

LETTERS

TO A THIRD YEAR STUDENT

FROM THE CLASS OF 2016
SCHOOL OF MEDICINE



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FOREWORD

For years I carried a guilty secret. Art rather than science drew me to medicine.

As a young man, becoming clearer about how I would answer that persistent question, “What do you want to do when you grow up?” I realized that my response boiled down to something quite simple: I wanted to write stories. I toyed for a time with the idea that I might want to be an author in the traditional sense. I wrote short stories and naively started a novel. It didn’t take long for me to realize that the stories that interested me the most weren’t the ones I made up, but the ones unfolding in real life all around me. Similarly, I began to realize that the product that was most satisfying to me was not words on the page; the most satisfying outcome was a life that was bettered by my efforts – the story whose plot changed for the better because I had become a part of it.

At the point when I decided to go to medical school, I couldn’t have articulated my aspirations quite that way. I knew that my love for literature and art and my desire to be a doctor were closely linked, but it was harder for me to see the connections. Beside the concrete practicalities of medicine, art felt like an indulgence, and yet I was quite aware that when deeply immersed in either, it was the same spark that animated me. When asked, I told others that I wanted a job where I could get up every day knowing that the hours in front of me were filled with opportunities to help people. I didn’t talk about art.

Some years ago I read a book by Cheryl Mattingly called *Healing Dramas and Clinical Plots*. Central to the book is the concept and act of emplotment – the process by which we link events to create narrative meaning. What happened to me? Why did it happen? What does this say about who I am and who will I be in the future? These are the questions that humans ask as we make sense of our lives and the events that shape them. In the practice of medicine, we are always part of the first question. We happen to people. We diagnose disease. We perform procedures. We prescribe therapies. We deliver news – good and bad. While we cannot help but be a part of the first question, we must actively choose to be part of the third. Of these three questions, science may proffer an answer to the first two, but it remains forever silent on the third. The third question is the realm of art. It was Mattingly’s case that we serve our patients best when we join them in the process of emplotment. In caring for our patients we shouldn’t just enter into their story, we should be active participants in helping them write their story.

I’m forever indebted to Cheryl Mattingly. She made me consciously aware of the art that I had the opportunity to create each day in practice. She made me see clearly my role as a creator of stories, not as a solitary writer in front of a blank page but as a co-author with my patients and their families in the intentional, improvisational act of storymaking. She illuminated the link between the art I devoured for inspiration and reflection and the art I was called to create at the bedside daily. Through her words I discovered the hard fact that immersing oneself in art is not an indulgence but rather a necessary part of the practice of healing.

The pages that follow this one are filled with such art. Immerse yourself and enjoy it... guilt free.

Mark Earnest, MD PhD
Division Head – General Internal Medicine
Director of Interprofessional Education

INTRODUCTION

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

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

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

Members of the Class of 2016 are now part of this long and respected literary tradition by giving you practical advice, helpful suggestions, and personal reflections on the year ahead of you in this collection, *Letters to a Third-Year Student*. Since I launched this project a number of years ago, I, like all of the readers of all of such letters, have been given the opportunity to learn along with you, to marvel at your courage and creativity, to applaud your stamina and resourcefulness, and to bear witness to your pain and your joy. Just as these letters provide a mirror of your own experiences and emotions in the third year, they also provide a window for those of us looking in at you and looking out for you as you make this journey, so please share them with your partners, your family members, your friends and your teachers.

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

Therese (Tess) Jones, PhD
Arts and Humanities in Healthcare Program
Center for Bioethics and Humanities

To the Third Year Class:

This is the first year the Gold Humanism Honor Society (GHHS) has helped edit this publication. We are very excited to contribute. Our charge as members is to instill a culture of respect, dignity, and compassion with our peers and patients. We hope that sharing what our class has learned through these letters will keep these values salient as you embark on this incredible adventure.

I know as a third year student, reading the letters of the classes before me for the first time was exciting and nerve-wracking. The stress, suffering, and sleep deprivation were chronicled in nearly every letter, but so were the happiness, gratitude and triumph of caring for patients. I was intimidated and inspired. I like to think that I carried some of that inspiration with me throughout third year. However, there were times when I was beaten down and tired. During those times, I had to work harder to be compassionate and enthusiastic about taking care of every patient. It was not until December of third year, immediately after a challenging internal medicine block, that I found these letters again. When I read them over, there was instant commiseration. I found friends who were going through what I was going through. They knew my struggles more than I realized. They helped remind me of what was important and why I was doing this - to improve the lives of patients. I cannot say what these letters will mean to you. Whether they are helpful or not, I hope you seek out and find the support you need in the coming year.

Though many of the authors will be on their way to their new residencies by the time you read these, please know that we are here for you. It will be through the words in the letters, but also on hospital wards throughout the country. Like the many individuals who helped us throughout the years and those who wrote us similar letters when we arrived at our clinical training, we want to do all we can to make sure you succeed during this amazing year and beyond. You have the ability to positively impact the lives of your patients, your colleagues, and your community through your words and actions. We are here to cheer you on as you learn to do so.

All the best,

Lynne Wood

On Behalf of the Gold Humanism Honor Society

Dear 3rd Year Student,

Welcome to the most fun/stressful/anxiety-provoking/confusing/rewarding year of your medical education! This will be a huge year of growth for you in a lot of different ways. You have probably heard a lot of things about this year, and they are all probably correct. In truth, your experience will be very different than anyone else's, and that's the beauty of it! Third year is your chameleon year, you will have a lot of roles to play, and each will help you grow in a different way.

Learner – This is your primary role this year, to learn. You'll show up in the wards feeling like you don't understand much, and leave having gained an incredible knowledge base. Enjoy the process! Be eager, ask questions, seek out opportunities, read up on your patients, etc.

Team Member – Each rotation you will be placed on a team of providers and will work with them as an integral part of the process. You'll have responsibilities, and they will depend on you. Enjoy that trust! The easier you make their jobs, the more time they have to spend teaching you!

Advocate – In my opinion, this is your most important role. You will get to know your patients better than anyone else, and you'll be able to identify their needs. Often, you will be the only one to know about something that is not going ideally in terms of their care. I hope you will feel comfortable approaching your intern/resident/attending with these concerns because it's likely no one else will. Your patients will appreciate your conversation, concern, and advocacy. Being an advocate is by far the most rewarding part of your time on the wards.

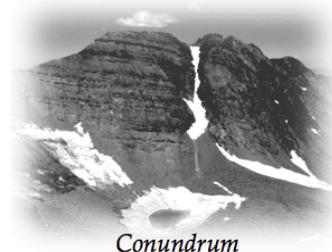
Observer – A lot of times you will be a fly on the wall, and just watch. THIS IS OKAY! Take advantage of the opportunity to observe how people in your profession interact with each other and their patients. You will pick up on interesting ways to say things, perform physical exams, and rule things out. Sometimes watching is the best way to learn something new.

Student – This is different than your role as a learner. You are still expected to study for your tests, go to preceptor, complete evaluations, and attend didactics. Each rotation will have a set of assignments, and while they may be cumbersome at times, don't forget that your role as a student is just another part of the complete experience.

EVERYTHING ELSE! – Don't forget that you are a person. You might have families, friends, pets, significant others, plants you really like, etc. Regardless, there are people that have helped get you to this point; don't forget about them! Keep doing the things that keep you sane. This is a great time to test and fortify those good holistic life habits that you will carry with you for the rest of your career.

At the end of the day, you are you, first and foremost. Always be yourself, it will make these roles much more enjoyable to you, and will ensure that you get the most out of your year. This is an exciting time; you will have the opportunity to deliver babies, replace aortic valves, cry with patients, meet people you want to be like when you grow up, and ones that you definitely don't. Enjoy the ride!

Ramy Sidhom
GHHS
Class of 2016



Conundrum

Dear Phase III Student,

In the coming clerkships you'll find that your residents and attendings will have a great interest in what you want to be when you grow up. Whenever the time comes that you have a firm answer for that question, you'll happily smile and say what your life goal is. For you, it will be exciting. Finally, you've chosen what you want to do and every time you say it, it makes you even happier and eager for what lies ahead. However, be aware that it will not always be met with your level of enthusiasm- sometimes quite the opposite. Here are some excerpts of comments you may hear:

Orthopedic Surgery? They're just carpenters.

Neurosurgery? They're just overpaid excavators.

Pediatrics? That's just dealing with parents all day who think they know better than you.

OBGYN? It's just babies all day. That gets old.

Emergency Medicine? They're just there for the adrenaline. They don't actually care.

Anesthesiology? They were just the docs who couldn't make it in surgery.

Radiology? They just sit in a dark room and play on their computers. They don't actually do anything with patients.

Family Medicine? They just couldn't make it in a harder specialty.

Internal Medicine? They just round all day.

Or: Oh, you're just a medical student.

Do NOT accept these comments. You are NOT just anything.

Orthopedic Surgeons: You're the one who fixed a man's thoracic spinal dislocation at 2am. You were there in the room as his wiggled his toes for the first time and his family cried thanking you for saving their son, father, and husband.

Neurosurgery: You're the one who has to tell the young man that his neurologic symptoms are from brain cancer and that despite surgery, there's nothing more you can do. You're the one staying up all night searching for an answer, knowing his prognosis is only months.

Pediatrics: You're the one high-fiving your patient when he comes in with schoolwork, putting drawings he made up in your office, and laughing with the family and other siblings as they all try to cram into your small exam room. You're the one whose heart breaks when you get the news that he committed suicide last night.

OBGYN: You're the one bursting with joy as you deliver the baby of the mom who never thought she could get pregnant. And you're the one who sits there and hugs the women who never can. You're the one who has to tell the young couple that their 21-week fetus has severe spina bifida and will likely not make it to term. You're the one in the room as the young mother turns to her husband crying and saying she's sorry she couldn't protect the baby.

Emergency Medicine: You're the one who spent hours putting back together the pieces of a young woman after she was ejected from her car. You're the one standing there knowing she's brain dead but stalling the organ recovery, so that her husband and young child have time to make it into town to say their goodbyes.

Anesthesiology: You're the one who has to put a man to sleep for emergent surgery, knowing he likely will never wake up. You're the one who heard his final words, though mumbled and slurred. You're the one who held his hand and stroked his forehead, whispering that it'd all be okay.

Radiology: You're the one who incidentally found a spot on a CT scan that no one else was looking for. Turns out it was very early stage pancreatic cancer. You're the one who saved his life.

Family Medicine: You're the one who has helped care for the same family for two generations now. You're essentially part of their family. One patient you delivered is here today to surprise you with the wonderful news that she is pregnant.

Internal Medicine: You're the one who sat in his room everyday as he insisted you listen to country songs with him. You're the one he cried to telling his story about cancer and how terrible his current chemotherapy was. You're the one who helped him reach out to his estranged family and find him a glimpse of hope again. You're the one who watched him walk out of the hospital into the arms of that family.

These aren't made up stories about what could happen. These are real examples of experiences I have had in medicine over these last three years. I can tell you right now that what you do as a physician will never be just an action to your patient. You will touch your patients' lives throughout your career, sometimes in ways you'll never truly understand. So, don't introduce yourself as just a medical student. You are the medical student. It is an honor to be in this profession, regardless of your specialty, and don't let anyone make you think anything less.

Maureen (Mo) Canellas



Mount Bierstadt

To a third year:

At the risk of sounding cliché, congratulations on the accomplishment of making it to your third year of medical school! The past two years are behind you, and while you should not forget the knowledge you have gained, what you learn from here on is what you will likely remember in your future career. You have heard many stories of what to expect in the third year. You might feel overwhelmed, scared, intimidated, or (hopefully) excited for this next phase. Third year is a unique time in that every person will have a completely different experience, so the best advice I can pass on is something I attempted to do with all of my rotations: keep an open mind. Try to go into every rotation expecting to learn and desiring to grow as a physician and as a person. Understand that you are going to have a different experience than others, so do not set your opinion based on something you have heard from someone else.

When I started third year, I was initially incredibly intimidated by the term “attending” and did not know how I was supposed to interact with the higher faculty who supposedly spend their time “pimping” students and criticizing their answers. Therefore, I was pleasantly surprised to learn that the attendings are not intimidating and are actually enthusiastic teachers who want to see you succeed. They are there to teach, and if they ask a question it is to assess whether you have that knowledge yet or if they have an opportunity to help you learn. Never be afraid to ask them a question. They want to see that you want to learn and are interested in what they do.

On the topic of answering questions, I took the approach of asking my team to ask me questions since this is an excellent way to assess your own knowledge and to get answers if you don't have one. Don't be afraid to think out loud. It is alright to say you don't know, but think through some possibilities and speak aloud as you do this so your team can follow your train of thought. Likely, you have a good idea that is on track to the answer, and your team can help you get there.

Third year is also not a pause in real life. Take time to sleep, see your friends, stay active, and relax. Trust me, there is time for these things! It may look different than it did before, but you will be a much better student and be much less likely to burn out if you stay enthusiastic and balance that attitude with activities and relationships that are important to you.

As you go through your third year, take time to reflect on important things that have happened and insights you have had. Consider keeping a journal or checking in regularly with a friend to talk about these things. And never be afraid to ask for help if there is too much to handle.

Ultimately, enjoy this year! It is a special time and may be the last time you get to experience some aspects of medicine, so take advantage.

Good luck in your pursuit of medicine and in your exploration and discovery. I am excited to see where the journey will take you.

Melanie Carter
Class of 2016



Mount Eolus

Dear rising MS3,

I remember sitting in your shoes just one short year ago. Like you, I didn't quite know what to expect. I was nervous, excited, and ready to trade the books for real patients and my small study room in Ed1 for the wards.

I cannot believe how time has flown. It is almost difficult to look back and remember who I was one year ago because this initiation into medicine has changed me. I have learned incredible amounts of information, most of which I can trace back to patients who impacted me. I gained exposure to difficult and sad situations and learned about both my values and the values of my patients during hard conversations. I explored corners of Colorado I never knew, went mountain biking, fed baby cows with a bottle, and lived with three families in different cities.

Throughout this year, I have been entirely convinced that I would be a Family doctor, then a surgeon, then a pediatrician, then an Ob/Gyn, then an Emergency doc, shuffle, repeat, shuffle depending on the week. I think that trying to find my place caused me more stress than it should have. In fact, starting each rotation with the possibility that I could later enter that specialty broadened my experience and allowed me to get the most out of each rotation.

What I learned (or am still learning), is that finding one's place may not be the lightning bolt, flashing billboard, hallelujah moment that others had told me or that I had expected to find somewhere in my journey. It happens that way for some people—a specialty clicks and they never go back. But there are others, like me, who bounce around and have to make a pro/con list at the end of the day because there are several really good options. If you find yourself in this place, I encourage you to stay calm. It will work out in the end. Even though I am still figuring it out, I feel more confident that I will be able to head in a direction that will give me a rewarding career.

Seize the opportunity to explore—specialties, clinics, hospitals, areas of Colorado you have never seen, and your own passions. You will work hard, and at times you will be tired. But then you will have a patient that comes through and reminds you why you did all of this.

Best of luck,

Abby Nimz, (New) MS4
GHHS



Dear Phase III Student,

Prepare yourself for a whirlwind of a year. How, you ask? Clear your schedule, lower your expectations, be prepared (but flexible), appear confident (even if you're not), treat yourself kindly, and open your mind and heart. While it may sound silly, I think each one of these is very important.

It will become painfully obvious (if it hasn't already) that you literally cannot bank on being available to do anything during third year. You almost never know your schedule before a rotation starts. You will save yourself a lot of stress if you just decide to be generally commitment-free and learn the art of spontaneity. This also allows you the freedom to choose to stay for that exciting surgery that got delayed or come in at 1am for a heart transplant. Remember, you only get to do this for 1 year (and for some rotations, it's only 5 days). Now is your chance. You may never see this stuff again.

Along with clearing your schedule, having low (or no) expectations can serve you well. In this way, if you get out at 3pm on psych, you're thrilled to be out before dinner, rather than annoyed that you didn't get out at 1pm like your friends. Expecting to have no shelf study time after a long day at the hospital and planning for some dedicated study time on the weekend is also a good thing. Low expectations also apply to grades. There's only so much of it that is in your hands.

Let me tell you now that having home access to the EMR will be your best friend. Skimming through the patient list for clinic prior to your arrival will make you look like you know what you're doing and give you more time to think about what questions to ask and the differential, rather than frantically looking everything up in the few minutes before you see the patient. HOWEVER, even the best of intentions are often thwarted. It's very possible that you will not have access to the EMR from home (think Denver Health, the VA, rural sites, etc.) or that things will change and you will be working with a different attending. It's ok. You will not look like an idiot (or maybe you will, but it happens to all of us.) Third year is your chance to learn the art of flexibility and self-forgiveness. Don't know where you're going? Don't panic. Ask around. People are nice. They will help you. You just got a new patient and have to present them in 25 minutes? Do your best today. You can nail it on tomorrow's rounds.

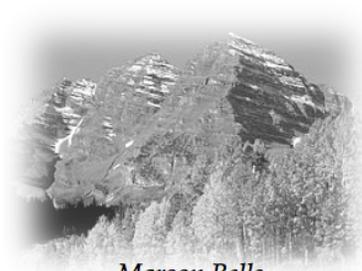
Remember that saying, "Fake it 'til you make it?" Now is the time to apply it. During third year, you are essentially changing jobs every 1-6 weeks. It's intimidating. You often feel like you know nothing. However, you will be praised if you can manage to muster up some confidence in the way you answer questions and present patients. On the flip side, if you struggle to show said confidence, people will tell you about it. ALL. THE. TIME. Your residents and attending have your back. They won't let you harm a patient. They really just want you to stick your neck out there confidently, even if it means being completely wrong.

I cannot emphasize enough to be kind to yourself during third year. It truly is an emotional roller coaster. One minute, you will feel like a rock star after a compliment from a patient and the next you will feel like scum for missing a simple pimp question. It is important to continue doing something you're good at and something you love, especially on those days when you feel like nothing goes right. For me, it was group exercise classes - endorphins and a confidence boost, what a deal! For others, it might be reading a non-medical book, baking, or even styling their hair. Remember that you can't care for others effectively without first caring for yourself. Try not to lose this.

Finally, be open this year. Let patients' stories touch you. Celebrate with the parents of the healthy twins you just delivered (and try not to laugh when they ask you the difference between wet and dirty diapers.) Listen to (don't just hear) the tragedies your psych patients have endured. Take every learning opportunity. Remember that teachers come in many shapes and sizes: from the tiny baby you just intubated to the older nurse on the medicine floor who enjoys helping out confused students. You will learn that there are many right ways to do things and, contrary to what the first two years of medical school teach you, medicine is also an art, not just a science. Accept the kind words spoken to you and keep them close to your heart, but don't take the harsh ones personally. Remember that at the end of the day, it's about your learning and it's about the patient. Your residents and attendings won't remember all the work you put in, but the patients you take care of will notice and they will remember. When you're least expecting it, they may stop you outside the supermarket and tell you how much they appreciated you (this happened to me a number of times.) Never forget that you matter, even when it feels like you don't.

You are enough.

Best,
Brittany Cowfer
GHHS



Maroon Bells

Dear Third Year Medical Student,

Congratulations! You are now leaving the bounds of Ed 1 and entering into the realm of clinical education. This transition will likely accompany many changes. Your schedule will likely change weekly (and sometimes even daily). Your rotations will be spread throughout the city and state, even as far as Durango. If you're wondering, that's a 6 ½ hour drive. You will work with many different types of people. With some, you will hit it off immediately, answering every pinging question that comes your way, garnering much praise from your team. While with others, you will inadvertently feel like you know absolutely nothing. This year will be filled with many lows and highs. Following are my most memorable and difficult moments:

- **“Oh my god, you are the best third year student I've worked with!”**
- “You are nice, but that presentation was incompetent.”
- **Delivering twins during OB rotation**
- Getting yelled at while driving the uterus during a robotic hysterectomy
- **Holding onto the hand of a patient as she passed away from advanced ovarian cancer**
- Witnessing acute psychotic episodes at Denver Health
- **Seeing the integrative care of surgeons at Cleft Palate clinic**
- 30 hour general surgery call days
- **Intubating, IVs, foleys, A lines, suturing**
- Having a patient completely lie to me
- **Diagnosing a young man with advanced stage 4 colon cancer**
- Delivering a placenta onto my scrubs
- **Performing newborn exams in a nursery**
- Assessing a man in the ED with 15 gunshot wounds

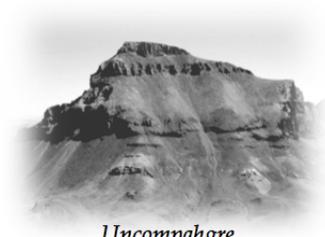
As you can tell, third year holds for you many diverse experiences. You will be challenged in a much different way than studying for Step 1. You will impress some attendings while at other times feel completely inadequate. There will be long hours, fatigue, excess intake of caffeine, and skipped lunches. There will also be cool procedures, excellent teachers, and if you are lucky, unlimited ice cream at PSL.

You will all form your own memorable moments and encounter difficult situations. The best advice is to learn from each and every experience. Your education is in your hands now. Ask questions. Read. And then ask more questions. Make a goal to learn at least one thing each

day that will make you a better physician tomorrow. Be confident in stating your assessment and plan. It's ok if it's not 100% correct. That's why the residents and attendings are there. Be a team player and be willing to help out. With experience, push yourself to take on new roles and additional responsibilities. Most importantly, take time to recharge and reconnect with family and friends. This is going to be a long year, but it will honestly pass in a flash. Enjoy the new experiences and embrace the difficult situations with a positive attitude!

Your newly minted 4th year,

Hamza Pasha



Uncompahgre

When to Go Home

Dear Phase III Student,

During my 3rd year rotations, I was almost daily plagued by the question of “When can I go home?” or some variation on that theme. It will also become laughable the different interpretations you may have of when a resident tells you “you can go home”, “you should go home,” and simply “go home”. Upon entering 3rd year, popular disparate opinions would tell you both to stay at the hospital as long as possible and also to leave and thank your lucky stars when someone tells you to go home. I think that it is a little less simple than one blanket statement. Ultimately, the decision comes down to you advocating for your education. Never once did I get an evaluation this year that mentioned how late I stayed at the hospital. Rather, they commented on the quality of the work that I did while I was there and my preparation for known future events. I think that this is where students should focus their time. In the time that I am in the hospital, how can I best use my time to learn as much as possible? Your superiors will notice when you are using your time well and even more so when you are not. Most people are not looking for you to increase your quantity of time, but rather the quality of your time. After all, do you want to be the doctor who stays later to get their work done or the one who does more quality work? Sometimes the former is necessary for the latter, but, if not, shoot for the latter.

If you ever feel like you are not learning enough, then see how you can solve your own problems. Can you read more about your patients’ conditions? Can you learn about the condition of a patient who isn’t yours? Can you probe your resident to see if there is something that they are passionate about teaching? In some cases, you truly don’t have anything to do to learn anything more at the hospital (for that day, at least). Go home. Go be comfortable and you may be able to spend some more quality time there studying and be more effective than you were at the hospital. I think that most reasonable people understand that we are sometimes more effective outside the walls of an institution and they would applaud your efforts to increase your productivity (especially if you can come back with something to show for your time)!

If a resident tells you to go home, there could be many reasons:

1. There is no more work to do.
2. You are annoying them or slowing them down.
3. They are trying to be nice.
4. They told you to learn something for tomorrow and now you have no excuse not to learn that.

These are all valid reasons to go home, and, whatever the reason, for God’s sake, listen to them unless it will hamper your education. Is there something that you still need to look up or something you still want to learn at the hospital? By all means do that and explain to your resident why you are not listening to their recommendation...then go home. This is a valuable skill for later in life that helps to keep us as balanced people who have more to offer to medicine than just our knowledge.

Seth Lofgreen



Mount Bierstadt

Dear Third Year Student,

Congratulations! You made it! You endured the antics of Dr. French and Dr. Ojemann in Neurology, you slayed the three-headed beast of Step 1, and now you are awaiting your first day on the wards in what is probably the best year of medical school. Soak it up, enjoy it, and maybe think about these seven words of advice as you embark on this year.

Listen. As a third year, you will never have this amount of time to talk and listen to your patients ever again in your medical career. Listen to their heart, their lungs, and their story. Listen to their symptoms. Listen to their story about their joint pain; it might be the best information you can use to help them with for their arthritis. Listen to the pride they have for their granddaughter graduating from college. Listen to the fear and hope they have while trying to quit cocaine and move forward. These are invaluable moments to not only learn from but also help your patients be heard.

Ask. You are invited into your patients' most intimate moments, darkest fears, joyous occasions, and tragic times. Take this responsibility and honor personally every day. You are privileged with the time to help patients understand and ensure they have their questions answered. Ask them about where they come from. Ask them what they understand. Don't ask "Do you have any questions?" but "What questions do you have?" Ask the five-year-old who is sitting anxiously awaiting shots about his favorite superhero. (I promise this is also a great distractor for your sometimes difficult pediatric exam!) Ask the 40-year-old woman about her fear of breast cancer because her mother and sister passed away from the disease. Also, ask for help, and not just from other doctors or residents. The nurses, medical assistants, scrub techs, and rest of the interdisciplinary team are a goldmine of information and will be your best friend or worst enemy. You will learn ten times more about pharmacological management of hypertension from your team pharmacist than from your attending.

Sit. Take a load off (when you can and when it's appropriate). Rounds can get long (yes, your attendings can find ways to spend hours talking about hyponatremia). The 12-hour heart transplant is really 12 hours being a statue of poise. Take time to sit, rest, and eat (keep a granola bar in your white coat ALWAYS) when you find the opportunity. And, most importantly, sit with your patients daily. After rounds, sit down and ask the 70-year-old veteran who served in Vietnam and has struggled with alcoholism his entire life about his fears about his liver failure. Sit down with the young couple anxiously awaiting the birth of their first child. Enjoy the luxury of sitting with your patients and learning about their lives beyond their disease.

Cry. Sh*t happens. Life is unfair for many people. Find a friend, mentor, or partner with whom you can talk through those hard times. You will cry after that difficult delivery results in a baby in the NICU. You will cry after learning your favorite patient passed in the ICU over the weekend. Keep those friends and family members in your life that help you pick up and keep moving. And, relish the golden weekend out dancing with the rest of your friends or weekend trip to the zoo with your family.

Laugh. Don't let those difficult times keep you from finding the joy and humor in medicine. Laugh at yourself trying to make a two-year-old cooperate with an ear exam. (Toys help!) Laugh after being told by the scrub nurse to re-glove for the fifth time. Laugh at the time you flip the code blue switch while looking for a light switch. (Warning: Be careful at the VA...there are a lot of switches behind each bed.) There are countless new experiences and

struggles throughout third year and sometimes you are at your best when are able to laugh at yourself.

Sleep. Let's face it, the glory days of sleeping in and panopting lectures over a cup of coffee are over. You will be tired. Find time to sleep and don't feel guilty about going to bed at 8pm on a Friday night. (It is glorious if you can!) Make time for sleep and exercise and the activities you enjoy and keep you, you. If your residents say you can go home early, do it! Enjoy the time to yourself!

Smile. At the end of this year, you will be in awe of the experiences you had. Smile at the first baby you deliver. Smile at the sunrise over Denver after an hour of pre-rounding at University Hospital during your surgery rotation. Smile at the first time you hear a heart murmur...without being told there is one. Smile as you discharge your favorite patient after four weeks in the hospital. Smile when your attending lets you (yes you!) close the incision. These are the moments that will keep you going each day.

So, if you remember to listen, ask, sit, cry, laugh, sleep, and smile with each victory, third year will truly be unforgettable.

Maggie Reinsvold
GHHS



Dear Third Year Student:

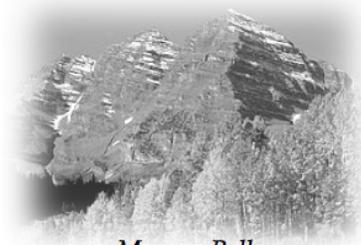
Third year is an intimidating prospect, full of new experiences, people, and information. It is also, in my opinion, the best part of medical school. You are given the chance to solidify the information that you have studied in the first two years. You are able to witness the various providers and specialties in their arena. You are allowed to make a difference- finally- in patients' lives.

Here is what I have learned along the way:

- You do not have to wait for the infamous pimping to show your knowledge. Talk as you go; that way, you can show off your knowledge and maybe derail the pimping!
- Along the same lines, when you are doing procedures (suturing, intubating, etc), talk your way through it. Talk about the pertinent anatomy, landmarks you are looking for, what you see and feel. This will not only allow the preceptor to know that you know what you are doing, but they are less likely to take over.
- Reflect every day on what you have learned. It is easy to forget to appreciate your newfound knowledge when you are busy and stressed out. This will help keep things in perspective.
- Tell your attending what you liked about their methods or about the day (“I like how you explained pseudo seizures to that patient”). Often, they will give you hints about why they do things the way they do. Then, you do not have to learn through trial and error.
- Document nice things that patients or attendings tell you. It will help you to look back on them.
- Develop relationships that last throughout the year with attendings that you think may be able to write you a good letter of recommendation. Ask early. Make sure that they are willing to write you “a strong letter of recommendation.”
- Keep track of positive remarks that are made to you and remind the person who said it when it comes time to ask for an evaluation (“You mentioned that you noticed that I did ___ well”). Be your own advocate, accept credit when due.
- Keep a booklet of information - things you can never remember, equations, mnemonics, quotes, mistakes you have made.
- Remember to relax and enjoy. Most people will feel uncomfortable at some point; remember that you are not the only one.
- Ask all the ‘stupid’ questions you want. Now is the time that you are expected to know the least; take advantage of it!
- Learn from everyone you encounter: The patients, the nurses, the staff, the interns.

Good luck, and congratulations!

Emily Moreno



Maroon Bells

Dear Third Year,

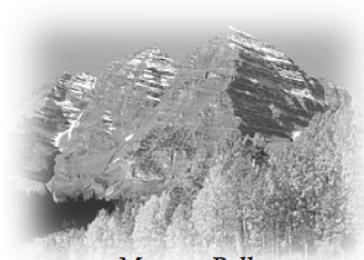
I've been thinking about what I would have wanted someone to tell me before clerkships started. This made me think about the things people did in fact tell me. Frankly, I don't think they helped. Not because the advice wasn't correct, but because it's hard to hold in your mind lots and lots of bits of wisdom about something you haven't experienced yet. You know how your parents used to say, "Wait until you're a parent!?" It's like that. Everyone who experiences third year comes out the other side changed, but often changed in different ways.

On the other hand, you might actually appreciate some specific advice.

- That presentation in Surgery is worth more points than you might expect.
- Using a question bank to study for shelf exams is a good idea.
- I heard Family Medicine now uses a shelf exam. Search for a phone app called ABFM Exam Prep. Also sign up for a free AAFP account to get access to their practice board questions.
- Dr. Montero can take you to the secret laparoscopic training room.

That's it! I am sure the rest of these pages are chock-full of things to remember, absorb, or otherwise meditate on. Those are important, but most important is to be open, do your best, and not let yourself be overcome by worry. "Strive not to be a success but rather to be of value." Albert Einstein allegedly said this. Even if that's an Internet lie, it's still a good tenet to guide your third year.

Best wishes,
Regina Kwon
GHHS



Maroon Bells

Dear MS3,

Congratulations on making it this far; your accomplishments are huge and cannot be underestimated! Not only did you get into medical school in the first place, but you survived the first two years. Third year is an exciting, anxiety-provoking, wonderful, terrible, amazing, grueling, interesting, boring, and all-consuming time of your life. I think it was the most difficult year of medical school, but not in the way I had imagined. This letter is meant to give you a little advice and a little comfort that it is all worth it in the end, you're not in this alone, and you will make it through.

First, three quick points of advice to keep you sane and healthy on the challenging rotations:

1. Never stand when you can sit. This is especially important on the surgical rotations because you may find yourself on your feet for 12+ hours at a time, day after day. That little moment of relief can go a long way for your musculoskeletal system.
2. Eat when you can, sleep when you can. Again, more relevant on the more intense rotations, whatever those may be for you. But seriously, whenever you can refuel or recharge you must take advantage of it.
3. (This may be the most important:) When someone tells you to go home, go. Your time is precious and you will get more out of the rotation if you are not feeling burned out or jaded because you have to "just sit there" while people are finishing their notes for the day. People may actually want you to leave so they can get their work done and do the same.

Now that your sympathetic nervous system is awake, let me try to give you some comfort. Third year really does have those amazing moments you have heard about, and these moments are what make it all worthwhile. You have probably just finished hearing someone tell you about an unbelievable experience they had during third year. I was skeptical of those stories; they didn't sound realistic, and they certainly were not going to happen to everyone. However, sitting here reflecting on the year, I find myself surprised at the moments I experienced that stand out in my mind. One of those moments for me included scrubbing in on a heart transplant case. I cannot express the amazement I felt by witnessing a defective heart being cut out of a living human being and a fresh, beating heart being placed elegantly into a pool of the most beautifully colored red blood I have ever seen, and talking with the patient the very next day. I also remember feeling like "it was all worth it" when a very intimidating attending turned to me during an emergency bleed of a tracheoesophageal fistula and told me to scrub in. Yep, I felt pretty cool standing there in my sterile stance, arms crossed...watching. I don't even think I put my hands on that patient, but the fact that the attending knew my name and wanted me there for who-knows-what felt pretty great. Other amazing moments included being the first person a teenage girl really opened up to after being raped, helping out on an autopsy, and witnessing a "goals of care" conversation between my attending and the husband of a patient who was dying from acute pancreatitis. I remember being in awe of the attending's poise as he had this very difficult, intimate conversation about our patient's poor prognosis with her husband and two sons, all while the medical student, intern, resident, and two nurses hung on his every word. It was in this moment that I realized why we need to get good at the terribly intimidating task of just presenting patients in front of attendings, residents, nurses and even patients and families. You don't develop that kind of poise overnight.

As you go through your clinical rotations, remember that it will all be worth it in the end. You may not recognize these moments as they happen, but, if you take a little time to reflect on the things that you value or times when you felt something affected you, it will become

clearer. Keep an open mind, try not to get too frustrated, be patient with yourself and others, and always listen to your gut...especially if you haven't eaten in a while.

All the best,
Sterling McLaren,
Class of 2016



Mount Eolus

Dear rising MSIII,

Congratulations! You are halfway to becoming a doctor! It's natural to be nervous. You are anticipating that third year will be rigorous and teach you to become academically knowledgeable, professionally presentable, and dutifully efficient. It will also shape you personally and allow you to develop that human touch and connection when interacting with patients. Cherish every moment!

Every student has a unique experience, but here are my highlights:

- “I feel lost. What do I do now?” Your attending and resident may be busy and you may not feel like disturbing them. You are left sitting clueless and waiting for someone to rescue you. Firstly, don't worry, your team did not abandon you! Try to find ways to get involved. Ask if you can help, whether it is placing consults or performing an MMSE on a patient with possible dementia. If there is nothing to do, research a learning topic and teach your team what you learned.
- This scenario might especially occur in the OR during your surgery or OB/GYN rotation. You may find yourself misplaced, standing in the middle of the OR with a million people walking hastily around you. In these situations, always anticipate the next step. If you are scrubbed in and watching your resident deliver a baby, be ready with a clamp to secure the umbilical cord. When your resident is suturing a perineal tear, be prepared with scissors to assist in cutting the suture. Don't fret about not getting offered to suture, or the opportunity to deliver a baby yourself. You will earn this privilege eventually after your attending acknowledges your interest and hard work.
- Feeling like you stuttered a mile an hour and spoke gibberish while giving presentations. You will get better at presentations as the year proceeds. Practice makes perfect. Always look for opportunities to present. You will undoubtedly be presenting a lot in rotations like internal medicine and pediatrics. However, on other rotations like the musculoskeletal block you might miss that necessary practice of presenting. If appropriate, ask your attending if they would be willing to hear you present.
- “I feel nervous and unintelligent when I get pimped every second, and answer everything wrong”: This is a way of learning, not a way of undermining. When asked a question, provide your best answer and back it up; you will be surprised how frequently you answer correctly. Try not to have long moments of silence; speak your thoughts so your attending will appreciate your thought process. At times, you might feel confused when the attending shares the correct treatment plan and you scream out loud in your mind “That's not what the textbook says.” Remember that not everything you learned in the first 2 years of medical school will apply to real world practice. Finally, be cognizant of not only your patients, but all the patients in your team. Listen to your interns present because their presentations will be a common source of pinging questions.
- Feeling like a failure when asked for a certain lab value and you desperately turn to your resident for help because you forgot to look them up. Mistakes will happen, but that is why you are doing these clinical rotations – To learn! You will get better at

anticipating what data your attending will want to know from your presentations. If you don't know, don't fake it.

- Feeling anxious and excited about working with another student. You will likely work with another student during some rotations. Cherish this experience and be a team player. Advocate for your peers and you will be surprised at how much they are willing to help you out as well.
- Feeling accomplished when your patient gets better. This is one of the best feelings you will have in 3rd year and it will make all your hard work and long hours truly worth it.
- Grief and sorrow after your patient dies. This is one of the toughest moments to be a part of during 3rd year, but can be a rewarding experience as you establish a caring relationship with your patient, help with palliative care, help them fulfill their final wishes, and assist with their family's needs.
- Feeling inferior and insignificant in the "hierarchy." You may be reminded of this daily. Regardless, you are still part of the team and have an essential role. Even simple actions count. Volunteering to do an MMSE on a patient may give your team an objective measure of a patient's dementia and help determine if nursing facility placement is required. Volunteering to call the cab to transport a foreign non-English speaking pregnant woman will ensure she safely arrives home. Catching a laboring patient as she fell down while staff members were transferring her to another bed in the labor and delivery ward prevented an adverse outcome and potentially saved her baby from harm. These are some of my experiences in which, although my role seemed minor, it amounted to significant outcomes for patient care.
- "I feel burned out." There may be times where it feels like responsibilities keep piling up. You may not have time to study after a long day on the wards. You may experience that uncomfortable feeling of hunger, thirst, and urge to urinate all at once during 8 hour surgeries. You may not even have time to do laundry and may unfortunately become aware of this when you realize on the wards that "Pew! My white coat smells funny." This can be overwhelming, but always remember to take care of yourself.

During third year, you will experience it ALL – balancing life and family with long work hours, the multitude of emotions that come with caring for patients, interacting with staff and establishing professional relationships, working at the lowest level in the "hierarchy" yet somehow finding a way to contribute, delivering a baby in one rotation and experiencing the death of a patient in another, performing breathtaking techniques like intubation, and tons of medical knowledge.

Good luck!

Ryan D'Souza



Mount Bierstadt

Dear Third Year Student,

One of the best parts about this year is how many different people you get to learn from. You will try out different ways of thinking and doing things, and you'll take pieces from everywhere and figure out what works for you. That being said, here is some of the best advice I was given:

- **Show up.** This is #1. Your residents and attendings can tell when you're not interested, and they'll be less likely to put in the effort to teach you or help you improve your skills. If you're sure that this rotation will not be your specialty, then think of it as your one and only opportunity to touch a beating heart or deliver a baby. If you still aren't interested, there are plenty of ways to coax yourself into feeling more enthusiastic. If I was ever tired, hungry, or in any way feeling sorry for myself, a quick step back almost always put that in check. Look around you- chances are at least one of your patients in the hospital is NPO and was woken up several times last night for vitals, blood draws, and painful physical exams. Your resident is probably a kind of tired that you don't even know exists yet. Keep a solid list of reasons to motivate you in the moment, and if all else fails, just remember that you are paying upwards of \$270 for each day you're in the hospital third year, and you might as well get your money's worth.
- **Be flexible.** The one thing that will be constant throughout your third year is the feeling that you have no idea what to expect. Every few weeks you will be in new environments with new people. You may work with four attendings in the same week who have completely different styles and expectations. Just go with it.
- **It's OK to feel things.** I've heard that as we move through our training we become cynical and distance ourselves from our patients. I understand why — it can be emotionally taxing to think about how a patient is lonely and suffering, to form a relationship with someone who you know is dying, to constantly be reminded of how so many aspects of our society are neither just nor fair. Just make sure to recognize when your feelings are piling up. I found that there were a few days when I had to turn off NPR on the drive home because the news just made me angry, and that was a pretty reliable indicator that I needed to stop and acknowledge how sad or upsetting the day had been. Whatever it is, I guarantee that you are not alone in what you're seeing and feeling, and your classmates are a great resource to help get it off your chest.
- **Remember that under your white coat you are a normal person with hobbies and friends.** Find time for the things that rejuvenate you. It's much harder to show up (see bullet #1) if you're miserable, so try to find the balance between work and fun where you can be happy. If you're desperate, sleep can count as a hobby. Don't forget how refreshing it can be to have entire conversations with friends and loved ones that have absolutely nothing to do with medicine.

Third year will be one of the most memorable years of your life, so have fun!

Jessica Rice, MSIV



Mount Bierstadt

Dear Phase III Student,

The third year of medical school will make you a better person.

Please don't take this as an insult. I am not implying that you are not a "good" person. By all accounts, if you are committed to the calling of medicine, which is to provide care for the sick, prevent disease, apply historical and current knowledge, teach (e.g., patients, patient family members, future providers, the public), show empathy, and display humility, you are already likely a good person by most definitions. I am simply stating that you will become a better person because of the experiences that you will gather over the next year.

Every patient experience will teach you about a disease process, the latest approach to management, or reemphasize the importance of understanding basic physiology. You will gather knowledge about medication indications, the most common and serious side effects, preferred regimens and combinations, and current evidence-based usage. You will be able to see first hand the disease processes you learned about during the first two basic science years and then feel, hear, and see the physical exam findings that you have read and heard about. All of these experiences will add to your clinical toolbox that will make you better physicians – but these are not the experiences that will make you a better person.

There are two patients from my third year who particularly stick in my mind as being patients who made a large impact on my own thought process. One was an older woman who presented with acute delirium secondary to an infection and was found to have underlying and previously unrecognized dementia. She was previously highly functioning and living independently, although all the evidence pointed toward increasing dysfunction at home. She expressed from the onset her desire to return home despite resistance from her family. I tended to agree with the family, and had multiple discussions with the patient in an attempt to convince her that the safest choice would be assisted living. I kept thinking to myself that if my grandmother were in a similar situation, I would push for the same goal. In the end, she made arrangements for services so that she could return back to the home that she and her late husband had lived in for many years. This was her choice. This was her desire. She made every effort to make going home a reality. I had to come to terms that she was not my grandmother, that she did not have the same experiences in life as my grandmother, and that she ultimately had made the best decision for her at that point in her life. This experience made me a better person because it reiterated that I would not always know what is best for a patient, even if my reasoning is logical. She taught me how to listen to her wishes, rather than apply my specific background to a human experience much different from my own.

The other patient was a critically ill, middle-aged man who was declining quickly without a known etiology for his deterioration. He was very rough around the edges. In other words, if he were riding the 15 down Colfax, he would be a fellow rider that I would avoid. Over the time I cared for this patient, I became very familiar with his family. They wanted him to get well. They wanted him to be able to return home. They wanted all the things that I would want for my loved ones if they were in a similar situation. When his condition improved, I learned about his hopes and dreams from direct conversations with him, including his passion for graphic art. It was this passion for art that partly explained his outward appearance. Most of all, I learned about his humanity. The more time I was able to spend with him, the less "scary" he became. When I left the service, he and his family hugged me like I was an old friend. This experience made me a better person because it reiterated that appearances are not everything. He taught me to recognize and reassess my own biases.

You will meet people from all walks of life, from young to old, and from rich to poor. You will be welcomed open-armed into the lives of people that were previously strangers. You will learn about patient values, desires, and goals of care. You will be told by patients that

it is more important to go home than to have that one last treatment for their end-stage disease. You will deliver a mother's darling and tiny baby. You will tell a family that their child-to-be no longer has a heartbeat. You will deliver good news when the worst possible diagnosis in the differential is ruled out. You will deliver bad news to a patient or their closest family members and friends. You will spend some of the last precious moments with a patient. You will have patients call you "doc" despite how many times you try to correct them. And you will be their "doc."

These are the experiences that will make you not only a better person, but also a better physician. Cherish them.

Sincerely,
Tara Carlisle,
Phase IV Student



Mount Eolus

Dear 3rd Year Medical Student,

A mnemonic for the wards...

Medicate—Retracting is more physically taxing than cross fit

Sleep—It's not overrated

3—Three-to-one. The minimum ratio of things you don't know to the things you need to know

?—Indicative of how you will feel at the beginning of 3rd year

Smile—It's the best way to fake enthusiasm about doing another pelvic exam, but not when you're actually doing a pelvic exam

Hoard—Pens, granola bars, etc. Having them on hand is often the easiest way to be useful

Investigate—Procedures, things about your patient, etc. It's a good way to learn, and you may actually convince the attending that you're not completely stupid

Try—As hard as you can inside the hospital and also to have a life outside the hospital (note, the latter is probably more difficult)

!—Indicative of how you will feel at the end of 3rd year

Godspeed and best of luck.

JD Williams, MS4



Maroon Bells

New Habits

Dear Third Year Medical Student,

I have some advice for you, but allow me to set the scene first.

GA was a patient of mine on internal medicine. She arrived to our service floridly edematous, with a cryptogenic cirrhosis and end stage liver disease that was evolving into renal failure. I first learned to evaluate fluid status on GA. Her undulating JVD, the doughy pitting that rose all the way to her lower ribs, and that fine cascade of minute pops in her lung bases when she inspired - I was intimately familiar with the day to day changes in these things. We wrote for furosemide and chlorthalidone, tried our best to wring her out.

One day after 'long call' I was preparing to leave the hospital after a fourteen hour day. I swung by GA's room, on a whim, just to say hi. I stayed another hour, talking to her. GA was a curmudgeon, prone to criticize her children and nurses to me, but was always willing to spare some conversation. The next day, after my clinical responsibilities were concluded, I found myself again at her bedside at the end of the day. And the day after, and so on, for the next two weeks. I learned about her life, her childhood. She talked to me about her relationship with God, and about the rosary that hung from her bed. She even told me about her husband, and how he had been admitted to the same hospital exactly one year before she came through the doors herself, and how he died. I don't think anyone else ever knew this fact. It was the only time I saw her cry, though she didn't cry long. Her children and grandchildren were frequent visitors, and we had long conversations about her condition, but also about who she was.

GA was ready to die. I knew this better than anyone. She refused to undergo dialysis. I thought it was the right choice. An echocardiogram assured us that there was nothing we could fix in her heart. She was maxed out on furosemide and chlorthalidone, barely squeezing out a dribble of urine. I knew in my heart that she thought she would see her husband after she passed. Her children gradually accepted her choice, and palliative care was brought in to help arrange hospice. I don't know what eventually happened to her. Maybe her lungs filled with water and pneumonia set in. Maybe her coagulopathic blood clotted in her cranium, or maybe her potassium sent her heart into fibrillations. Or, maybe, she is sitting in a hospice bed this very night, sassing her nurses endearingly like she did at the hospital and complaining about the food.

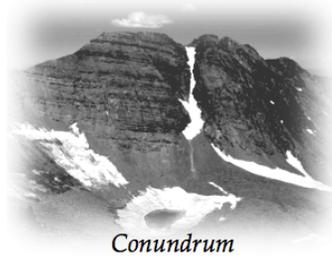
You will develop so many new habits over your clerkship year. Many of them are of a practical nature, like where you put your references in your white coat, or how you arrange your patient data on a blank sheet of paper. These are productive and noble habits, but they are also bred of necessity and adaptation, and are an inevitability. You don't need my help forming these habits.

The habit that I suggest you develop is precisely this: finish your day by seeing one of your patients. You don't have to make social rounds on all of them, nor do you need to document their entire life story. Spend five minutes, ten minutes, maybe more, on your way to the stairs to drop by a patient who you are worried about, or who is lonely, or who is making life-changing decisions. See them so you can speak to them like a normal person, not a doctor. Don't go in and push on their belly; instead, go in to lend an ear, or a comforting hand, and talk about the weather, talk about how bad hospital food is and how itchy the sheets are, talk about their family.

This became my new habit on every rotation thereafter. And now that third year is over, and I enjoy a quiet evening of reflection, their faces come back to me in methodical procession. People in gowns and under thin white sheets, people who were worth knowing better. I'm not telling you that it will help you provide better medical care (though it will), or

that it has any particular moral value, but know this: in a deeply intangible way, in a way beyond words, it's a habit worth having. Trust me on this one.

W. Wade Stoddard,
Class of 2016



Conundrum

Dear Future Self,

By now you are a successful attending physician. Life is busy: taking care of patients, teaching residents and medical students, and balancing work with family life. You forgot what it was like to be a medical student. You no longer remember the stress of performing a cardiac exam correctly—did you auscultate at all four landmarks? Did you hear a regular rate and rhythm? Did you hear S1 and S2? Was there a murmur? Now all that comes naturally to you.

As you ponder your medical career and your current state, remember what life used to be like, why you got into this profession in the first place, and how you got to where you are. During your third year of medical school, you learned a lot. Don't forget the big life lessons you learned that year; teach these lessons to your current students.

1. **Learn About Your Patients** – As a third year medical student, you felt you only knew a little and had to learn everything. Yes, you learned about your patients' diseases and about facts, such as Charcot's triad, that helped you pass the shelf exam. But, I mean, really learn about who your patients are—what they do for a living and how many grandchildren they have; what are their fears, and what are their goals? When you were doing a rotation you didn't like, this is what got you through, and reminded you why you were in medicine in the first place. Patients always appreciate it when you remember them, because they remember you. You once had an attending tell you, "Treat your patients like friends. You don't forget your friends, so don't forget your patients."
2. **Forget Always Being Right and Accept Being Wrong** – You got into medical school because you were a "type A person" and were used to having the answers. The sooner you let that go, the happier you became. Medicine is not a game. Try as you might, you cannot "win" at medicine. From third year on, you were no longer "always right;" in fact you were often wrong. Medicine is a process. It's about learning and accepting. Accepting your shortcomings and your failures and improving on them. Accepting your classmates were brilliant and had great ideas too. Accepting that medicine is a team endeavor and takes a community to make one successful physician. If you had held onto always being right you'd have been "that kid." And nobody likes "that kid." Third year was about thinking "I don't know" or "I'm not sure" but then reasoning through the question and committing to an answer, loudly, and proudly. Attendings wanted you to put yourself out there, give an answer, and come up with a plan even if you were wrong. This helped you to be comfortable with the uncomfortable. You learned to not be afraid of guessing—you knew more than you thought you did.
3. **Relationships Take Work** – This is true for all relationships, but it is especially true for your friends and family outside of medicine. It was easy to get caught up in medicine and third year, forgetting anything else existed outside of the hospitals. But you needed these outside people to bring you back to real life and to fill you in on all the current events you'd missed. These were the people who reminded you of what was important in life and why you were involved in all this craziness to begin with. Your non-medical friends provided you with perspective, and we all need that now and again. Remember that in a world filled with technology, keeping in contact is easier than it has ever been. A simple text or e-mail can be all it takes. And no matter how busy you are, you always have time for a text message.

4. **Hard Work Isn't Always Recognized** – You'd spend hours looking up a specific topic like "how to treat alcohol withdrawal" only to go in the next day and not be asked a single question about it. Or you'd spend 45 minutes writing a patient note that you ended up just sticking in your pocket. You'd talk to a patient for hours, learn their entire life story, and the next day they'd be transferred from your service. But you learned to not be discouraged if your work went unrecognized. You realized that recognition wasn't what was important, and you benefited from all this hard work in the end. You had another patient going through alcohol withdrawal, and you knew how to treat them. You had to write more notes, and you were more efficient because you'd written hundreds before it. You even re-encountered the same patients and they remembered you. Some specifically asked for you because you took the time to sit down and talk with them (see number one above). You took pride in your work and continued to work hard even if the recognition you received wasn't immediate.

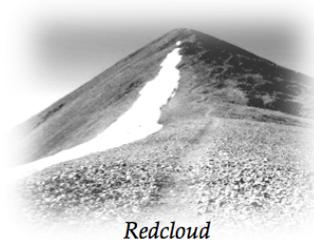
5. **Be Your Own Advocate** – Third year was tough. You were aware of your general strengths and weaknesses—playing to what you were good at and working on what you weren't. You learned not to compare yourself to your classmates because you knew they had different strengths and weaknesses. You became your own best advocate. If you were not learning and receiving the teaching you needed, you spoke up and made a change. You asked to switch teams when it was possible, and learned how to effectively communicate with your attending and residents about what was not working for you. You set goals for yourself, shared these at the beginning of each rotation, and then made an effort to work on them. You ensured you were getting what you wanted out of your education. It was always on you to ask for more responsibility—you asked to take on more patients if you thought you were ready, asked for your notes to be read to get feedback, asked to make consults, asked to call patients back about their lab results. You stuck up for yourself and took charge of your own learning. It paid off.

Third year was just the beginning. Don't forget these five key points you learned. Teach them to your students—everyone around you will be better because of it.

And to all you new third years out there -

Enjoy the new experiences, whatever they may be. Remember to have fun and to go with the flow. Talk and listen to your patients. Be a sponge and soak everything up. Be yourself and remain genuine to your beliefs. Hold on to your positive attitude. And most importantly, ALWAYS WEAR COMFORTABLE SHOES!

Sincerely,
Your third year medical student self



Dear Student,

First, congratulations. You have made it this far, which means you have already completed the hardest part of medical school. Seriously. Now you get to be a student doctor. This will be demanding but it will also be the most rewarding year of medical school thus far. You will be intimately involved in the care of your patients, and some of them will even think of you as their provider, and ask for your advice or want to know what you think is going on with their health. If this seems scary, remember that this is your time to learn and no one will let you harm anyone.

So enjoy it. Yes, the grading will seem arbitrary and unfair. But try to forget about that and learn as much as possible. You already know more than you think you do, and don't worry that you feel like the CAPE didn't prepare you—you'll learn. Don't worry if you can't hear a heart murmur—you will. The neuro exam will become second nature, I promise. You'll learn the names of many, many drugs—both generic and brand names.

So how to approach third year? To start, don't just perform a perfunctory exam. Take your time and perform a thorough physical exam on every patient. Recognize your weaknesses and focus on them. Don't feel comfortable examining a knee? Read up on the exam, perform it on a few patients, and make sure to tell your attendings and residents that you are working on this. If they know what your goals are, they'll be more likely to give you a hands-on demonstration of the physical exam and will identify patients with interesting findings for you to see.

Every attending is different, and sometimes one will directly contradict what a previous attending told you. Just roll with it. You may find a doctor ordering something that you distinctly remember a lecturer saying to never do. If it's dangerous, or you have a paper that explains this, speak up. Otherwise, recognize that in medicine, there is usually not just one answer, and different doctors practice medicine differently. Remember, you're not just learning how to be a doctor, but you're preparing for the kind of doctor you want to be. Will it be hard and demanding, and will you be sleep-deprived? Yes. Will this be all the time? No. You'll still have time for the people and activities that you value in your life, and it's important that you continue to pursue your passions. Don't forget your mental health—exercise when you can and try to eat balanced meals. Go outdoors. Use Case Files to study for shelf exams. And trust yourself—you've made it this far, so you're plenty competent. You'll do great!

Kristen Beck



Mount Eolus

Dear Third Year Medical Student,

Here begins the journey to wisdom.

You will start one of the most difficult years of your already challenging training. For most, you will be expected to show up in a way you've never had to before. Your schedule, your life, is no longer your own. Welcome to accountability.

At first you will be concerned with the concrete, the details. Where do I go? What do I wear? How do I present? What do I study? These are questions with easy answers.

What you are less prepared for is the spectrum of human experiences you will witness. I'm not sure I can prepare you, for we all respond differently.

Seeing patients at their best and worst will become your normal. Cancers, gun-shot wounds, ex-laps, crash C-sections, you'll take it in stride. Seeing the ultrasound of your baby for the first time? It was my sixth one this morning.

What moves you is unpredictable. For me, it was an eight year old talking about committing suicide so that he could escape his hallucinations. I called my parents that day just to tell them I love them.

In the story of becoming the hero, this is your training montage.

You will fall, get up, take another hit, get up again. You'll become fluent in another language.

You will be picked apart and put back together again. You will adapt.

You will become resilience and grit.

You will get a few more wrinkles on your forehead. Each one will represent the many faces you've seen, the stories you've heard. They represent the fine-tuning of your gut to detect "sick or not sick."

You will put forth compassion in the face of profound fatigue.

You will be stretched more in one year than most are in a lifetime.

I don't say this to scare you or discourage you. This is a dare. I dare you because I know you're ready.

And even though I can't fully prepare you, I will be here. Behind you, beside you, in front of you and awaiting you on the other side.

Here begins the journey to wisdom.

Sincerely,

Anireddy Reddy

GHHS



Mount Sneffels

Dear Colleagues,

I could tell you about how amazing your third year of medical school will be. I could try to inspire you or fire you up, but I don't need to. My words would seem empty and cliché until you hit the wards, and then you will know for yourself. Third year is amazing.

I could give you advice, provide a list of pointers on how to succeed. There's plenty of that already. Besides, there are a million ways to do things well. You'll figure that out too.

Let me talk then about survival. I don't mean physical. Though the hours are long, even extreme at times, you will get through it. You'll have to dig deep, but you will find strength and endurance that you never knew you possessed. I don't mean mental either. You will be tested, and you will get pimped, but you will find yourself with a depth of knowledge and understanding that you never thought possible. What I want to talk about is emotional survival, and to do so, let me cite the following from the timeless book *The House of God* by Samuel Shem:

Dr. Sanders had been dying a long time. Bald and infected, quiet and cachectic, he was getting his life in order. We were friends. He was dying with a calm strength, as if his dying were part of his life.

I was beginning to love him. I began to avoid going into his room.

"I understand," he said, "it's the hardest thing we ever do, to be a doctor for the dying."

I don't mean to be morbid, but invariably during your third year, you will find yourself face-to-face with death and the dying. No matter what is done, no matter what heroic measures are undertaken, you will see patients die. Death is the one indisputable fact of the human condition, and we are woefully unprepared for it.

Our entire profession is predicated on saving and improving life. Everything we do, everything we learn, is intended to help our patients. We learn about disease so that we can understand and diagnose it. We learn about drugs and procedures so that we can treat those diseases and cure them. Modern medicine is miraculous in its ability to bring thousands of therapies to bear in the fight against illness. And yet, we are only human. There are no invincible magicians to be found on the wards. Don't let anyone fool you into thinking otherwise.

Despite everything we know and everything we do, we are often powerless in the face of disease that is too complex or too advanced, and we realize that we have failed. We failed to cure that patient's disease. We could not bring them back from the edge. Those are the most difficult moments that any student of medicine, and any physician, will face because they are so contrary to all of our training, attitudes, and culture.

But there is reason to hope. Let me continue the passage cited above:

Talking about medicine, I told him with bitterness about my growing cynicism about what I could do, and he said, "No, we don't cure. I never bought that either. I went through the same cynicism—all that training, and then this helplessness. And yet, in spite of all our doubt, we can give something. Not cure, no. What sustains us is when we find a way to be compassionate, to love. And the most loving thing we do is to be with a patient, like you are being with me."

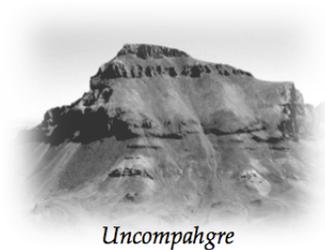
Even after every drug has been tried, every therapeutic option exhausted, we still retain the best and most effective treatment ever discovered, and that is our time. There is no substitute for that. We may never be able to cure some of our patients, but we can heal, and we can

comfort. And there is nothing, nothing, more powerful and more satisfying than a smile, a nod, and a simple “thank you” after offering your time holding a patient’s hand at the bedside.

Friends, remember that medicine is as much art as it is science. Remember that your warmth, empathy, and compassion often hold greater power than any pill or any surgeon’s scalpel.

Soon you will set foot on the wards and you will begin your most difficult and most incredible year of training. You will see and do amazing things, and you will learn more than you can imagine. But never forget that the most important tool that you have, that any of us have, is your time. Make an effort. Spend time with your patients. Get to know them, their joys, and their fears. Love your patients, not as interesting medical questions, but as human beings. This is what will sustain you and get you through those darker moments. Do these things, and you will experience the powerful and privileged connection between patient and healer, and you will discover the joy and the beauty of our profession.

Alexander R. Ghincea



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AFTERWORD

We would like to thank all the students that contributed letters to this year's publication. Some letters are inspiring; others are humorous. Some are contemplative while others are practical. Reading through them I discovered a lot of wisdom and good advice, even at this stage in my career. 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 navigate through this amazing and challenging phase in becoming a physician. Thank you so much and best of luck in your careers!

Anjali Dhurandhar, MD

Associate Professor of Medicine
Arts and Humanities in Healthcare Program
Center for Bioethics and Humanities

ACKNOWLEDGMENTS

We are truly grateful to Dr. Mark Earnest for his inspiring foreword. His words remind of us how we are an integral part in creating our patients' stories and that medicine is an art. A very special thanks to Dr. Steve Lowenstein and the Gold Humanism Honor Society for their contribution in editing and promoting the publication this year. Specifically, we would like to thank Lynne Wood for her thoughtful letter and her great editing skills. A heartfelt thanks to L. Jane Stewart, Claire Bovet, Romany Redman, Brittany Cowfer and Tom Califf for their help in editing. We would also like to thank Dr. Henry Claman for his support of the medical humanities on our campus and in the curriculum. Thank you to Bill Daley for his superb production each year. Thank you to Mary DeSimone for helping with the cover layout and the publication each year, and to Max Osborne for his fantastic skills at photographing artwork. 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) and Dr. Anjali Dhurandhar (anjali.dhurandhar@ucdenver.edu) for consideration for publication. The submission deadline is August 15, 2016. If accepted, your letter can be included on your curriculum vitae as a publication. We look forward to your letters!