of their lives. But when someone says, "I wonder if this patient has pneumonitis; we should find out if she has any pets!" you should be able to say, "She doesn't have any birds... but she does have six pet ferrets," and your team will be very impressed! However, hold those kind of details back unless you are asked, because no one wants to listen to a 20-minute H&P that mentions the names of all ten of a patient's cats.

ANOTHER IMPORTANT TIP: now is the time to start getting ready for residency. I know that during ICC they tell you, "At this stage, most of you are reporters and maybe interpreters." But you need to realize that you should always try to form assessments and plans for your patients. Even if you are wrong, you should practice critical clinical reasoning early on, because one day soon, you will be starting as an intern and you will be responsible for these plans. There isn't anything magical about getting an MD after your name that suddenly simplifies your ability to make plans — so if you don't practice this as a student, the first couple of months as an intern are going to be horrifying. Thus, use your time as a student as a safe time to practice making plans for your patients.

OVERALL, just be yourself, have fun, and embrace your time to be a mini-doctor or -doctorette.

JESSICA JACK



## DEAR THIRD-YEAR,

Do you remember the movie *Rudy*? I hardly do but I believe the analogy is apt. Rudy was a college-aged water boy/assistant for the Notre Dame football team. His lifelong dream had been to play on the team, but despite his hard work and incredible drive, he was never able to reach that level. But as water boy, Rudy worked his butt off. He wasn't the type of guy to announce his hard work or dedication to the cause; rather, those values were part of his very being. Coupled with his comforting, excitable, and thoughtful personality, people liked Rudy — a lot!

After years of hard work, those around Rudy plotted to make sure his dream could become a reality. He was surprised when the call came, but he was ready. Do you think Rudy would have gotten to play if people didn't like him, if they didn't enjoy being around him, if his hard work didn't inspire them? I don't.

While third year is a drastic improvement on the three-week study–cram–test cycle, it's not without its faults — but most of those can be easily circumvented with an attitude and work ethic like ol' Rudy.

One thing I hope you think about during your third year, your fourth year, and your future in medicine is how we might fix, reinvent, or change the way we deliver healthcare in our country. In addition to the excitement of learning medicine and becoming a doctor, I firmly believe that you'll experience situations begging for improved processes — a thoughtful medical student who speaks up is the person who often saves the day. I hope that is you!

RYAN ROTH



*Maroon Bells*

## DEAR RISING THIRD-YEAR STUDENT,

CONGRATULATIONS on completing the core curriculum and passing Step 1 of the USMLE. Regardless of your performance thus far, you should be proud of your accomplishments, including your formidable fund of knowledge. Third year was the best and worst year of medical school for me. The challenges are greater but so, too, are the rewards. You may find the following helpful in the coming months, and perhaps in your future career as a physician, regardless of your chosen specialty:

**Be humble and available for teaching.** At this point, you probably have very little in the way of actual patient-care experience. That's okay, and that's why there are four years of medical school. What's important is that you recognize this limitation in your knowledge and positively affirm to your teachers — *read: residents* — that you are eager to develop these skills. Consider how your daily interactions communicate this: *Was that question you asked really a question, or are you just trying to demonstrate your knowledge?* To be a good student, you must first acknowledge what you don't yet know, and this task is often more difficult than it seems at first blush.

**Be respectful and patient.** An important advisor once told me that my goal as a sub-I should be "to be helpful and enthusiastic but not obsequious, and, of course, to never act entitled." This is good advice for any third-year, too: respect your team and always be on time and enthusiastic, ask thoughtful questions but recognize when your team needs to focus on their work, look for ways to be helpful but avoid repetitively asking, "What can I do to help?" Be patient and you will be rewarded: I can't tell you how many times I stood quietly in the OR for hours before my attending decided when it would be a good time to teach me. Educational experiences in clinical teaching often come at very inconvenient times, so be flexible enough to take advantage of these opportunities whenever they arrive. But that means taking care of yourself, too, so you can be ready when those times come — you should never be embarrassed to get lunch, use the restroom, or do other things you need to do to take care of yourself. You're a human after all, and you don't need permission to take care of yourself.

**Focus on your patients.** Sit down and talk with them. Read up on them. Make useful notes/handouts you can share. Most of your residents will quickly forget that you labeled their discharge paperwork; however, they'll be impressed you knew details about your patient's history not documented previously, and that you've read the literature to better understand your patient's condition and care.

Finally, one last piece of advice: *don't follow anybody's advice.* Understand what your own personal mission and values are so you can effectively to achieve your goals. You probably had a pretty good sense of these things when you started medical school, and frankly, the core curriculum and USMLE tend to obscure them — so now is the perfect time to revisit the topic. Read your personal statement again. *What's changed? What stayed the same?* Write these down and put them somewhere you can refer back to time and again.

Good luck this the final phase of your education. Know that you're well prepared — and know that I, the rest of your upperclassman, and alumni believe in you and expect the best. Please contact me with any questions.

Respectfully yours,

BRIAN CRISTIANO



*Crestone*

## THE A-B-Cs OF BEING AN MS3

Always be early; never **Be** late!

Constantly ask for **D**irected, Educational Feedback from residents and attendings.

Being a **G**unner is ok, but never land your colleagues in **H**ot water!

Inquire after your patients' well-being; talk to your patients,  
not **J**ust to your medical team!

Keep a lot of snacks on your person; you often may not get **L**unch!

**M**ake notes on your patients, but **N**ever forget to update labs!

Keep an **O**pen mind and show com**P**assion.

If you see something strange, say something! Mistakes are made if you stay **Q**uiet!

**R**emember, you are not a doctor just yet, so don't speak above your **S**tation.

**T**rust your instincts, but make sure you **U**nderstand your patient's medical course.

**V**olunteer information, but **W**oe is the student who interrupts  
their colleagues, residents, or attendings!

Attend radiology rounds. **X**-rays are tricky, but the more you see, the better you'll  
be able to distinguish normal from abnormal.

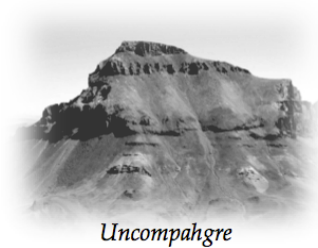
Third year is emotionally and physically challenging;  
make sure to take care of **Y**ourself!

And always go to bed early to get plenty of **Z**zzzzs!

Now you know your A-B-Cs, make sure to have fun and learn a lot,  
pleeeaaassee!

CONGRATULATIONS NEW THIRD-YEARS, CLASS OF 2016!

ALIA BROMAN



## AFTERWORD

WE WERE TRULY PLEASED by all of the creative and thoughtful letters we received this year. The letters are a blend of practical advice, poetry and prose. Some are humorous and encouraging; others are cautionary and contemplative. These letters serve as an invaluable gift for our new third-year students. We would like to thank all the students who were willing to share their thoughts and experiences to help their younger peers through this amazing and challenging phase in becoming a physician. Thank you so much and best of luck in your careers!

ANJALI DHURANDHAR, MD

## ACKNOWLEDGMENTS

We are deeply grateful to Dr. Eva Aagaard for her poignant and inspiring foreword. We would also like to thank Dr. Wendy Madigosky for supporting this project as part of Hidden Curriculum and Foundations of Doctoring. A special thanks to Dr. Henry Claman for his support of the medical humanities on our campus and in the curriculum. A heartfelt thanks to Dean Maureen Garrity and Terri Blevins for helping us to promote this project in the advisory colleges. A very special thanks to Igor Schumisky and James Ross for their leadership roles in this project for the fourth-year student advisors. We are tremendously grateful to Dr. Justine Migdall who served as our student editor once again this year. She offered an invaluable perspective on the project, and has outstanding skills in editing. This year, she also designed the layout and created a beautiful publication. Special thanks to Bill Daley at Light-Speed Color for his superb production each year. Most of all, we would like to thank all of the students for the generous gift of their letters and wisdom.

## SUBMISSION GUIDELINES

We welcome submissions to the future edition of *Letters to a Third-Year Student*. There is no word limit, but we prefer submissions to be fewer than 1000 words and should not include identifiable patient information. We accept both poetry and prose, and encourage you to be creative. Please identify your advisory college when you submit your letter. If you choose to submit your letter anonymously, stricter criteria for publication will be applied. Please submit your letter to Dr. Therese Jones ([therese.jones@ucdenver.edu](mailto:therese.jones@ucdenver.edu)) and Dr. Anjali Dhurandhar ([anjali.dhurandhar@ucdenver.edu](mailto:anjali.dhurandhar@ucdenver.edu)) for consideration for publication. The submission deadline is August 1, 2014. If accepted, your letter can be included on your curriculum vitae as a publication. We look forward to your letters!