

LETTERS

TO A THIRD YEAR STUDENT

FROM THE CLASS OF 2019
SCHOOL OF MEDICINE



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FOREWORD

Dear Students,

You stand poised to enter the clinical phase of your medical school training. When I was asked to write the introduction to this edition of *Letters to a Third Year Student*, I thought for a long time about what message was most important to convey, what message I thought most important for students to consider as they read the words of wisdom expressed by students who've gone before them. I continue to go back to the idea of community. Every resident, attending, and many generations of physicians before them remember the feelings you have right now of anticipation, excitement, fear, doubt, anxiety, and eagerness as they stood on the cusp on really learning what it means to care for patients. What it means to be a doctor. Furthermore, all of us continue to experience this breadth of emotion as we face challenges in patient care, insecurity in our own abilities, doubt when we fall short, triumph in our accomplishments, and most of all, camaraderie in knowing that we're in this together as a community of physicians.

I think of my close friends, as well as classmates whom I wasn't particularly close to in medical school, as part of that community. A very clear memory of my third year was the sense of awe I had watching those peers transform from the students I sat next to lecture hall drinking bottomless cups of Starbucks, dissected with in anatomy, and studied for Step 1 with, become *doctors*. It was my close friends whom I leaned on to debrief every comment and sideways glance that I received on rounds, who heard about every bit of feedback I received – the good and the not-so-good – and who agonized with me the time (okay...times) I fainted in the OR. But this community grew to include the students I didn't know as well before third year who were now there to help me prep for rounds, back me up when the resident wasn't very fair or kind, who suddenly demonstrated a brilliance in connecting with patients I realized I could learn so much from. As graduation was upon us, my classmates had become full of stories of dedication, tenacity, lives touched, and aspirations to change the world through the work I knew they all were capable of doing. Occasionally now those stories come to light as my peers have gone on to truly change the world, and I'm able to say with pride that I graduated from medical school with them! And now you have the chance, through this compilation, to read similar stories, reflect and learn from them, and then share your own stories a year from now as you join this very special group bound by shared experiences. It is this community of students becoming physicians that I have the incredible privilege to immerse myself in, and these stories that you can immerse yourself in through the reading of this book.

As you succeed and as you stumble this year, go back to this book often as a reminder that all doctors before you have done just the same. While our experiences may differ in the details, the themes are timeless. I know I find inspiration and a drive to do better by my students and my patients in their stories of hope, resilience, and true and pure dedication to patients. I hope you find connection to your community, solidarity, comfort and inspiration in their stories as you prepare to tell your own story for the students rising behind you. And, please, don't forget to break down the barriers and isolation that can occur in third year and reach out to one another to provide support, celebrate your triumphs, big and small, and build each other up on the days when success seem elusive. This is the importance of community.

Jennifer Adams, MD, FACP

Assistant Dean of Clinical Curriculum

Director of Denver Health Longitudinal Integrated Clerkship

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; it if 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 2019 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

Dear MS3,

In light of the impending first day of third year, let's do an exercise in imagination. Close your eyes. Take a deep breath. Tomorrow you're starting a long road trip. You spent a great deal of time packing and put a lot of thought into the items you brought with you. Picture your car. It's freshly cleaned and loaded down with bags.

You buckle yourself in the passenger seat and anxiously wait because this is not your usual road trip. Your driver is going to change every couple of hours.

So will the scenery and the music. The changes will happen all at once, leaving you discombobulated as you attempt to regain your bearings. It will take a while, but you will.

You'll get along with some drivers. You'll find yourself chatting for hours. You won't with others. You'll sit in silence and wonder if you should be talking. What you should talk about. Wonder if they like you or if your simple presence is annoying them.

The scenery changes will be abrupt and dramatic. So much so that you'll wonder if you have crossed a national border into another country entirely. You'll be fascinated by some of the landscape and find yourself in awe, staring out the window trying to take it all in at once. But it will continue to fly by. And sometimes you'll be thankful for that as you'll find the scenery so dry and boring that you wish you could just nap.

And the music. Sometimes you'll love it so much you find yourself singing along as you tap your foot and you'll wish the song would last the rest of the drive. But it won't. Not just the song will change but the genre entirely. And sometimes you'll hate the music so much that it will take everything in you not to punch the Skip button. But you can't touch the controls. Your only job is to sit back and enjoy the ride. Take it all in. Learn about yourself. And the road you're on. You're not allowed out of the car, no matter how desperately you might want the car to stop so you can spend a few days in a place, but you just keep moving. Other times you'll want the car to stop because you're done. You're tired of driving. Tired of the constant changes. Tired of trying to impress the drivers and figure out what they want from you. Reflection will serve you well. Make notes of the places you want to return to someday. Think about the places you liked the most. And why.

Eventually it will stop and as the end nears, you'll be excited and nostalgic. But for now, buckle up and enjoy the ride.

Sincerely,
Britni Beagley

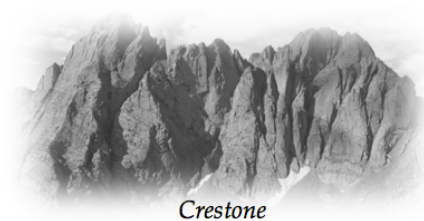


Maroon Bells

Dear Phase III Student,

It is okay not to know. If there is one motto I wish I had adopted prior to beginning Phase III, it would be that. It is okay not to know. This experience is about learning. And when you are so wound up about not having answers, you forget to ask questions. You forget to be curious. You forget the whole purpose of third year. It is not to prove how much you have learned thus far. It is not to outshine your peers. It is to further your learning. The day that you realize that is the day that third year changes. It is no longer the most anxiety-provoking situation you have ever been placed in. It becomes a playground for learning, filled with teachers at every turn. People who want to help you and who reward your inquiries. A place for you to try things for the first time without any judgment or expectations. A place for you to possibly try things for the last time and revel in the fact that you were able to experience such an intimate moment with a complete stranger. So when you are asked a question that you do not even understand, instead of feeling the blush rise to your cheeks as you fill with embarrassment, just say, "I don't know, can you explain it to me?" And watch how the dark and scary forest transforms into a colorful playground right before your eyes.

Sincerely,
Giselle McIntyre
GHHS



Dear 3rd Year Student,

I am so proud of you. Just think of all the hard work you put in and all the knowledge you have gained during your first half of medical school. You probably never thought of it as a circus, but whether you realized or not, you have definitely learned to juggle and perform in the spotlight.

Now, stepping into third year is quite like joining the circus itself. Day one, you walk through the doors feeling a strange mixture of being petrified and excited, your expectations based on horror stories, *Grey's Anatomy*, and hopefully a teaspoon of hype. Just as the new circus recruit is sure to see clowns and elephants, as you join your team on your first day, much of what you envisioned becomes reality. However, you'll come to find that woven into that reality are bold and colorful threads that fascinate and captivate you. Embrace the distraction, never let the color fade, and continually seek to learn more. More from books, certainly, but always, always remember that the best teachers are your patients.

During your third year while you learn about all the different acts of the medical circus, you are sure to run into some characters. The high intensity of the lion tamer certainly can be curt, but the key to taming him/her is to give grace and remember how difficult it must be to keep calm and manage such an unpredictable, scary act. You do what you can as a third year, but know that you are not expected to know the ins and outs of how to tame a lion. Enjoy the awe when looking up to the prestigious trapeze artists. When you are truly wowed, take notes and work to make those exceptional skills your own. Lastly, when you feel you can relate most to the person cleaning up after the animals, remember that your contributions matter and your attitude makes all the difference. Even when it seems impossible, remember to channel the clown's enthusiasm: always down the costume and put on the act.

Take this year to fall in love with medicine and enjoy it as much as a child enjoys the circus. Before you know it, the curtain will be closing, and you will leave the show transformed, with a new appreciation for humanity, science, and yourself.










Kristina Barber



Mount Eolus

Dear Phase III Student,

You're getting a lot of advice heading into third year. Most of it, I'm sure, is all starting to sound the same. It can generally be summed up in the following Millennial friendly bullet points:

- Be enthusiastic!!!!  
- Listen to your patients  
- Show up early and stay late   
- Bring snacks in your white coat  

You really don't need any more of that. If it can be summed up with an emoji, it's probably pretty obvious. (For instance, I'm sure you know how to adequately feed yourself.) So forget the fluff, here are some practical tips:

- If the physician you consulted asks you a question that you don't know the answer– don't panic and hand the phone to your senior– just say, "I'm not sure, but I'll check. What is a good number to call you back at?" This keeps you a part of the consult rather than punting your patient's care to a different team member.
- Talk to the nurses throughout the day, not just when you want to hear about overnight events. They have valuable information about your patient that you won't find by just reading the chart.
- Have a verbal feedback discussion and write the main points down on your Direct Observation Form. Then just hand the form to the resident/attending to sign. This makes life easier for them (they don't have to play secretary) and improves feedback for you (it's an exchange rather than a scrawled line suggesting "read more").
- Find the antibiogram for whichever hospital you're at. Print a copy and keep it around.
- You do not need to have some elaborate plan for your golden weekends. If you want to travel, great. If you want to just sleep and enjoy not having to work, also great. Don't let your free time become a competition; there's enough of that on the

wards.

- If you have a super talkative patient who is derailing your history, try switching to Review of Systems. The “Yes/No” format for a lot these prohibits lengthy, tangential responses and can bring the focus back to your questions.

Good luck!
Laura Hancock



Mount Bierstadt

Dear Phase III Student,

Nothing you do is billable.

You will meet the patient and ramble through your interview, inevitably missing some important information. You will do an exam semi-properly, and get an adequate idea of what's going on with the patient – not perfect, but adequate. You will propose a treatment plan straight from UpToDate, even though you don't really know the right dose or route for medications. Your problem list will include some lab aberrancies that really don't matter, and you might miss some warning signs that actually *do*. You'll suggest a disposition, without much context for understanding what the patient's course will be. If you're a gunner, you'll even add some evidence-based medicine tidbits from the latest *New England Journal of Medicine* article, getting a nod of approval from your attending.

The stakes attached to your work will continue to be low, however. Best case scenario: the patient gets good care that took a little longer than usual, and you get a good evaluation. If you do poorly, they'll still get good care though your evaluation might suffer. Chances are, you'll get into residency anyway. The medical education system is designed to protect patients from, well, you.

There is one unique thing, however, that you can offer the patient and the care team: nothing you do is billable. You aren't thinking about how to code wisely and get reimbursed enough for the work you're doing. And your paycheck won't go up if you do more procedures. Insurance status is irrelevant for your learning. Time spent counseling, listening, explaining, or understanding aren't less valuable; in fact, that might be the MOST valuable thing you have to offer. In two, ten or twenty years, you won't have the luxury of listening to your patient talk until they run out of words; there will be too many other tasks, responsibilities, and priorities vying for your attention. For this finite period, you have the golden gift of time.

So, leverage it. Take an extra twenty minutes to round on that patient who has no visitors. Call the kiddo's mom who missed rounds because she had to work. Stop by your old vet's room, and listen to him tell you about his war stories one more time. Ask some extra questions about what your patient does for fun. Learn a few words in that foreign language, so that you can greet them in their native tongue. Stop by after rounds to see if the patient's family had any questions that weren't answered, and explain the treatment plan for a fifth time– maybe it's the fifth time that sticks. Familiarize yourself with community resources that can help support your patients' health in a myriad of ways: for those with disabilities, for overwhelmed new parents, for those struggling with a new terminal diagnosis, for those lacking transportation, for those battling addiction. Suddenly, leveraged time could make a difference and improve outcomes; you become an asset, instead of a burden, to the care team. You are offering patients something that no one else can, not even future you.

Nothing you do is billable, so make the most of it.

Love,
Reade Tillman
GHHS



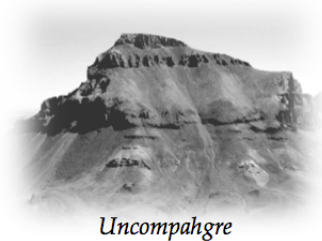
Dear Third Year Student,

Third year is like a climbing route.

You're standing at the base of the cliff. It looks fun! It looks hard... You've done some easier routes before but never a 5.10. While your climbing partner sets the top rope, you talk to some climbers who have just finished the route. They point out the moves that bring you to an overhang. They talk and talk, they're so pumped they bagged this route and want to give all their advice. You get on your harness and shoes and now you're on belay. Your buddy says climb on, and you start sending it. You fall a few times; you rip some skin. It takes a few tries, but you get to the overhang. You stop to rest and wonder how you could possibly make it over. Your buddy coaches you through it, "Get your feet higher, there's a hold on the far right, grab it!" You make it over.... you're breathing hard. You finish the route. You're tired but exhilarated. There's a sweet view from high up. Your buddy hollers congratulations to you. You've done it!

You're standing at the base of the cliff of third year right now. Fourth years are bombarding you with advice. You're skeptical you can make it, but you'll get on your white coat because that step feels attainable. You'll learn; you'll mess up. You'll be tired but exhilarated. You'll work harder than you thought you could. You'll get feedback from all sides: take what you like, leave what you don't. You can forge your own path, your own route. And soon you'll be finishing your last block, you'll see the sweet view from high up. Your friends and preceptors will congratulate you. You've done it!

Hania Flaten



Uncompahgre

Dear Phase III Student,

I could devote a whole novel on how to impress attendings, prepare for shelves, and get good grades during your third year. But I'm not going to do that. I know that all of you are smart and adaptable enough to know how to succeed in the way that is most effective for you. And so what I'm telling you may seem a little contrarian: be kind to yourself, don't fret too hard about grades, and most importantly, cherish this tremendous opportunity you are being given.

You will get an intimate look at other people's lives for the first time: you will experience the emotional highs of childhood to the lows of observing family members watch their loved ones die. Both of those are essential to experience, and you will emerge a better physician because of it. I'm sure you can begin to expect how it will go. But you should also expect to be surprised.

For example, I was in the room with three other people. One knew he had less than 24 hours to live. And he was the one cracking jokes. Sure, some of that is a defense mechanism. But a lot of it is a testament to how truly resilient and inspirational your patients are. It illustrates just how insightful their outlook on life is, which you will have the honor to learn. These are the things you will remember more than several obscure diseases you only see on boards, and these are the things that will truly lead you to being a quality, compassionate, and humanistic doctor. I still remember that man's face and name. I still remember his overt kindness towards me when I initially walked into his room as a clueless medical student. And knowing that you too will have similar experiences in the coming year makes me confident that you will be tremendous students, advocates, and practitioners. These are the memories that will truly define your year more than any of the exams or assignments ever will. So I just urge you to keep your eyes open and not overly preoccupied with the next due date because otherwise you just might lose what ultimately shapes you from a fact dispenser to a physician.

If you are able to emphasize your patient care and experiences, your year will inevitably be a success, provided you take care of yourself. Don't feel like you need to work all the time. Take days off. Feel okay about going to bed early or sleeping late. Eat healthy and often, but also treat yourself when you need it. And above all, make sure you know your limits and how to avoid reaching them, whether it is having the courage to say, "No" or to spend a little extra time on something you enjoy. As a consequence, you will provide better care, enjoy your care more, and have much more memorable and impactful learning.

You are in for a challenging year. You will frequently feel overwhelmed and like you may never get through everything. But you will, and you will do so well. Keep your thoughts on the privilege this year is, and remember that these patients will be so much more invaluable to you than First Aid or Pathoma ever will. Just maintain your optimism, compassion, drive, health, and individualism, and everything else will fall into place with fourth year getting here before you know it.

Best,
Colton Ladbury



Dear Brand New Third Year,

You are standing on the edge of a cliff.
Below you, there is a pool of water made up of all the most vibrant colors.
There are the brightest blues, yellows, oranges, and greens.
You see the deepest violets, multitudes of grey, and the darkest blacks.
This is where you are now. You have just finished 2nd year,
Climbed one of the largest mountains to stand at the edge of this cliff.
The colors you see in the pool below are the human experience.
This year you will jump head-on into life experiences you may have never witnessed before.

You will have the chance to improve the lives of those who suffer.
You will get to help people: scared people, hurt people, people indifferent to their own plight.
You will certainly face mortality and incredible pain.
You will witness families come together in their darkest hour.
You will watch families crumble to pieces as they make impossible choices.

There will also be joy, excitement, and new friendships.
You will be part of the most important day of a person's life.
The day they welcome their child into the world.
You will be the first hands to touch new life.
You will celebrate with families as their loved ones leave the hospital,
Back to their real lives.
You will find companions along the way.
They will center you in your desire to heal.
Hang on to these people,
They can be your flotation device when it feels like you are sinking.

This year is hard.
And at times you may feel that you need to be just as hard to survive.
I encourage you to never forget why you came here.
Never forget who you are and who it is that you want to be.
Always do what is right for your patients.
Sometimes the teams you are on or the people you work with,
They may forget that patients are the reason we are here.
Even when the whole world seems to be indifferent,
Remember who you are and the difference you want to make in this world.

Firmly establish an internal sense of self-worth.
It will be your shield from the seemingly endless evaluations you will receive.
Don't become obsessed with what others think of you,
But always be willing to listen to what others have to say.
Know what is important to you.
Do not shy away from doing what is right.

Go forward and experience third year.
Experience life in a spiral of colors,
The brightest brights, the darkest blacks, and everything in between.

Jude Kelley



Mount Sneffels

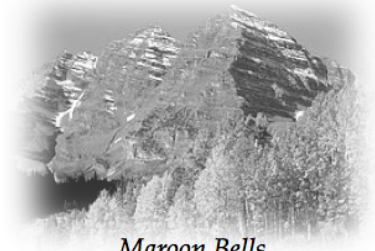
Greetings Class of 2021!

I, like so many of my other MS4 colleagues, would like to offer you all big congratulations on taking the next big step in your careers! Third year is an incredible time with so many ups, downs, and opportunities for personal and professional growth. I just wanted to offer some things I wish I had known going into it.

- This is something you'll hear everyone say, but when a resident tells you to go home, definitely go home. A response like, "Are you sure? Is there anything else I can help you with?" is really polite, and your Midwestern mom would be proud but doesn't help you at all in this situation.
- You will feel a lot of feelings during third year. Some of these feelings will be for a fleeting moment, and others may last weeks. Always be sure to check in with these feelings. Don't write them off as just a bad mood or a good mood at face value. Name them, note them, journal them. Try to dig down to why you're feeling the way you are. You'll probably find some fundamental truths about what you like and don't like about medicine, and this can help when finding your career path is especially challenging.
- When times get tough, and a rotation is really discouraging, just remember that you are loved, and you are enough.
- Some residents and attendings aren't incentivized to work with students. No matter how smart you are or how hard you work, they just won't care enough to notice, and your evaluations will probably be pretty generic. This is really discouraging, but it makes you appreciate so much more the clinical teachers who do take the time and want to work with you. If anyone goes out of her way to make you feel welcome or to teach you, be your best for that person because that's where the best learning is!
- You all have some career interest(s) right now, and those interests may change in third year. Every resident and attending is going to ask you what you're interested in. Some people will go out of their way to crap all over your career interest: "What a malignant culture." "You're not doing real medicine anymore." "You can't help anyone in that field." "You want to do hard work like that your whole life?" "I would never be able to do that." "Burnout is highest in that field, and you don't get paid." "So you just want to manage [common condition] your whole life?" Just know that if everyone thinks you're crazy for going into a field, and you still like it, then it may just be your calling.
- Along that same line, if you're on the fence between a few career options, just arbitrarily pick one and act as if you're definitely going into that field. This may give you a confident feeling, or you may feel unexpectedly disingenuous. These feelings may be a sign about which career fits you best.
- You'll obviously be seeing a lot of patients during third year, and very often you'll be caring for the most vulnerable people in society. You'll experience some profoundly upsetting stories from patients. For every tragic case you encounter, there may be thousands and thousands of people in the city all simultaneously suffering much

worse experiences. This is a really heavy and demoralizing feeling– to know that all the suffering in front of you is exponentially compounded and occurring all at once in the world – and it can lead to compassion fatigue and burnout. Be mindful of this suffering in the world, and then go on to care for the person in front of you, the best way that you know how. Know that however hard the world can be you’ve been a positive agent for change.

Ross Crandall



Maroon Bells

Dear Phase III Student,

Congratulations on making it this far! You are now entering the part of your medical training that you were probably most excited for when you applied to med school a lifetime ago. It is entirely different from what you have done in the rest of your academic career. Your hours are unpredictable, you change sites and specialties as soon as you get the hang of what you have been doing, and everyone expects something different of you. That is the norm, and you shouldn't take it personally. Find someone you can vent to about this or some other way to cope because it will frustrate you on a regular basis. A few other tips for success follow:

- You learn best from having a patient with that problem. So try to see a variety of complaints.
- Teams are really appreciative if you are proactive about what you want to learn and how you can be a good team member. This translates into receiving helpful feedback and having responsibilities that you feel ready for as well as good evaluations.
- Balance reading for your patients and for shelf exams (easier said than done), but study as often as you can.
- Try to be sensitive to your surroundings, i.e. when is a good time to ask a question? or what might the patient's appearance add to your assessment?
- Always have a quick snack or caffeine with you.
- Always have a pen on hand.
- Fake it until you make it. You will be pleasantly surprised to see that your residents are still doing this and the better you get, the better you will come off to your team and patients.

One of the hardest things to cope with as a third year is that you are constantly being graded, not only on your own performance but how you compare to your peers. Don't worry about the comparison. Try to be the best clinician you can and to be present for the learning that is going on around you. That will be less stressful and you will get so much more out of every rotation. Every rotation can teach you something good to carry forward, even if it is how you don't want to treat patients or other clinicians. And remember to take time for yourself. That may mean not studying; that's okay. Give yourself permission because otherwise you will start to resent the awesome experience and privilege you are a part of. Third year can be really isolating because you see and do things that most people could never imagine. Consciously try to stay connected to the world outside of medicine, particularly in ways that help alleviate some of your stress. This is a marathon, so pace yourself accordingly.

I hope you find some of this helpful and that you forgive the whine and cheese above. Good luck. You're going to kill it out on the wards. Welcome to the beginning of actually doctoring.

Jennifer Butler



Dear Third Year Student,

Congratulations on making it through the first two years of medicine! The year to come is so much better. I can't emphasize this enough, but it is also, importantly, so much harder.

Existing as a third-year medical student is one of the most humbling roles you will ever portray. It is full of uncertainty and ambiguity, feelings of inadequacy, and constant self-doubt. You know you should be doing something, but most times you are unsure of exactly what that something is. However, it is not all grim. There are other moments when it finally clicks, and you know your role, how to complete it, and you feel courageous. Although often when I have felt this sense of security, it was time to move on to my next clerkship.

Expect a year of mountains and valleys. Days of exhilaration and excitement mixed with days of failure and self-condemnation.

I have heard it spoken time and time again that research shows we lose our empathy as we progress through medical training. After experiencing the difficulty of my first clinical year, I realized that this shift in empathy begins with ourselves. Maybe in order to deal with the self-criticism we feel, we project our negative emotions onto others, our patients, our team members, our teachers, the system itself. Somewhere along our path we decide it is better to not feel than to deal with all the complex emotions that flow forth when we are in a valley.

My most sincere advice for anyone about to endeavor on this journey of highs and lows is to be kind to yourself. Love and patience for yourself will make you a better physician. Self-preservation will extend into the care you give to your patients, your team, and the trainees that will one day be under your wing.

Hannah Schara



Dear Phase III Student,

During phase III, “success” is usually measured by the number of Honors grades that you get during your clerkships. It is the sum of just the right combination of evaluator comments and a shelf score that is then compared to your classmates’ similar combinations to decide who might have done it “best.” I want to tell you there are other types of success during the third year that will not reach your evaluations, ones that are far more important than any final grade. I want to share one of mine, in the hopes that every future student strives to do their best.

My success story comes in the form of a 30-year-old man with metastatic multiple myeloma. This man, barely older than myself, was admitted to the hospital for an acute pain crisis caused by the supernumerary bone lesions that were found to be in his skull, spine, and extremities. Sadly, this was his third recurrence of the disease after ten years of radiation, chemotherapy, and a bone marrow transplant. My patient was on chronic opioids for his severe bone damage, and the residents felt concerned that they might not be able to meet his pain goal.

On the first day, I sat with my patient for a half hour, exhaustively going over everything he used for pain control at home. He was surprised that I was younger than him. More importantly, he told me that his only goal on this stay was to control his pain just enough to go home to his wife and young daughter. I promised him that we would find a way to get his pain controlled and send him home. I spent the next morning calculating out his pain regimen using opioid conversion tables and then presented it to the team. Both the residents and attending physician told me that I had overestimated his dose. I showed them my calculations and told them of the lengthy conversation the patient and I had the day before about pain control. Still, they refused to accept my calculations and instead attempted to wean him from a PCA pain pump on a significantly lower dose.

That afternoon, I was called to the patient’s room by the nurse who told me that the patient was in significant pain. I found him sitting on the edge of a chair, cane in hand, crying. He was unable to sit for more than 30 seconds before the lesions in his spine and hip forced him to stand, and even then his legs were shaking uncontrollably. He turned to me and said, “I don’t want to die in this hospital.” I assured him I would do my best to get him home.

I ran back to the resident in charge, both angry and upset that we had so irresponsibly tried to wean the patient from his PCA. I informed the resident that the patient was in significant pain and needed to be placed back on a PCA pump. We also decided to contact palliative care who could work with the patient to establish a good pain regimen. Later that afternoon, I sat with the patient, his wife, and young daughter, and promised them that we would work to get the patient’s pain under control, and that we would send him home to be with his daughter. His family was incredibly grateful that someone was there to listen to them, and the patient began referring to me as “his doctor.”

The patient finally left a week later and couldn’t thank me more for spending so much time listening to him and helping him to get home. In third year, success can be measured by more than grades. Sometimes it is measured by knowing that you did the right thing for the patient. Or knowing that patients viewed you as more valuable to their care than anyone else. It can be measured by the way that patients refer to you as their “doctor.”

Sometimes, success is when a patient is discharged on the same opioid regimen you suggested a week earlier.

Here’s hoping that you work to find all kinds of success during your phase III.

John Koopman



Mount Bierstadt

Dear Third Year Medical Student,

You can consider this book the first among many this year which you will fully intend to read but, ultimately, not find the time. That is OK. If somehow you have found your way to this letter, however, I am honored, and I hope it serves you. Most likely you paused at the last name and wondered, "Wait, isn't he in our class?" He is, his name is Connor, my little brother. I'm Nick, the older, wiser, and more handsome of the Flings. Also more skilled on a mountain bike. Well, actually, perhaps that last bit isn't entirely correct...

You see, I was a better mountain biker than Connor before third year. I am not anymore. I am no longer as up to date on what is happening in this world nor in the lives of my friends. Also my laundry pile is larger. Instead of my usual two novels and a road trip per month, during third year, I was content with a couple texts from Mom and a trip to the grocery store. I tell you because, in some form, I think this will also happen to you. You will put on hold being that person you were and start becoming this doctor person you signed up to be. At 8pm on a Friday, you will wonder why you are home studying. That is OK.

It gets easier though, being this new person, and a lot faster than you might imagine. My advice to you is this: talk to your patients. At first you will be afraid to speak because of all you imagine that you do not know. Inevitably though, you will, and you will find that your words are colored with the knowledge you weren't quite sure you'd ever retain. You'll rattle on, picking-up momentum as you go until wham, you find a hole in that knowledge and you fall in, embarrassing yourself in front of the patient, or your intern, or your resident, or your attending, or most likely all of them. But that is OK. You'll fill in that hole with some reading tonight. And eventually you'll just learn to sidestep such holes altogether and fill them in later.

Once you've become comfortable with the talking thing, you might come to the realization that all of the spot-on medical advice you're giving doesn't seem to be helping a whole lot. My advice to you then is to listen. And more than to listen, seek to understand. Understand what your patient wants out of this appointment or hospital stay. You'll find what they want is rarely medication. And conveniently, as a medical student, you'll have no prescribing powers. Enjoy that freedom, and learn to treat without medication when and where you are able.

Your third year will be difficult. It will also be interminably boring at times. You will feel that you are doing nothing to help anyone and you may even feel that you are making things worse. That is OK. Realize that this is difficult and it is slow. The next day you will change someone's life. Work hard, care, treat people with respect, and understand that you deserve respect as well.

Lastly, at the end of the day when your notes are finally done and you can almost taste that frozen Trader Joe's dinner, go say goodbye to your patients, it might remind you why you're studying at 8pm on Friday.

Nicholas Fling



Mount Sneffels

Dear Third Years,

Third year is all about pretending. You start by pretending like you are ready to treat patients even though you know nothing. You then show up the first day and attempt to give a presentation that is usually a hot mess. When asked if you know how to suture, you smile and say, "Yes," while thinking to yourself, "The pig's foot I did looked great." You answer questions that no one knows the answers to, and you do things that make yourself look like a complete buffoon. The point of all this is not to scare you! In fact, I can honestly say that I have never had such an amazing year. The point is to inform you that living in these grey areas is essential in third year. Embracing these feelings and laughing at yourself is infinitely important because everyone is feeling the same way.

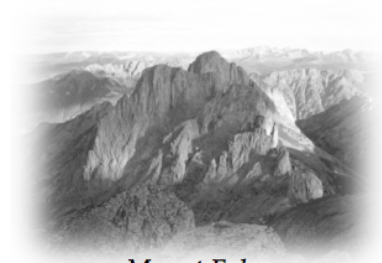
This year is unique from any other. During this time, you learn faster than you have ever learned. You grow every day. By the end of the year, for the first time, you start to feel like a doctor. Try to remember to appreciate the small things. Revel in the beauty that few can be a part of these experiences. Appreciate the love of every situation. Give yourself permission to feel every emotion no matter what it is. It will be these emotions that prevent you from becoming cynical. It will connect you to the patients and their families. They will help you to understand and deal with any grade you are given because I promise you not all of your grades will be what you think you deserve. Getting good grades is great, but in my humble opinion, it is the passion that you have for learning, loving, and teaching that means the most. It is wanting to go to the wards each day because you know that this experience will be different than yesterday's.

When you deliver your first baby, look around at everyone in the room. Remember how it feels. When you place your first epidural, congratulate yourself. When you watch your first patient die, reflect on the experience. Think about how the family feels. Think about the small things you can do to make even a small difference. Every day reflect about what you learned. After all of this is over, grades will fall into place. Life will move forward, and you will undoubtedly become a fantastic physician. In the end, just appreciate how lucky we are to be here. Find something you are passionate about. Spend time with your loved ones.

Most importantly, remember to show yourself a little love. Make sure to remove all of the lies you tell yourself. Things like "I'm not good enough," "I'm stupid," or "I will never get a residency," are just that—lies. Every time you think one, force yourself to say something nice about yourself.

Congratulations on finishing second year, and good luck!

Sincerely,
Michaela Barbera



Mount Eolus

Dear Third Years,

Congratulations on reaching your third year of medical school! Take a moment and pat yourself on the back and think about how much you've learned. No matter how high or low your test scores were, I can guarantee that you know a lot more about medicine now than when you first walked through the door.

Sitting here, right before your rotations, some of you might be thinking:

Thank goodness, I made it.

Finally, patient interaction!

Yay! No more lectures!

Some of you may be thinking of third year as a chance to prove yourself. Some of you might think of third year as the last hurdle between you and that MD. However, some of you might be nervous. Third year has a reputation, and you're stepping into something you've never done before.

Maybe it's all of the above.

As you go through your rotations, it may be easy to look to your left and see someone thriving while you are struggling. You wonder what is wrong with you. You'll turn your head the other way and you'll see someone complaining. Your gut instinct is to join in whether you should or not.

We are regularly taught to be non-judgmental towards our patients. "Respect your patients as if they were yourself," they say.

And this is important. No one will have as much time to be with patients as you will, and you can make a real difference in somebody else's life even if your notes don't count. At the end of the day, your patient isn't lying in the hospital thinking about whether your note is in the EMR. They are thinking about that kind student who showed them compassion and empathy when they were in pain.

But I would like to believe the converse of this motto is true too. Respect yourself as you would respect your patients.

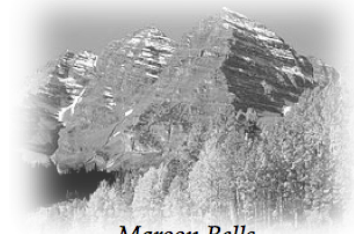
It's okay to cry even if no one else does. It's okay not to cry when everybody else weeps. It's okay to struggle; it's okay to ask for help. It's okay to get a question wrong or redo a stitch. It's okay to celebrate your successes and mourn your disappointments even if they are not the same as everybody else's.

Just like every other letter in this book, I'll say that third year has its ups and downs, its great shining moments and miserable days.

Just like life.

So, own your third year as you would own your life. You only do it once.

Best,
Janet Kim



Maroon Bells

Dear Phase III Student,

What hell awaits me I do not know.

This is the thought that turned over and over in my mind as I counted down the days to the start of my first rotation. I was dreading third year. There's no way to sugarcoat it. Step 1 had rocked me to my core. My studying had left me feeling inadequate, betrayed. As I was still waiting for my score by the time rotations started, I was uncertain of what my future held. For the first time in my life, I didn't feel like the confident, capable, good-humored person I had believed myself to be for the majority of my life. I wasn't someone who had stumbled into medicine either. I had worked for it diligently for over five years. I had been exposed to it from a young age and I had fostered my interest through volunteering as a teenager at my local hospital. Medicine had been pretty much all I had thought about as a career. It was the only thing that I could do. And now, I wasn't sure.

For the entirety of the first two years of medical school, I was eager to finally get started on the wards with patients, in the thick of it, working full days and long nights and soaking medicine in through hungry pores. But the moment was finally before me, and I wasn't ready. I was afraid. I couldn't do it. I wouldn't be able to handle the workload. I would choke. I would give up. I would breakdown. I would disappear.

As I sat through ICC, I didn't begin to feel any better. The orientation didn't give me any confidence back. If anything, it left me feeling more desolate. At the Hidden Curriculum small group, I described my enthusiasm as "bridled." "But," I reassured everyone, "I'm sure it's a temporary feeling."

But I couldn't reassure myself. When we got our *Letters to a Third Year*, the same letters you are reading now, I flipped lazily through the packet and noticed how most of them started: "Dear third year, I'm sure you are so excited right now!"

And maybe most of you are excited. This letter isn't for you. This letter is for those of you with the pit in your stomach. Those of you who felt so demoralized by Step 1 that you seeded within you a tiny spark of hatred for this profession, and you aren't sure whether or not that hatred will go away. This letter is for those of you who have somebody or somebodies whom you are worried about missing. It's for those of you who still wish you had time to be a dumb young adult and do dumb young adult things. This letter is for those wringing their hands like I was and awaiting an unknown hell.

To those people, I say this:

To me, one of the most powerful things about humankind is our willingness to march into the Unknown. Whether it be our ancestors journeying out of Africa in search for new lands or two people meeting for a first date, we all have within ourselves this great capacity for suppressing fear in order to discover what lies ahead of where we can see. It is an ancient quality, passed down through generations and generations of explorers, warriors, gold-seekers, business-starters, and new parents to get to you, sitting as you are, about to start your third year of medical school.

The doubt and fear that you feel are there because you are once again reckoning with the Unknown. Like we do before all Unknowns, we wonder if this one will defeat us. We do not know because we have not been there.

But because you are sitting where you are, I know you can do this. Anyone sitting where you are sitting has faced the Unknown before and walked through it. But that first step, the proverbial “plunge,” is the hardest part. If you are afraid, it’s just because you haven’t moved yet.

So take a breath. Two breaths. Three breaths.

And step.

Taylor Goodstein



Mount Sneffels

To the Rising 3rd Year,

Back when I was in your shoes, I remember not paying much attention to the *Letters from a 3rd Year*. I heard that 3rd year would be a time during medical school that would make me feel helpless, stupid, exhausted, angry, frustrated and defeated. I didn't believe it. My pride and ignorance blinded me, and I thought to myself, "That was them, but I am going to do me, and I am going to be amazing." The preclinical years were a struggle for me, but 3rd year was finally here, and I was going to shine in the clinical setting. I was excited to finally get out of the books and into the wards and clinics to start learning what medicine was really all about.

I write this letter now in the setting of having just finished 3rd year. I write this letter now from the perspective of a student who felt the exact emotions of helplessness, stupidity, exhaustion, anger, defeat, and frustration. I write this letter now as a student who was burnt out, a student who at times woke up dreading to go to work. But most importantly, I write this letter now as a student who bounced back, has been rejuvenated, revitalized, and grown an incredible amount clinically and emotionally in one year's time.

I remember back to my first rotation. I had awesome residents, and I really felt like part of the team. I was seeing patients on my own, writing notes, and receiving great verbal feedback. After the rotation ended, I excitedly awaited my evaluations. I was finally going to be above average for the first time in my medical school career. The day finally came and I looked at my grade: PASS. My heart sank. Confusion filled my mind. Really? I'm just average again?

I struggled with this feeling of defeat for several weeks, trying to succeed on my current rotation and not let the past weigh me down. But rotation after rotation, I felt more emotionally drained as again and again, my ultimate clinical grades were just PASS.

How did I bounce back you may ask? There were three things that helped me to understand and recover from this crushing feeling known as "burnout." One was venting to my good friends who experienced similar difficulties and had much wisdom to offer to me. The second was engaging in reflective writing exercises. The third was getting permission to be human and to be imperfect.

I engaged in discussion with a couple of my best friends in medical school, Zack and Carl. Carl writes about the topic of validation in his own letter to a 3rd year. From my conversations with these two, I began to think about this concept of validation. I began to question why I so avidly sought the external validation from my evaluators when I knew in my heart that I was doing amazingly for my patients. I was spending the time with them that the other members of the team did not or could not provide. My patients were very grateful for my presence and role in their medical care.

I not only found solace in talking to my friends who were experiencing similar struggles, but I also was encouraged to engage in reflective writing exercises. Through this medium, I was able to put down my extensive thoughts, feelings, and analysis of frustrating situations on paper. And it was extremely cathartic. By taking a few minutes to write it down and then read it over and over repeatedly, I finally got my thoughts and emotions out in order to grow and move passed them.

The last thing I needed was to hear that I had permission to be human, to be imperfect, to feel defeated and bitter. I first heard these words from Dr. Austin Butterfield, and they had a

significant impact on me. As soon as he said those words, it was like a light bulb in my head finally got screwed into place. For my entire academic career and personal life, my aspirations have been to be perfect. And this is simply unrealistic. But when someone verbally told me that it was okay to not be perfect, it finally felt okay.

This was my turning point. I began to realize that the majority of the validation that I truly needed comes from within. That is not to say that you should be callous to all feedback and be oblivious to change if it is needed. But take feedback with a grain of salt. Just because it is coming from someone else does not mean that it defines you. Your grades, your scores, and your transcript combine into just one minor facet of the multi-faceted-being that is a physician. You can still be an amazing listener, an amazing provider, an amazing caregiver, and an amazing role model for your peers and other healthcare professional colleagues.

You will ultimately face numerous decisions throughout 3rd year. Do you stay late with your team in hopes of getting that potentially amazing evaluation? Or are you going to go home to your significant other and have dinner with her? Are you going to do practice Shelf Exam questions for an hour? Or are you going to play video games or watch some Netflix? The correct answer will vary from person to person. At the end of the day, you are here to be an amazing provider for your patients. And so the right answer is: do what is going to help you accomplish that goal the most. If that means you need to study, then study. But if that means you need to recharge your batteries by doing something non-school related, then do that. Your patients are not going to appreciate you as a knowledgeable provider if you are too burnt out to care about them.

I want to end my letter by paraphrasing a piece of my friend Tuan's (Class of 2018) letter to a 3rd year:

Be kind to yourself. Third year is tough, and there are days that you will be hard on yourself for not remembering to ask a question, for forgetting a physical exam maneuver, for forgetting a piece of knowledge that you just read, or for not being able to help your patient. But remember, every day is a new day. Be quick to forgive yourself. Take care of your physical and mental health so that you are recharged the next day. Because you have permission to be an imperfect medical student. You have permission to make mistakes. And most importantly, you have permission to bounce back, and be that amazing provider for your patient the next day.

I implore you to hold onto these letters. Though they may not have much meaning to you now when you are in the thick of 3rd year and feel alone and feel like you are the only one being beaten down to the ground, read these accounts. Know that we have all been through the same thing, and most importantly, know that it is part of your growth into an amazing physician.

Sincerely,
Michael Dittmar
GHHS



Mount Bierstadt

Dear Phase III Student,

You are about to embark upon what may be the most transformative leg on your journey to becoming a physician. This is an anxious time for many in your position, but you should rest assured that the odds are in your favor. There are many along the way who are working to help you succeed, and you are going to come out of this year stronger, smarter, and wiser than you are today. In that spirit, I'd like to share some things I wish I had been told when I was standing in your shoes not so long ago.

1. *It's okay to be wrong.* This is how you grow, and how you demonstrate that growth to your team. Your residents and attendings are going to probe you to determine the boundaries of your knowledge and then push you to surpass those boundaries. Remember that nobody expects you to know everything— people understand that you're there to learn— and remember that there are multiple layers of supervision between you and the patient. Put forth your best effort, honestly and confidently, and then learn from the mistakes you make.
2. *Your value is not determined by evaluations of your performance.* There will be times when you put a ton of effort into something, only to receive lukewarm feedback or to have your extra effort go unnoticed. Evaluations in the third year are incredibly subjective, and at times, this can be really frustrating. Resist the temptation to take feedback personally or to become discouraged. Remember to be kind to yourself. Remember that the people you work with are there to help you learn and be successful.
3. *Do not ever lie.* Ever. Your integrity and credibility may be the most valuable contribution you bring to your team. It's always better to admit that you didn't think to ask the patient a specific question or that you didn't have time to perform a specific part of the physical exam than it is to make up an answer and hope that you were correct.
4. *Be engaged, even if you're not interested in the specialty as a career.* Nobody likes to teach somebody who isn't interested in learning. The rotation may be your last opportunity to learn about and experience that area of medicine, and you should strive to make the most out of that opportunity. At the very least, you'll have a better experience, and you might even find yourself enjoying a specialty that you hadn't previously considered.

Congratulations on making it to this point in your training! The next year will no doubt be fraught with challenges. You're going to be tired. You're going to study harder and longer than you anticipated. You often will not know the answers to questions that are asked of you. And there may be times when you doubt yourself and your decision to pursue a career in medicine. But you're also bound to meet people who inspire you, and bound to see and do things that fuel the passions that first attracted you to this profession. Work hard, learn lots, and embrace this adventure!

Sincerely,
Matt Minturn



Mount Sneffels

Dear Third Year Student,

If you are anything like me, and I know you are because you also chose to embark on the long arduous route of medicine, you are feeling an immense amount of anxiety. Understandably so, you are transitioning from years of working in the classroom to finally embracing your role as a student doctor. Years of schooling, memorization, and multiple-choice test taking have culminated into a perceived readiness to heal the world. What is expected of you? How will you be graded? How will you stand out as an exceptional medical student? The list of uncertainties and the lack of control drives your anxiety. I can tell you this year is different from every other. You will not be graded on your ability to memorize the structure of every amino acid but on your ability to engage with a person at his or her most vulnerable times.

Although some things don't change. Just as in the first couple of years, you will be immersed in clinical content and engaged in a constant battle to stay afloat. Your pocket list of things to look up when you get home will not diminish as the year progresses. You are still a student; rest assured you will be pipped daily on rounds, and there is an exam looming at the end of each rotation. On top of keeping up on your studies are new challenges of how to navigate a hospital, how to call consults, how do you sign out a patient, how do you access the supply room, how do you function with limited sleep? You will be challenged, exhausted, and overwhelmed, comforted only with the simple phrase of, "It's part of the process."

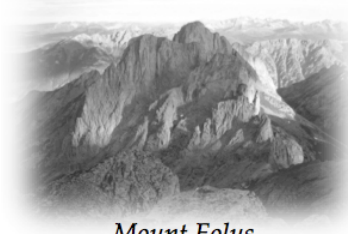
My challenge to you is to let go of your ongoing pursuit of clinical mastery and honoring courses. Try not to participate in the competition. Know that you have made it, you are good enough to be here. But why are you here? Your work ethic and knowledge allow you to be present in a huddle of accomplished physicians, but remember your choice is why you are there.

Choice. A word with a negative connotation when applied to our patients. You will hear "They chose not to take their medications, so they are in the hospital." But just as they may have made this choice, you made the choice to sacrifice so much time, effort, and mountains of debt to have the privilege of caring for them. In making this choice, you are committing yourself to your patients. Own it just as you own your patients. Choose to get up early so you can take time with patients on pre-rounds. Choose to talk with your patients after rounds knowing you will have to stay late finishing your notes. Choose to masquerade as an Ob/GYN in your first delivery and in the next week, a pediatrician for the child. Embrace each specialty; you will never have a chance to do it again. Know each decision you make can and will intimately impact their care.

Just as you justify your plan to your resident or attending, learn to justify your decision in pursuing medicine. In times of healing, it is a reward, and at times of being at the hospital for 28 hours, it can feel like a punishment. Third year is one of the most rewarding, yet difficult times of your training. I guarantee you will have the chance to bring in a new life, but for each of them you will have a patient who passes. You will face and share in the full spectrum of emotions. Honor each of them as they will guide your future career.

As you face the joys and doubts, remember your choice. Why medicine? What guides you? What motivates you? What will keep you going? By the end, I hope you look back with not only more confidence in caring for patients, but more confidence that you made the right choice.

Nathan Fischer



Mount Eolus

Dear Phase III Student,

Congrats! You made it through two years of intense class work and the beast that is STEP 1. Regardless of how many honors you did or didn't receive, you deserve to be here. Remember that, and remind yourself of it regularly as you get to the "good stuff." To help navigate some of this, I give you "**Seven (Strong) Suggestions for Success**" for you to take or leave as you wish.

1. To process:

In your third year, you will experience some amazing things. You may. . .

- Ignore your exhaustion as you determinedly do chest compressions
- Steady your hand with a deep breath as you make the first incision or close a patient
- Be the first person to hold a new human in your hands, and witness firsthand the lights leave someone's eyes as they die
- Professionally ask intimate questions you never thought you'd discuss with a stranger
- Break bad news and deliver good news in the same day
- Help and interact with people from many different cultures, living situations, and identities.

I encourage you to let yourself feel what you experience. Process it in your way, whatever that may be – writing, talking, meditative walking, or a fierce workout.

2. To persevere:

There will be discomfort and difficulties in the time ahead. You will likely. . .

- Make mistakes and be wrong
- Hear cruel jokes and jaded comments from other providers
- Maybe get chided by a nurse
- Get cut off by an attending in front of the team
- Sometimes be exhausted or embarrassed or disgusted or even bored
- Encounter patients that make you frustrated or any other assortment of negative emotions (acknowledge these feelings so you can put them in check)

When you encounter things like this, be resilient. Remember you're in a safe learning zone where you are not expected to know everything.

3. To perform:

Approach this year with a humble confidence. I promise there is a balance between over-apologizing and being pretentious. This sweet spot will help you believe in yourself and makes patients/team members have more faith in your abilities, all while making sure you still portray to others that you have a lot to learn.

4. To participate:

Be helpful and engaged. Find ways to help the team and adapt to their needs. It is a privilege to be among experts and trusted to care for others. I promise there is something interesting to you in every field, you just have to find it. If you find yourself counting down the minutes until you can get out of the OR, try to appreciate how amazing it is to have your hands in a living human. If you dislike pediatrics, just remember that you're caring for someone that means the world to somebody else. If the dynamics or details of one specialty aren't your thing, you can always take it back to the fact that patients are people, and they deserve your best.

5. To progress:

Obviously, you need to study – UWorld, ACOG, OME. Find a method that works and stick to it. But be sure to own your learning. At appropriate times, I encourage you to just ask. Ask if you can present or do an exam or take on a patient by yourself. Ask how you can help—doctors, nurses, everyone. Ask questions (“next-level,” not Google-able). Give yourself learning goals and make yourself vulnerable and uncomfortable so you can grow. Regularly ask for feedback and advice concerning your improvement. Medical students can take feedback harshly, and don’t be that student. Thank them, and then improve and show them.

6. To provide:

Practice your definition of self-care – whatever that may mean to you. Sleep, eat healthy, workout, spend time with family/friends, go be in nature, go to a concert, binge watch TV on weekends off, or plan something to look forward to. It’s ok to talk out your experiences to your family or significant other (adhering to HIPAA, of course). Or conversely, feel ok telling your loved ones that you don’t want to talk about school for the few hours you are home to take a mental break. Do what you need to do to allow you to continue to provide for others.

7. To not be a jerk or burn out:

Be kind to your fellow MS3s. Don’t be a gunner. If nothing else, do it because those who grade you notice, and it will make your life easier not to be hated. Medicine is collaborative, and these are your future peers. Yes, you are graded against your peers, but that is a toxic mindset that can lead to spiraling self-doubt, comparison, and burnout. Instead, think you are being graded *with* your peers. You should try your best, work long hours, study hard, and go above and beyond for your patients, but don’t do it for your grade. Do it for your learning, for your team, and for your patients. Third year is a lot, so look out for each other: remind each other of an upcoming deadline, share note-taking templates, give words of encouragement, and debrief after an emotional case. Care for others, care for yourself, and care for each other.

You got this. Don’t overthink, and keep doing what you did to get you here. Remember:

1. To process: let yourself feel
2. To persevere: be resilient
3. To perform: practice humble confidence
4. To participate: be helpful and engaged
5. To progress: own your learning
6. To provide: practice self-care
7. To not be a jerk or burn out: be kind to your fellow MS3s

Best wishes,
Tamara P. Lhungay



Dear Rising Phase III Student,

Much like you, I was once a freshly-minted, third-year medical student about to make the critical transition from the classroom to the workplace. To prepare, I began by overfilling my pristine short white coat with pens, notecards, and protein bars. Although I looked ready on the outside, I assure you I had many questions on how to approach this year, both mentally and emotionally. I am writing to you now after having completed these 12 months of clinical rotations, still wearing the same short white coat that is now decorated by a rainbow of ink smudges, coffee splashes, and who knows what else. My white coat has surprisingly survived during a year that was filled with many amazing clinical experiences as well as many challenges. To help you navigate this phase, I hope to pass along the most helpful tips I've received from my mentors along the way. These tips are broad, but I believe are essential to helping you make the most of your clinical years.

Embrace each rotation.

You may be rotating through a specialty that you have zero interest in pursuing. However, I urge you to treat every rotation as an opportunity to learn something new and advocate for added responsibilities. This clinical year might be the only chance you'll have to experience things as diverse as feeling the strength of a human heart on the operating table, coaching a nervous mother through the delivery of her first child, or simply holding your elderly patient's hand during a painful procedure. Your most powerful and memorable learning experiences might come from these moments.

Continually ask questions.

Attention fellow Myers-Briggs "Introverts": one of your primary roles on the team is "learner," and your teammates are aware of this. It may sometimes feel unnatural to speak up in the middle of the operating room or during large multidisciplinary rounds. However, if you're unsure how to start, you can always ease into, "May I ask a question?" That way, you'll always know whether it's the "right" time for questions.

Don't be afraid to be wrong.

You will make mistakes. Every. Single. Day. And that's okay. An error here explaining the disease pathophysiology or an error there interpreting the EKG may earn you puzzled looks from your resident and attending. However, this is the ideal time to make those mistakes—when you are surrounded by experienced mentors who are responsible for making the final clinical decisions and helping you understand how to get there. So give yourself permission to make those mistakes now, and take them as opportunities to grow. Over time, this is how you'll gain confidence in your medical knowledge and the skills you'll need when it's time for *you* to make the final decisions.

Remember why you chose medicine.

Finally, as a third-year medical student, you're the one on the team privileged to have the most face-to-face time with your patients. You are in the unique position to be able to sit with them at the bedside, discover their narratives, and learn about them beyond their diagnoses. You have a chance to get to know your patients as real people, and you may be pleasantly surprised by how much they can teach you.

With that, congratulations, good luck, and see you on the wards!

Your colleague,
Krystal Tran



Mount Bierstadt

Dear Phase III Student...

Slow and steady wins the race. Period. There are no hares in medicine. Unless you discover a gene or some medical breakthrough, you're a tortoise. We all are. That means that the finish line is really far away, and you can only move so quickly. There are no shortcuts. You can't download knowledge into your brain. The only way to make it to the finish line is to put in the work daily. That's quite a commitment. But most things in life are like that. It's the cumulative effort, the daily grind, the blood, sweat, and tears. Tears are plural. Because you can't learn all of internal medicine in one day. You can't master every physical exam skill by watching YouTube. You can't learn all of the medical abbreviations by skimming through Google in one sitting. That's why we tortoises study a little bit every day. We set small, attainable, and measurable goals daily, and we accomplish them. As a tortoise, we may not accomplish hundreds of goals a day. But if we move forward every single day, we will end up accomplishing hundreds of goals throughout the year. You aren't there yet. But if you're a tortoise and you're working every day, you'll make it. And you'll be able to look back and see that you've accomplished far more than you initially imagined through consistent hard work.

Being a third-year medical student is challenging because you're asked to perform at a level that nobody has prepared you for. Some bits of random/disorganized advice:

Keep healthy food around you so you don't end up having the worst diet ever.

Be an optimist. You want to be someone that everyone enjoys having around, someone that your team is happy to see. That means eliminating a lot of negative talk. It's just not necessary to talk about how a patient was giving you a hard time or how rude someone was to you. Take everything with a positive spin on it, and people around you will appreciate you for it.

Pay attention to habits of those who are successful around you, and emulate their behaviors (e.g. residents, or 4th years on sub-I's).

Say hello to everyone and learn their names. It helps people want to do things for you or teach you.

Walk into every specialty with an open mind. Focus on the things you like about each field of medicine. Have a good time, you may never see that specialty again.

Finally, remember why you are here. There will be hard times throughout the year. There will be times when you doubt yourself or feel inadequate. Remember that you're probably your harshest critic, and that there is always tomorrow. And that tomorrow you'll be better than you are today.

Howe Qiu



To a Third Year Medical Student:

I'm not the type to give a list of clever tips and tricks for third year, but I am comfortable with sharing an experience that left a lasting impact on the way I will practice medicine going forward. I think by sharing my experience, perhaps you can discover some pearls you can carry going forward.

The ICU Transfer

We rounded on her in the ED since she was now on her 8th hour of waiting for a bed to open up in the ACE unit. The intern had taken her, as I thought the other overnight admit seemed more interesting. She presented for hypoxia and was found to have a COPD exacerbation as a result of both a viral and a bacterial pneumonia. I remember how the attending's eyebrows raised when the intern mentioned that she was on six liters of oxygen overnight. When we went in to meet her, she was a pleasant woman. She was there with her daughter, and she talked about how they had just come back from a trip to Mexico. Her level of concern for her condition was significantly less than the team's. She was understandably much more concerned with getting a hospital bed and some breakfast.

Each morning, she made a slow and steady decline. She required more and more oxygen and transitioned from nasal cannula to heated high flow to biPAP over the course of a week. She moved from the floor to step-down. Each morning she was the first patient we rounded on as a team. We consistently spent a significant amount of time in her room, discussing with her and her two daughters her treatment options. One morning, we decided as a team that she required ICU-level care, and thus she would no longer be on our team.

We spent what felt like an hour in her room that morning discussing what it would mean to transition to the ICU. We talked with her about the option to intubate if she continued to worsen. Our attending was very clear about what her outcomes were most likely to be if she were to be intubated, given her age and frailty. All of these conversations happened amid chaos. Residents, interns, fellows, and nurses were coming in and out of the room as they tried to set up the transfer. The patient was wearing her biPAP mask over her face, and the blowing air made it difficult to hear. The patient was writing her answers on a pad of paper, while the attending tried to decipher her handwriting. Meanwhile, the patient was exhausted from fighting her lungs to open. Her daughter was trying to have her own conversation with the fellow, or any person who would stop to talk to her. Meanwhile, the nurse was insisting that she also think about her other daughter who left for a work trip and would be back Friday. All of these things were buzzing around, but I stood still.

I watched as this elderly woman— who seemed so healthy when she first came in — faced with the reality that this could be the way she was going to die. The decisions she was making in this chaotic and loud and less than ideal moment would dictate what the last moments of her life could look like. To me, it all seemed so unfair that such a sacred and personal moment was riddled with so many distractions. Could we not spare a moment?

I struggled with my presentations on my other patients that morning because my mind was with our lady. Later that day, I talked with my resident about how heavy that morning had made me feel. She expressed that she felt the same, and then she said, "She may not still be on our team, but we can still round on her every day. We will go see her."

When I finished my medicine rotation, she was still in the ICU on biPAP and stable. I don't know what her outcome was, and in some ways, I'm afraid to know. Ultimately, however, her experience will change the way I practice in many different ways. First and foremost, I learned that I want to recognize when I need to pause. I think we as a team missed an opportunity because nobody was willing to pause and talk with the patient. In the moment,

I wanted nothing more than to sit face to face with this woman in a quiet space and ask her, "Is this what you wanted?" Second, I want to foster an environment where the team can share what they are feeling about a situation. Healthcare is hard, and it's raw, and sometimes we face realities that nobody else wants to. Unless we have the space and the ability to say how we are affected by those things, I don't think we can be effective providers. Finally, I will always remember that my care for someone is not dictated by what service I am on. Simply because she was not on our team anymore did not mean that the team did not care about her. I admired my resident for highlighting that for me, and I will carry that with me as I go forward in medicine.

That being said, I hope you approach third year with the realization that our experiences with our patients are a privilege that we have worked hard to earn. I wish you the best.

Sincerely,
Christine Burton



Uncompahgre

Dear Rising Third Year,

I remember being in your shoes. I remember being excited and eager to start this aspect of my training. I remember the thrill of finally getting to be in the hospital, to help people. I had few reservations as it seemed everyone I talked to told me what a wonderful experience third year is and how much fun I was sure to have.

If that is you, then you must forgive me because reinforcing that statement is not what this letter is about.

Starting medical school, I assumed that most people I would encounter cared about making other peoples' lives better. Maybe, on some level, the people I have met do. Yet, what that meant to me versus, it seemed, everyone else was drastically different. To me, it meant caring for everybody with as much dedication as I would want for my own mother. To many I encountered, it meant caring for people with as much care as you would want for your mother, provided they looked reasonably similar to your mother.

Am I calling some of classmates and preceptors racist? Yes, I am. There is no other word for it. I have experienced bigotry in many different forms for most of my life; I am not a stranger to it. Yet, as I advanced further in my education, it seemed to decline or at least, to be more frowned upon. In medical school, it came back with a vengeance, in the more insidious and more harmful form of backhanded compliments and "professional" feedback. Along the lines of: "I'm so glad someone of color was able to come." "You are so articulate." "Your English is so good. Where did you learn it?" "You really should learn Spanish. You look like you speak Spanish." The harm of statements like these was minimized with statements like, "Stop being so sensitive." "I am trying to compliment you." and my favorite, "Who are you? The P.C. Police?"

Let me start with an encounter that concerns my mother. Near the end of second year, my mom fell and injured her ankle, not seriously, but enough that it turned a fantastic shade of purple and that she decided it was best to get it checked. I drove her to the urgent care and stayed with her because she is my mom. The CNA took us back to the room without issue and told us a provider would be in shortly. When the NP came into the room, she ignored my mom, sitting on the table with one ankle twice the size of the other and obviously the patient, and directly addressed me. She asked me, "Can you translate, or do I need to call someone?" To which I responded, "My mom speaks English just fine." At the same time my mom yelled, "I speak English!"

There was no apology, no acknowledgement that my mom was, understandably, a little peeved by this. To this NP, I'm sure this was felt to be an honest mistake, one "little" interaction out of hundreds that did not really matter. After all, my mom is a dark woman who looks like she has Native American ancestry and who brought a family member with her to the urgent care. What else was she supposed to think? To my mom, this was extremely offensive. It made her unwilling to continue talking with this provider. All she wanted to do was to leave, whether or not she got help for her ankle, because she was uncomfortable staying.

In a nutshell, this was my third year. Watching providers dish out "little" gestures like these to patients who made the mistake of being born too dark and being unable to do anything about it. I observed patients get lesser treatment both personally and medically with the

excuse being some variation of, “Well, it wouldn’t be helpful to that kind of person.” (They aren’t going to follow up anyway. They are just going to get addicted to the medication. They are just going to sell the medication. They won’t go along with this treatment plan, etc.) As with my mom, in each of these cases, very little to no attempt was made to get to know the patient before this judgement was made. If I tried to push it, I felt threatened that “over-sensitive, P.C. police” comments might be put on my evaluations.

This was not an isolated event, research has shown repeatedly that our medical system delivers worse care, worse outcomes, more morbidity, and shorter lives to people of color. Third year was the most frustrating year for me because I have come to understand just how deep the racism in health care goes: not as a flaw of individuals, but as a culture that is encouraged on the wards and taught to the next generations of students.

New Third-Year, this year has the potential to be a great one for you. For me, it was one of the most impactful of my life. Go into it with an open mind and be willing to have your opinions tested and shifted. Do not rule out any specialty until you have tried it. What you like will shock you; what you realize you cannot stand will shock you even more. Learn all that you can. A bad teacher is still effective, if only, for demonstrating what not to do. You do not have any power to change things yet, and it will be frustrating. You will cry. You will feel lost at times. You will lose patients, and you will change. Do not forget who you are now, who you have been, and who you hope to become. Do not forget that you are a human first, and so are your patients. Be prepared, check your biases, and ask yourself always, “Is this how I would want my mother to be treated?”

Shannon Shaw



Crestone

Dear Phase III Student,

I want to share a strange piece of advice with you. It came from a surgical resident who I looked up to as a role model. We were taking trauma call together at UCH, shooting the breeze, and we got on the subject of OR emergencies. He was telling me about a case where the team inadvertently got into the IVC. Nervous in the OR at baseline, my palms were sweaty just hearing about it. I asked, "What do you do in that situation?"

"Don't panic."

"Sure, but *how* do you not panic?"

He paused for a beat.

"You just have to stop caring."

I chuckled, and the night rolled on, but those words have been bouncing around in my head ever since. What on earth was he talking about? You have to care, right? When your patient is bleeding out on the table, isn't that a pretty important time to care? This guy wasn't some callous, burnt out caricature of a surgeon. In fact, he seemed to care more than anybody I worked with all year. He spent extra time with patients on rounds, put in extra work to lighten the load on his interns, and went out of his way to teach every day. This was not a guy who didn't care. Maybe he was joking. Maybe he thought my question was silly. Stop caring.

As a third-year medical student you will care, a lot, all the time. You're going to care about your patients. You're going to care about the shelf. You're going to care about impressing your attendings. You're going to care about "performing at an intern level." You're going to care about scut work. You're going to care about every measly lab value and phone call and useless outside record from 2003. You're under the microscope for weeks at a time. It can feel like everything is riding on every single interaction you have with the people who will be evaluating you. You will be nervous, and you will stumble over your words, and you will forget things in the heat of the moment that you could recite backwards in your sleep two days ago. You will care.

I think the point my resident was making was this: you have a limited amount of time and energy to devote to caring. Sometimes caring is counterproductive. Sometimes, instead of caring, you just need to get it done. Sometimes, if you're busy caring, you're not *doing* something. Caring will not stop bleeding. It may seem crazy or paradoxical, but I promise, the less you care, the better you will perform. Easier said than done, but this is a skill worth cultivating. Decide early on what things are worth caring about. Hint – your shelf scores and sloppy presentations are not it. A bad evaluation will not sink you as a physician. Choose instead to care about your patients. Care about improving every day. Care about doing the right thing. And then, when the pressure's on and all eyes are on you, don't panic. Just stop caring.

Noah Goldstein



Mount Eolus

Dear 3rd year,

Do not pass go. Do not collect \$100. Medical school really does seem like a Monopoly game sometimes where the roll of the dice determines your fate. For example, you get really lucky and get to scrub in on two gunshot wound cases in one night on your surgery rotation. On the other hand, you can spend an entire night preparing a presentation on a topic that your team members wanted to learn, and then they never even ask you about it the next day. Or the day after. Or ever. Sometimes, it can really seem like you are failing when you are trying your absolute best.

You're not. You're not failing, and this is how you know:

1. You showed up. During third year, half of the battle is making yourself wake up and get to rotations on time. Bonus points if you still have a smile on your face while accomplishing this $\frac{3}{4}$ of the way through third year on your Ob/GYN rotation.
2. You care whether or not you might be failing. Humans don't tend to get all flustered about things that don't matter to them. Caring about something generally indicates some dedication to it. See next point.
3. You are trying your best. That is all that you can ask of yourself. Could we all organize our lives better, do fewer social activities, have no hobbies, etc. in order to squeeze in more study time? Most certainly, but what kind of life is that? Plus, studying takes focus and dedication, both of which are hard to get out of yourself when you can't stop thinking about how you are going to miss your mother's birthday party or that weekend camping trip.

Keep trying your best. Your best may not **SEEM to** measure up to the class president's who finds time to work out every day, go out every weekend, solve world hunger, etc., all the while obtaining honors on every single rotation. Yeah, you know those people, and sometimes you just want to punch them in the face. Just kidding, kind of. But your best is just as great as their best in other ways that make you, you. **YOU are great!** For real. I don't know you, but CU tends to pick the good ones. ☺

So give yourself a break if you start to feel this way during third year. Keep your chin up, and keep trudging. Experiencing the joy of making a difference in people's lives makes it worth it!!

Mellisa Delconte



Mount Sneffels

Dear Third Year Medical Student,

On our first day of medical school, we were told that it was a great privilege to be here and that by the time we graduate, we would have the honor and the privilege of being with people during the most significant moments of their lives: we would tell someone she is pregnant, help deliver the birth of a child, tell someone that she is going to pass, and be with her at the end.

As I reflect on my third year, I did experience some of those huge moments, but they're not the ones that kept me going. I did deliver a baby, and it was terrifying, but that was not the moment I remember most vividly from my Ob/GYN rotation. What I remember most is the patient who at 24-weeks gestation came in at 1 am, panicked, with UTI symptoms. The third time I asked her if there was anything else going on, she whispered, "The last time I was here, they went over options, and I've made a decision. I have decided not to keep my baby." Her baby had terrible heart and lung malformations secondary to her uncontrolled type 1 diabetes (A1c=15). She could barely utter the words, and she didn't want her baby to live a short, painful life.

Those are the moments when I don't care if I leave the room without fully characterizing her UTI symptoms. Or if the resident tells me that I am inefficient. Or what is on my evaluation. Or if I honor the class. The moments that truly matter never fit within our grading system.

I will never forget when a young mom at her son's one-month well child check, whose husband unexpectedly passed away during her pregnancy, tearfully told me, "I think about him all the time," the secret she had been keeping to herself since her husband's death. Or the dad who told me, "We named our child after the child we lost." Or the moment my patient's dad held my hand, looked me in the eyes, and said, "Thank you for everything. I'm so glad you were her, with my daughter while she was here," when I finished my psych rotation on the same day she was discharged.

It is those moments when patients have entrusted me with their greatest secrets and fears that leave me in awe. In awe of their strength and resilience, and their ability to be so open and rawly human. Those moments that made me question if I am deserving or worthy of holding their secrets, or of the trust that they have in me. I feel so lucky to have the privilege to be a part of their story.

One of my classmates once told me that I'm the "blackest of black clouds" because I always hear the saddest social history stories. I'm not sure if that is true, or if I just ask too many questions. Every family has their shit and skeletons in their closet. It is hard to hold shame. Those moments when a patient trusts you the most— trusts you with their worries, grief, pains, or secrets – relieves them a little bit of their burdens. Struggles are easier to hold if you don't have to carry them alone. These are the moments when I could see healing begin, and that I felt like I made a difference, even if it was *just* an ear to listen, during my third year.

You're in the unique position of being a medical student. There are rough days and days where you wonder if your team even remembers that you're there. Seize those moments. If they're not paying attention, sneak away to check in with your patients. See how they're actually doing, emotionally, what is going on in their lives, and what is important to them. I guarantee your patients will remember those moments. And you will remember why you came into medicine. One attending told me that when surveying patients about what they

wish their provider would know, it wasn't cutting edge treatments or the most up-to-date antibiotics, they wished that their doctor would be able to come over to see what their home and life is like. To walk with someone in these moments is our greatest privilege.

Best wishes,
Danielle Pite



Dear Phase III Student,

I'm writing this to give you some practical advice and reassure you that everything is going to be alright. You are probably overwhelmed with all the stories and rumors from your upperclassmen. But you are hearing the accumulation of a year of experiences, and you will get there step by step. You will soon experience the most influential year of medical school. Everything leads up to this and this is the reason why you came here: to take care of patients and become a clinician. So of course, it will be uncomfortable as you grow. At times, you will not know what to do, say the wrong thing, feel stupid or ignored, or get lost. And you won't be perfect by the end. But you'll also have moments of success with efficient presentations, "pimping" mastery, genuine patient connections, and making a difference in someone's care to balance it all out. All these stepping stones will help you become better every day and more resilient. And after one year of steep climbing, you will look back over the trees and see how far you've gone.

It is important to avoid the preventable mistakes and try to be your best. So here are some reminders/tips for you:

- Not every rotation will be the scary 80-hour weeks you hear about. Some will be very challenging. And some will be simply fun and easy. Remember, even during those intense weeks, rotations are temporary. They all eventually end, and if you hate it, you never have to do it again.
- Be flexible. Starting new rotations can be frustrating. You may not have badge access, receive a great orientation, or have a confusing schedule. And just when you get comfortable, you will finish or go to another site. Embrace it. It's a wild ride that's preparing you for residency.
- Be resilient. You're not always going to be put in a position to succeed or stand out, but don't get discouraged. Your evaluators will not remember everything. But consistently work hard, and try to give them at least one good thing to remember.
- Be friends with the residents. This will maximize your experience and learning as they can be your biggest teachers, advocates, evaluators, etc. Get to know them by asking about them where they are from and why they chose to go into that specialty. Tell them if they are doing a good job, and don't be afraid to send a thank you email. Residents appreciate validation just like us.
- Be helpful. Show that you're ready to work by offering to do little things that annoy the team members. Find ways to help out by scheduling follow-up appts, carrying supplies (scissors, 4x4, tape), doing the MOCA or extended HPI, following up labs, calling consults.
- Be prepared. This is your ultimate expectation. Even if you are getting pushed to a different operating room or clinic patient and are running late– stop and take the extra couple minutes to read about them, the procedure, etc. Your job is to know about the patient.
- Shelf exams are harder than you'd expect. Make sure to study a little bit on most days.

- There is such thing as a stupid question. Don't ask a question you can easily find the answer to in two minutes. You shine if you put in a little research before asking. Example: bad question is "What are the indications for a Swan-ganz?" Instead say: "I was reading in _____ study that Swan-Ganz have lost popularity in recent decades, but do you still see PA catheters being used often here to diagnose pulmonary hypertension?"
- If you're getting pimped– don't immediately respond, but pause to give yourself a couple seconds to think. Even if you know the answer, pause for a moment because it looks more impressive if you're processing information instead of just shouting out random bits of memorized info.
- It's okay not to know your specialty. At first, I was embarrassed, then found it advantageous. Residents often went out of their way to give you experiences and "sell" their field. I found it meaningful to approach each rotation with an open consideration.
- If you get asked, the EKG's are usually normal.
- You will notice that as you start deciding on a specialty and telling your classmates, others may immediately respond by stating what they don't like about it and why they're not doing it. Too many people speak badly about other specialties. You may be tempted, too. Always check yourself and remember to not talk bad about other specialties. It can discourage your classmates and invite petty competition.
- All of your peers will have completely different experiences– some better and some worse. Get used to it because it will be the same in residency and your career. In the end, you all will be legit.
- Finally, try to embrace the experience and stop worrying about being perfect. It's hard not to, but don't be afraid to push yourself and go out on a limb. You will impress your team more by making an effort to create and justify your own treatment plan instead of repeating someone else's– even if you are wrong. Ask questions, and learn new skills. When you start residency, you are expected to know what to do and may not always have someone looking over your shoulder. So take advantage of the clerkships to build a good foundation and try new things!

Enjoy your year!

Best,
Jake Gamboa



Mount Bierstadt

Dear Baby Doctor,

Congratulations on making it this far! As I am sure you have heard by nearly everyone, getting to this stage is no easy task. And to everyone around you, you are making it look so easy!

There were definite highs and lows during my 3rd year, which is predictable given that this field interfaces so closely with human suffering. But, during both the good and bad times, I tried to remember these thoughts:

1. Don't get caught up in the rat race.

Here I mean that you should not compare yourself with anyone else around you, whether this be another student or whether it is the attending. Remember that everyone has different experiences that they bring to the table in the first place, so they may have different strengths than you. But that does not mean that you do not have any strengths. I guarantee it. Furthermore, during 3rd year, everyone works with different people, so they get different experiences. But it evens out in the end. If you are eager and willing to learn, you will have a good experience. And everyone started where you are, and they learned all the right things by the end.

2. Don't be afraid to speak out against injustice, whether to yourself or to a patient.

I believe that any mistreatment to a patient **MUST** be reported. First, make sure that there is mistreatment. Then, definitely do something about it. This may mean clarifying the situation with the teammate, communicating with others on the team, or moving up the chain of command. That was probably very obvious to you. But I wanted to also give you some advice on handling mistreatment against YOU. This is my personal opinion, so don't go crazy with this one. But just know that most people do not want others to suffer from mistreatment, and especially the block directors want to hear about mistreatment against you. They would much rather set the reputation of tolerance than allow people to act disrespectfully towards you. Remember that you are showing up every day eager to learn and fulfilling the requirements of an MS3, so they have to honor the effort you are taking and treat you respectfully.

3. Build habits that you can sustain for the rest of your academic career. This should include personal health and wellness.

You are clearly going to be in school for a while. And this level of effort is not going to relent anytime soon. So use this time to create long-term habits that would benefit you for the years to come. In my case, it meant making sure I don't skip eating just because we are on our feet so often throughout the day. Because the first week it will work, but two months and one ED trip for syncope later, it becomes obvious that not eating is a bad idea. On the same note, incorporate areas of meditation and self-reflection into your day so that you don't become too burdened and thereby hardened to the challenges of being in the healthcare field.

4. Remember yourself.

During times of trouble, remember the "you before med school" version of yourself. I call this person the (Your Name Here) – 2.0. There was undeniably a person who itched to learn about medicine and science, and more likely, someone who longed to create meaningful relationships with patients and help them through tough times. Don't let this version of you get lost among the sea of tests, the struggle of eight-hour retraction marathons, the embarrassment of having to present your patient after climbing six flights

of stairs, etc. Love yourself and love what you do. I think this is the best way to maintain compassion and strength.

Good luck to you! Us MS4s are here to help, so don't hesitate to reach out!

Sai Radha
GHHS



Maroon Bells

Dear Phase III Student,

There were a lot of simple survival tools I wanted to start this letter with. Bring snacks. Buy a phone case you can keep your money in. But I'm sure many other students have already told you this. I guess the more important thing I'd like to pass on is that third year is a long and harsh lesson in patience. Patience when showing up at god awful hours and not always being helpful. Patience with busy residents and attendings who don't always have time to teach, and patience with patients who don't know the PQRS questions you need and don't appreciate you waking them up at 6 am. But most importantly, third year is a lesson in patience with yourself. Patience when you forget an assignment or a niece's birthday. Patience when you're sharp with your spouse. Patience when you mess up a presentation, have no plan, or cry in front of an attending. Patience when you didn't shower for four days or you really do just want to leave at four when they tell you to. Not every day will be a magical day in which you forged a lasting bond with a patient and saved his life. In fact, no day may feel like that. But glimmers of what makes what we do so amazing will shine through, and you must hold on to those moments when other days seems to drag on, or you feel like your presence doesn't matter. You're learning more than you think. And some of the most frustrating, useless, seemingly meaningless moments are still important. Practice patience. Be kind to yourself.

Sincerely,
Meryl Colton
GHHS



Mount Sneffels

Dear MS3,

Welcome to the year that defines medical school. You made it! This coming year is why you are here, what you have been preparing for, and what you will be talking about for the foreseeable future. It will be a very long year at times, while going much faster than you realize. You are guaranteed to see things you never imagined seeing, experience feelings beyond what you are prepared for, and spend many early mornings stressing over seemingly minute details. Third year will be a unique journey for you, full of special encounters that are yours alone. Be sure to enjoy it and share it, and don't forget to call your mom at least once per week, for both her sake and yours.

Third year will be overwhelming at times. Due to the vast amount of new and emotional experiences, you will have to normalize things that others cannot fathom. This will become a survival mechanism for you. Throughout, remember that what is routine for you and your colleagues will likely be once-in-a-lifetime for your patients. While you are prepping to scrub into your twelfth cholecystectomy, your patient is terrified for her first ever surgery. You, as an MS3, have the capacity to steer your patients through what is likely the most difficult and foreign journey of their lives. Go the extra mile for them. Cherish their achievements like your own, and don't be afraid to feel their pain. Cry with them; patients do not need a stoic medical student. They need a companion. When your patient finally gets off TPN and onto a normal diet, share a strawberry milkshake with him. When your patient feels trapped in the hospital, bring her a cup of good coffee from the "outside."

You will have to make sacrifices this year. Repeatedly, you will be faced with choices regarding staying late to help your team complete necessary but non-educational work versus going home to study for your ever-looming shelf exams versus catching up on personal wellness through gym time or seeing friends and family. Figure out where your priorities lie, then stick to them. Don't be ashamed of needing more personal time. If you are introverted, long days in the hospital on the hot seat in front of your team will be especially exhausting. Trust me, I know. Your team would rather have a recharged, eager student tomorrow than a bitter captive saving them twenty minutes of work tonight. At the same time though, never be afraid to get involved, no matter how mundane the tasks seem. Third year caters to students who are self-motivated and position themselves to benefit.

Realize that you will work with many, many residents and attendings throughout this year. Some will be phenomenal human beings, full of drive, compassion, and a real interest in your education. Others will serve as excellent examples of the type of physician you never want to become. Not all residents and attendings are role models, and you might experience some racism, sexism, or other discrimination directed towards patients, their families, and even staff. Don't be afraid to call this out, and remember to learn what you can, both positive and negative, from everyone you work with.

Do not let your evaluations and grades dictate your self-worth and enjoyment of this year. I know it is hard, especially if grades have ruled your life for the last twenty years, but you will get so much more from it all if you disconnect from that way of thinking. You are here to learn by doing, by experiencing, and by caring. Don't find yourself stressing over getting every little detail right in your morning presentation while your patient is fighting for his or her life down the hall. Keep the bigger picture in mind, and prioritize people over grades.

This year will change your perception of medicine and your understanding of the education process. You will almost certainly find yourself questioning your career choice at some point this year. I know we all did. Just hang in there and take care of yourself. Talk and share with your peers as much as possible. Enjoy Hidden Curriculum sessions and use them as cathartic opportunities to share with your friends. You will quickly realize that everyone is going through the same tribulations as you.

My clerkship experiences gave me a new view on what it takes to be a good doctor and what it takes to actually help people. I hope you experience the same. Just be sure to allow yourself time to reflect and share it all with those around you. Especially your mom; she deserves to enjoy this year with you.

Zack Wuthrich



Letter to a Young Future Physician at the Brink of Third Year

My dearest one, it goes like this:

I. beginning

i see you, eyes so bright they almost look manic, tail carefully combed so they don't notice you're the dumbest squirrel that ever found a big nut—i see right through your insatiable, your juggling so much—their eyes & how they see you & how you see yourself reflected in their eyes—ambition a garter snake that aspires to be a python, your shoulders used to the burden of your own grandiosity until it squeezes at your neck, makes your throat close up in a c-sharp fear, a low-key panic, metrics like moving ladders under your feet, you want to scale & leap but you can't help it, you're not fast like them, you're slow, plodding, a bison in a pack of antelope

II. middle

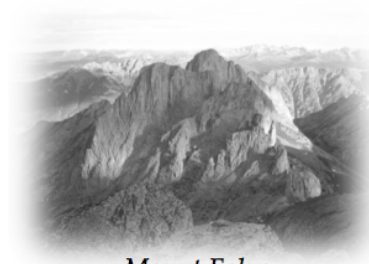
he was thirty-five & newly married, his skin gold-jaundiced, two pints a day with his wife, a family of gentle & kind & so sick, we'd laugh about the bizarre ostrich performance that is morning rounds, foreign to us both—i would tell you his name but am sworn to a strange oath of secrecy, to carry a rucksack full of names with me, to burn papers, to start telling stories and stop short, wary of how much was heard and if I violated some government secret—he got out the day I did & in twenty-seven days his liver failure turned into kidney failure turned into hospice turned into stone-cold dead, did he stop drinking or did he sneak one last exquisite finger on those nights of pure freedom? does it matter? if i could ask him that question, if ghosts had a sense of humor—i know what he'd do—we had the same
ijustworkhere trynafigurelifeout shrug

III. end

life grows towards life even at the precipice, answers are searching for their questions as though they were lost children in the produce aisle, and the fragile present is one picture fractured into a thousand interpretations: a grungy hospital and a bitter feeling that you're about to waste your youth or a sacred patient room and a spiritual calling into the fire into the emotional mess into the code blue—don't worry about what actually happened, worry about how your mind interprets reality—all the sparrows, foxes, otters, earthworms, rabbits & humans we know will die one day and that makes this fragile, present in the meanwhile we will wake up, look west, find meaning in our work or love or suffering and try to be as close to each other as possible without losing ourselves or as close to the truth as we can stand without feeling vertiginous

the meanwhile never needed to be beautiful, or loud, or anything but itself to have mattered

Meha Semwal
GHHS



Mount Eolus

AFTERWORD

We are deeply grateful for all of the wonderful 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 of the students who were willing to share their thoughts and experiences to support their younger peers navigate this 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

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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 you are strongly encouraged to be as creative as you dare. 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, 2019. If accepted, your letter can be included on your curriculum vitae as a publication. We look forward to your letters!

