



NOTES FROM THE CLINIC

LETTERS FROM THE CLASS OF 2022
SCHOOL OF MEDICINE

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FOREWORD

Welcome to the Clinical Core!

This truly is a great moment in your medical career. It is the point in time in which each of you has spent thousands of hours in study and sacrificed much in order to embark on the next stage of your medical journey. It is your opportunity to actually be responsible for patients. As one of your peers told me: "The clinical years are far more fun AND also far more work than anything in the years before."

In the pages that follow are letters from your seasoned and wise peers. In them you will find a literal treasure trove. Each letter writer offers a different memory, but they all share something in common: gratitude for the experience. And in this introduction to their thoughts, I have chosen to share my thoughts as I look back on what the Clinical Core meant for me.

Some of you have sought this moment for much your lives, while others have come to it only more recently, perhaps through quite circuitous paths. But, all of you are here now, and it is worthwhile to pause at this moment to consider what *kind* of doctor you are going to be. I don't mean the specialty you choose or the setting in which you will practice. The *kind* of doctor you become will be determined by a decision you make now because the choices you make now, as you approach your patients, will affect your practice every day for the rest of your career.

During this next stage of your journey, you will be faced with an essential decision: "Am I going to make good, or am I going to look good?"

I know this doesn't seem to be a real choice. Doesn't one lead to the other? Not necessarily. Asking yourself the following questions as you proceed will determine the kind of doctor you will ultimately be:

-Will I take the time to look up questions and speak up when I don't understand, making it apparent I don't know?

-Will I study and learn for today and for this patient or for tomorrow and all of the patients that come after them?

-Will I spend time getting to really know my patients, even though no shelf will ever quiz me on this?

-Will I try to learn the difference between substance and style?

-Will I recognize I have something to learn from everyone, every experience, and from every specialty, even the one(s) I *know* I never want to do?

-Will I do what I can to cure, care, and comfort, even when inconvenient?

-Will I risk speaking up when I see something that is not right?

-Will I burden myself to work to change a system that doesn't serve all equitably?

-Will I humbly accept that I am here to learn and grow and that means being vulnerable and making mistakes?

-Will I be kind to myself when I don't always perform at my best?

I know it seems easy for me to say this now looking back, but I am not naïve about the pressures you face; the realities of our world; the match and competitive specialties; and all the rest. I wonder, if I could speak to my younger self, would I have had the courage to listen? I hope you can.

I do know the habits you instill now will define who you will become. Grades must be the byproduct of a job well done, not the goal. Practicing medicine is a privilege. We care for people. It may sound cliché to place patients and your professional development above grades, but that is because the cliché is true. Starting today, success is no longer defined by tests and quintiles, but by the lives you impact.

I leave you with one final suggestion. Learn as much from what you see, from what you don't like as from what you do like. Pay attention when a patient felt dismissed, was cut off, misunderstood, or worse. Store that feeling forever into your memory vault. In the not-so-distant future, you will be the acting intern, then intern, then resident, fellow or attending. You will be the "boss," and people will follow *your* example.

So...what *kind* of doctor will you become?

Congratulations on this moment! We are proud of you. Now go better the world!

Juan Lessing, MD FACP
Associate Professor of Medicine
Division of Hospital Medicine
University of Colorado School of Medicine

INTRODUCTION

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

That book, *Letters to a Young Poet*, has inspired many subsequent writers and teachers to share their own observations and insights, their own words of wisdom and warning, with other young readers embarking on a life in the arts, in religious and public service, and in the professions of law and medicine. These works have titles such as *Letters to a Young Jazz Musician* by Wynton Marsalis, *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 was 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.

Rilke also wrote about embracing change: "you know, after all, that you are in the midst of transition...." As members of the Class of 2025, you know that you are part of a new curriculum, so you deserve a new publication. For the past ten years, rising fourth-year medical students have written letters with practical advice, helpful suggestions, and personal reflections on the clerkship year ahead in a book, which we called, *Letters to a Third-Year Student*. We have now updated the title to reflect our new curriculum: *Notes From the Clinic*. However, you will still find messages crafted especially for you that are courageous and creative; resourceful and strong; painful and joyful. Just as these letters provide a mirror of your own experiences and emotions in the clerkship 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!

Professor Tess Jones
Director, Arts and Humanities in Healthcare Program
Center for Bioethics and Humanities

Dear Clerkship Student,

It feels like just yesterday I was in your shoes, starting my clinical rotations. Now, you are at the stage where you are moving on... moving on to the clinical year! I also remember my schedule being changed probably six times after I spent hours figuring out how exactly I wanted it. So, this has a lot of quotes in it. I think the recommendation made by the deans and various specialty advisors is to NOT put quotes in your personal statements, but this will be something that I write in my Letters to a Fourth Year. For now, just read the cheesy quotes because they are cute starts to the paragraphs, knowing that you will not use other people's brilliance in your personal statements.

“Better three hours too soon than a minute too late.” – William Shakespeare

Always get to wherever you need to be earlier than you think you need to be there. This goes for medicine and for life. If you need to be there at 04:00 am (as you will learn is the case for surgery), get there at 03:45... People notice these things in medicine when you are a medical student, and ultimately for the rest of your career. When you are not somewhere on time, people, unfortunately, will always notice this too. People usually don't notice if you arrive super early though because there is often not someone to pat you on the back. You can pat yourself... that's allowed. The point is, be on time, and be respectful by showing punctuality to those teaching you, and more importantly be respectful to those you are caring for.

“When the meaning is unclear there is no meaning.” – Marty Rubin

Clarify: When in doubt, you just have to ask. Don't worry about being annoying. If you think there is something you aren't certain of, you will never be wrong for asking. If you mess up and do the wrong thing repeatedly... you will certainly be wrong every single time. Just avoid being wrong and be right. Ask! It's better to over clarify and specify (you will see this is true in many aspects of medicine). You are in medical school to learn, and the best way to do this is to ask and make sure that you are ready for the future.

“I think a lot, but I don't say much.” – Anne Frank

Be confident, and when appropriate, offer up the thoughts that come to mind. This is applicable when caring for patients and when interacting with your peers or attendings. We all think a lot (that's why we are where we are). It's hard for others to remember that you are thinking sometimes. So, instead of stumbling over your active thoughts, tell that attending or resident that you are thinking! Come up with an answer to the best of your ability and say what you think the answer is and most importantly, why you are thinking that way. Regardless of what people say about concrete specialties where there is only one answer, you still get points for showing your work.

I will leave you with one final quote: **“This too shall pass.”**

Please think about this for both your good and bad days in medical school and life in general. Take advantage of when things are going great and gain strength from knowing that when things are challenging, they won't be hard forever. I like to tell myself that I can do anything for eight weeks. Even if there is a rotation that you are dreading, just look at yourself with the high level of self-efficacy. You can do hard things successfully. You are in medical school! Enjoy your journey knowing that it too shall pass, the good and the bad.

Sofia Simina

Dear Clerkship Student,

First, you did it!! I remember feeling like sure, what did I do again? I'll remind you. You made it through the hardest part of medical school. Unpopular opinion? But again, I repeat, you made it through the hardest part of medical school. You gruelled over the pathophysiology of diseases, their clinical features, and medications without any context. That was so challenging. What I did not realize is that the first two years was just the first pass at information we will be learning and relearning throughout our entire careers. So, try not to do a brain dump, try and file it away. This year, you will have all the clinical context, but you will not have anyone telling you what or how to learn it. Good luck, you're going to rock it! Enough about learning.

There are two things I want you to pay attention to this year:

1. **Shame**
2. **Glory**

This year will be full of some of the most embarrassing moments of your life and some of the most triumphant. Pay attention to these moments, write them down and share them with close friends. I'll share some of mine with you.

Shame: trying to be a good student and round on a panel patient before clinic. Asking the nurse about my male patient, the nurse updating me about the female patient that's in the room, then proceeding to go into the room – realizing I have the wrong patient, wrong room and also the WRONG HOSPITAL.

Glory: 'borrowing' a Bair Hugger during robotic cases to turn my scrubs into pleasantly warm parachute pants (life hack to not freeze to death).

Shame: pulling out the speculum after a pap smear and dropping a glob of bloody vaginal secretions on my shoe.

Glory: the first time I got an assessment and plan correct, and my preceptor said, "great, let's do that!"

Shame: calling Morrison's pouch, the Pouch of Douglas... on a man.

Glory: delivering a twin vaginally on my own!

These are just a few of the moments that I both cried and laughed about with my roommates who were also in the Springs Branch. I would not have been able to get through this year without them. Find your people and keep them close. The best stories came from when the shames and the glories combined into something painfully delightful.

Shame & Glory: getting berated by a drunk patient while stitching him up in the ED then becoming friends with him and belting out, "Wow I can get sexual too," by Say Anything together.

Shame & Glory: fainting in the OR several times throughout the year, but all the preceptors being so nice about it and hearing their fainting stories too.

Shame & Glory: putting a foley catheter in for the first time, but not screwing the bag on correctly and squirting urine all over myself and my patient.

Shame & Glory: the countless patients and patients' families who mistook me for a nursing student and then confidently telling them I'm going to be a doctor.

My moments may not mean anything to you, but believe me, you'll know when these moments hit you. There will be times when you'll want to start crying right there in front of your patient and attending and be so thankful for the masks. There will be moments when you won't be able to help yourself from laughing and also be thankful for the masks. Take those moments in, write them down, and bring them back to someone you can trust them with. This year we are asked to excel at something we've never done before. Be easy on yourself, you are enough. This year, we are asked to bare our souls. Embrace it. Own it. Get out there!

You got this,
Anika Suddath

Dear Student doctor,

My only hope and advice for you is to find self-compassion. You might have to dig around in the pockets of your white coat or Patagonia for this, but I assure you it's there. You might find it deep within your soul, buried under enzymes and genes and all those things you can't remember, that part of you that existed before. You might find it on that shelf of your mind, just behind that reptilian part of your brain filling you with self-doubt and anxiety. When you find it, use it. Yours is a story of growing, learning, and becoming. All of those things hurt. The transformation takes a toll.

Because there will be days when you drink more coffee than water. And there will be days when you miss the acute abdomen in the clinic room while you take a full med student H & P. There will be days when you ask for help because you don't feel confident in caring for a five-day old baby and her brand-new mom. Use your self-compassion to tell yourself, "It's okay."

It might feel like selfishness or weakness but take care of yourself. Admit when you're wrong. Ask for help. And truly accept it.

There will be days when you can't get out of bed, when your body or your mind aches for something you cannot give it. In those moments, self-compassion might be a small thing, but it will be renewing. And there will also be better days. Days when your patients make you laugh and maybe even clap for you because YOU'RE A MEDICAL STUDENT! Days when a patient is eager to have you practice and learn from their body and their life. Days when a preceptor sees you and hears you even though you are putting on your dutiful medical student mask.

In those moments, self-compassion might also escape you. But you cannot rely on the external world for your strength. Thank the person who sees you and hears you. And then thank yourself for existing in that space.

There will be joyous days of triumph and crushing moments of defeat. Sometimes simultaneously. And you can keep going.

You have come this far and more than earned your place in this profession. You have grown and learned and become.

You are here. You belong.

Just take a deep breath and tell yourself, with all the compassion you give to others, "It's okay."

All the best,
Lauren Heery

Dear Clerkship Student,

When I was small, but my hand-me-down jeans were big, my mother told me, “Don’t worry. You’ll grow into them.” Tugging the pants up between steps to avoid tripping, I thought she must be crazy. They were huge. But she was right. The jeans that were rolled at the hems and tightly belted one year fit perfectly the next.

I was reminded of that scene when I started third year. My white coat also felt big and cumbersome. I was an imposter in a pretentious fomite, a little girl in her older cousin’s baggy jeans. And the coat was just the tip of that particular anxiety iceberg. For two years, I had lived a day at a time, just trying to make it through. It had been a long, painful grind of studying and exams, falling and getting back up. And there I was in my short, starchy coat, trying to look like I knew what I was doing.

It took me some time to realize it, but once I was on the wards it became clear: this is a rite of passage. Every intern, resident, and attending I talked to had squirmed in their white coat at first. My inferiority complex was not unique. And if there was no relief in knowing that, at least there was comradery. I gave myself permission to ask dumb questions, try new things, and make mistakes. My new teachers expected it. After all, they had to learn at some point too. Right?

Now if you’re anything like me, you’re a little too busy freaking out to give much thought to my platitudes and cutesy jeans story. That’s fair; I don’t have a ton of sage wisdom to pass on. I wish I did, but I’m definitely not qualified to give generalized advice on such an individual journey. I just want you to know that if you’re overwhelmed right now and feel like you’re playing dress up, you are not alone. These are just growing pains. We’ve all been there.

So, if you’re restless in your white coat right now, if you’re nervously picking at the sleeves, if you’re afraid the damned thing will never fit just right, it’s okay. Don’t worry. You’ll grow into it.

Hayley Specht

Dear Clerkship Student(s),

Welcome to your clinical rotations! To start with the bad: it's rough. It's even rougher these days in the midst (or impending aftermath) of a health care crisis, the global pandemic that has disrupted medical education as much as any other endeavor. But don't you worry. No, don't you fret. I'm here to give you a tip, a not-so-secret coping mechanism that got me through the toughest year of my life (so far).

You are all still babies in the medical field. I'm not much more than that, to be honest. But you are almost as fresh-faced and tender-footed as possible, not yet exposed to the difficulties and concerns of the intense clinical lifestyle, and to the challenge of balancing your clinical duties with the other demands of your education. Medicine may still seem unfamiliar and alien to you, despite the ungodly amounts of textbook knowledge you've accrued so far. Today, I'm going to give you one simple piece of advice, one imperative to make it all easier. In the words of Kurt Vonnegut: "There's only one rule that I know of, babies: g-- d--- it, you've got to be kind."

Be kind. No conditions, no excuses, no justifications to ignore it. Just do it.

When you are frustrated with a patient, their loved ones, or another provider, be kind. Give them the benefit of the doubt. When you have the chance, put yourself in their shoes and consider how they are feeling, what context your interactions have been in, and what other factors are influencing their behavior. You'll find that, with a little bit of compassion, most difficult or angry people are just scared, and you might be able to help them get past that fear and other negative emotions. Even if you can't, people generally respond well to kindness and will treat you better if you show some love.

When you feel annoyed, bothered, or downright intimidated by a supervisor's behavior, be kind. They might be stressed out or nervous and taking it out on the people around them, or they may have maladaptive teaching and leadership habits learned from toxic educational environments. Those are not excuses for abuses per se, but they are some of the many reasons why your supervisors may act harshly. Your goal is not to justify others' behavior, but to understand it so that it can't personally hurt you. Kindness leads to understanding that can mitigate the emotional impact of negative leadership. In extreme cases, kindness can be the only weapon we have against cruelty.

When you are feeling scared or nervous (which will be often), be kind. Injecting some extra heart and humanity into any situation can make everything seem better and help us deal with the fear and uncertainty that haunt the often high-stakes clinical environment. Staying positive and kind will help you love not just your patients and colleagues, but also yourself. Remember: you can make mistakes; it's not a big deal if you do. It's an important part of the learning process. So, be kind to yourself. Fear and anxiety melt away from kind people for good reason. Love of self and others can be an armor that protects us in a scary world full of danger and negativity.

Being generous with your kindness isn't just a coping strategy to deal with the often harsh medical environment, it is also an opportunity to learn more about people, their emotions, their attitudes, their motivations. It is a way to grow your heart and learn to love more, or at the very least, how to find an iota of empathy for others. For me, caring for others in a kind manner has also helped me with my own struggles this last year, including the

recent deaths of close loved ones and many other academic and personal difficulties. It has helped me see the world in a brighter light, despite the suffering and tragedy that I've already seen in my short time in the world of healthcare. During the height of the pandemic when the hospitals were tense and fraught places, it was the simple acts of kindness that I frequently observed, and the ones I administered myself, that gave me the most hope and relief.

I will admit that it's not always easy. Compassion can require courage and acting on that compassion often needs outright bravery. At the end of the day, however, you will be rewarded for acts of courage and kindness both small and large. I've found that when I am kind to the world, it is generally kind to me. So, if I only have one piece of advice for you as you set forth, it's those two simple words: **be kind.**

Devin Boe

Dear Clerkship student like me,

I just re-read your journal entry from the day before this year started that read as follows:

"I start with surgery. I'm super nervous and also know that the bar is super low (though I'm sure I'll find ways to lower it). I cried in front of my partner again two days ago during orientation because I feel that people like X were really pushing the whole 'you just have to get over the fear of introducing yourself, etc.' I felt like they were saying, 'You can't do this if you're shy.' I feel like I'll at least work hard, and it will show that I care."

In response, I've listed some of the things to look out for as you begin the year.

In some ways, it's not what you signed up for:

The pit in your stomach seeing a friend get mistreated, misgendered, or mistaken for a nurse.

Feeling your patience with patients slipping.

Crying in the bathroom.

Feeling hopeless stumbling over questions on rounds.

Noticing these feelings actually gets harder to do, too. Making time for dinner with the people you love, jotting down your experiences, and grabbing coffee with a classmate are the ways that reflection helps you manage these big emotions.

In other ways, though, it's exactly what you signed up for:

Applying what you know (and yes, you do know a lot) to help someone.

Learning from people's stories, rather than an Anki card.

Playing a role in a story full of beginnings, middles, and ends, sometimes all within the same day.

Getting your first Thank You card.

To be successful in your clerkship year is actually not as hard as you think it is. All of the things that made you successful in applying to medical school are what will make you a great doctor. Lean into your superpower of having more time to spend with patients with your head, your heart, and your soul, as Dr. Lowenstein said. So, trust the process and be flexible. Speaking of being flexible, wear the mask. Wear all the masks. You'll be astounded by how differently you can practice medicine at the end of your year. Figuring out what mask turns out to not be a guise is the fun part. At the same time, the only way to leave this year without feeling like an amorphous blob is to bring a bit of yourself to every encounter. You can still smize even with a mask on and your face shield fogging up.

Most importantly, remember that you are a function of your experiences – your own privileges and hardships are variables- but what you choose to learn from them are the exponents.

You'll be great,

Troy Kincaid

GHHS

Things Essential

Dear Clerkship Student,

I read Tim O' Brien's short story, "The Things They Carried," in the Strauss Health Sciences Library one afternoon during second year. He describes a company of foot soldiers in Vietnam and the literal things they carried.

Here's what I carried (or wished to carry) during my third-year rotations. Consider it a guide as you wish.

- A few good pens: gel, smooth. At least something will go smoothly. And let your team members forget to return them. Now they have something that once belonged to you. You are connected.
- A couple of sheets of blank paper. Fold them into quarters and tuck them into a pocket. Jot it down.
- Gum. Jerky.
- There's this hype about nuts. I prefer chips.
- A few bills of cash: to repay someone who buys you coffee, or at least offer.
- Get a reflex hammer. It swings better than a stethoscope.
- Have the translator phone number saved on your phone.
- Silk ties for tying around chair arms, drawer pulls.
- Alcohol pads for sanitizing stethoscope earbuds.
- Memorize a really funny joke. Whether patient prompted or brilliantly timed, it lightens the load.
- Keep your meds on hand: Tylenol, Zyrtec, Zofran.
- Print out Direct Observation Forms in advance. Keep them in your bag.
- Should you lose your bearings, go to your gratitude journal. Reread, remind.

And when you witness a fellow student connect with a patient, deftly maneuver a tricky conversation, deliver a spot-on presentation—let them know. You are, after all, a platoon. Then it's easier to carry.

Yours.

Pauline Hoosepian-Mer

Dear Clerkship Student,

Welcome to the clinical year! This year will create some of the most challenging and rewarding moments of your medical school career. Heading into this phase, I was so nervous to leave behind the classroom and enter the unknown. I was hearing from so many people that this year was going to be amazing, yet I was terrified. Terrified I would say the wrong thing. Terrified I would not know enough. Terrified they would realize I did not belong, thanks imposter syndrome. In the end, this year was amazing. At times, I did say the wrong thing. At other times, I did not know enough, but I learned. Most importantly, I realized I did belong, most of the time, and so will you. It is okay to be nervous about what's to come, and it's also okay to be excited. Here are some tips to make the most of it:

- Even if you 100% know what you want to do after medical school, give each rotation a fair chance. Be willing to imagine yourself in each specialty. Not only will putting yourself in the role of each specialty make the rotation more enjoyable, but it will also help those around you see you are interested and eager to participate. That being said, it is okay to be honest with yourself and those around you. When you are asked what you want to do, it is okay to say what you are thinking, even if it is completely different from the rotation. Often times, residents and attendings help you find opportunities in each rotation related to your area of interest.
- Don't hesitate to ask questions. Asking questions is the best way to be involved and show you care. By posing thoughtful questions at the right time, the team can see your willingness to learn. Questions are great transitions into teachable moments and chalk talks.
- The time will fly by. Don't forget to take chances to sit back and reflect on all that is happening around you. Take the night off to spend time with your friends. Go on the hike. Spend the evening doing crafts. There will always be plenty of time to study, so make sure to take care of yourself outside of studying.
- Last, learn from your patients. Spend the extra time getting to know your patients outside of the hospital. In these conversations, you will be amazed by what they have experienced. You will be motivated to learn more to better help them, and most importantly, you will be forever grateful they let you participate in their care at often vulnerable times.

In the end, this year will be over before you know it. It is okay to be excited and also to be nervous. It is okay if you have no idea what you want to do after medical school; that's what this year is for. It is also okay if you have your heart set on your future specialty. That may change, but also it may not. At the end of this year, you will be amazed to think back on how far you've come. It will be so rewarding to see the growth and progress in yourself and your classmates, and when it's over, you all will be one step closer to becoming physicians.

Katelyn Johnson

Dear Student,

You are about to embark on one of the most memorable, difficult, exciting, disappointing, and exhilarating segments of your training. Many of the experiences you are about to encounter will be formative and leave a mark in your mind, on your body, and penetrate into your soul. Like the 'leap of faith' undertaken by protagonists in the hero's/heroine's journey/mythological format, you can only prepare so much for this endeavor. My best advice to you is to be adaptable. Let the experiences wash over you and flow through you. Do not be afraid to try new things, new ways of thinking, interacting, providing and receiving information. Many people will say, "the best thing you can do is be like a chameleon and blend in." I think this is an apt analogy, but a chameleon hides itself, and this part of the analogy translates poorly in my opinion. I think a more apt analogy is more like cooking a new cuisine with a team of chefs every day or sampling a new cuisine every day.

I would also resist the reflex to compare yourself to your peers. Everyone is different and you knew this when you matriculated. Be joyous in celebrating your own accomplishments for you will be on a journey where you will be uncovering new passions and self-realizations hidden just beneath the surface for you to discover. You will learn the truth of who you are and who you are not and the gray area in-between. Celebrate your friends' pursuit of truth and their endeavor for excellence as well. As they grow, grow with them, not against them. You cannot do it all on your own, so why try when you have friends to help lift you up?

Do not lose sight of why you are here. There are many flavorful experiences to be had in and around our great state, but you chose this profession. What you do to better yourself in it will one day serve to help those you will be swearing to serve upon taking that archaic oath that has persevered to today and will beyond.

Finally, be kind to yourself. I mean it. No rationalizations or justifications. The truth is that these are just words, but you have one of the grandest advantages of all: tabula rasa; you get to make your own journey. Go do it.

Sincerely,
A Fellow Traveler
(Aaron Sadowsky)

Dear Clerkship Student,

You're about to embark on what I've lovingly dubbed medical puberty. Have you ever noticed as a first or second year that the outgoing class just seems to be appear more confident, put together, and just seem to be a bit more like, well, people? Well, this is when that happens. Just as the change from adolescence to adulthood has its own trials and tribulations so does medical puberty. You'll be stressed. Your coping strategies will change. Your sleep schedule will be off kilter. Your relationships may change. Your hormones will be out of whack. You may even get acne again. These are all normal parts of medical puberty and to be expected.

In all seriousness, this year is often regarded as the hardest year of medical school. Let me make this distinction clear that does NOT mean it is the worst. Far from it. It is going to be the period of most rapid growth as a future physician and a learner. It is going to be the time when you have your first semblance of autonomy with your patients. It is going to be the time when you join people on the best or worst days of their lives. You will have the chance to make your first palpable difference in one's experience in the hospital or clinic.

The Growing pains:

1. The transition from pre-clinical to clinical education is stark. You are going from an intense period of studying and isolation to meeting tons of people in quick succession and being asked to build relationships and rapport quickly. These are skills that are difficult to prepare for. Not only are you trying to amass huge amounts of information about your patients and their relevant presentation, but you're also dealing with the transition to the clinic. What's my preceptor's name? Where do I report in the morning? How do I print the patient list? WHERE'S THE BATHROOM AND WHERE'S THE COFFEE?!
2. The grading system is different from anything you've ever experienced. You will find it subjective. You will ask if it's valid. You will have vastly different experiences from your peers. The reality is that you will have more control over this than you think but less than you'd want.
3. Navigating relationships and your needs will be different. It is easy to fall off the wagon in your home and personal life while you're going through an intense rotation with crazy (but never more than 80) hours. There's not a ton you can do to mitigate this. Just know it will end and it will get better. There are times in life when you'll be able to give more than you take and others when you need to take more than you give. The solution like most things this year is communication. Talk with your partners, your friends, your family, and yourself. Make a strict promise to yourself to do something that makes you smile every day.

Advice from someone on the other side:

1. Ask for help when you need it. You need to keep relationships with your peers and team so that you can process the things that go on around you. You will see some shit this year. You need a network that can help you process things you've seen and your own emotions. It is okay to feel.
2. You will be uncomfortable and that is OK. Embrace it. Own it. Your job this year is to put yourself out there. You may not feel it, but you have a huge safety net of interns, residents, and attendings protecting patients from you and vice versa. You'll

need to make decisions. You'll need to write orders. You'll need to ask questions. You'll need to put yourself out there. This is part of the learning process, and you'll be all the better for it. There is a gift of being the lowest on the totem pole. You have the most progress to make. You'll see it happen little by little over time. It can be addicting.

3. You will make mistakes. That's the point. You're not a doctor yet. Even when you are, you need 3-7 years of residency and maybe even fellowship after that to become a master of your field.
4. Learn to talk to your attendings. You'll need feedback to improve, and you need to learn how to ask for it. Additionally, you need to learn to prime your attendings with your goals and learn their expectations of you. It'll give you something concrete to work for.
5. Learn the tips and tricks of the hospital. This will make or break your day and your efficiency. On the first day of each rotation, you should get lost and find your station again. Find the bathrooms. Find the free coffee and free food.
6. Pay attention to your interns and what they do and write down. These are the tasks that you can pick up to make their lives easier. The closer you can act like an intern the better you will do. Remember the highest praise is, "Works at the level of an intern."
7. Learn to use short periods of downtime for studying. Questions, flashcards, and articles can all be kept on your phone. Anything you do during the day is more sleep you'll get at night.
8. Learn something from every rotation. Your friends and family will be asking you for medical advice for the rest of your life. They don't care if you're a neurosurgeon. Someone has a rash that needs your attention.
9. Find a way to enjoy the grind.

This year is a wild ride. The only constant of medicine is that it is a business of people and patients. Learn to connect with them, and you'll always have something bright in your day. It may be a weird time, but remember puberty eventually ends, and we all go through it. Good luck!

William Cohen

Dear Clerkship Student,

Welcome to the beginning of your clinical experience! If you are like me, you might be anxious and preemptively feel incompetent. That is okay! This year brings so many challenges and simultaneously so many fulfilling moments. Here are some tips that I have in the theme of “you might” because there is no ‘right’ way to feel, and there is no ubiquitous outcome to any situation. If even one of these applies to you, I hope that it provides some solace to you that I experienced something similar.

You might make mistakes. If you feel regret or guilt, those emotions are harbingers of self-improvement and growth. Mistakes are an essential part of the process, and from my experience, you can always recover. Acknowledge, apologize, and learn as much as you can from each one.

You might find your identity is in question. Throughout my third year, I experienced many moments when I viewed myself in a certain way and found my identity conflicted by a low shelf score, a lower clinical grade, or less time to work on my hobbies. You are still bright, still a salsa dancer, still a boxer, still a good member of a family, and still a good friend. All values are patterns, and even the most competent individual can make mistakes. Even the most patient person can lose patience. Give yourself forgiveness if you find your patterns changing during your clinical year in ways that aren’t ideal. Address it in the way that you find best at that moment.

You might go through this year and find that you don’t *feel* like part of the team you were assigned to. It’s easy to feel out of place when learning your role/identity in a brand new culture. You do belong. Every physician was a trainee once. Most of the individuals you will work with will be happy that you are there. If you find yourself feeling out of place, ask yourself why. Talk to a Dean, a mentor, or a peer about it. You do belong.

You might be frustrated. You might have stayed longer in the hospital than you wanted, had a lecture go long, or even at times feel like you aren’t living your ideal life. These feelings are normal throughout this year because we are inevitably sacrificing a lot of time to learn to be physicians and be a part of the culture. If you feel frustrated, try not to be hard on yourself for it, though try not to be hard on anyone else. The time during clinical rotations is not always what you predict. Remind yourself that you can’t control the outcomes of a given day or a given schedule/plan. Things in medicine can be messy and disorganized at times. Go with the flow of things as best as you can.

You might find yourself loving a rotation and wanting to go into it. That is great! This year is an incredible opportunity to figure out what you like. I found myself wanting to go into each profession that I was currently rotating through. What helped me frame the year is to reflect specifically on what makes you feel so passionately about that specialty. Is it the procedural aspect? The patient interactions? Is it a specific mentor? For whatever you identify, keep it in mind! You might have found the specialty choice for your future, or you might have identified something new that excites you. Either way, be happy that you enjoy the ride and work with it as you proceed through the year.

You might feel like your abilities weren’t seen or recognized. Sometimes you might get a clinical grade that doesn’t match what you expected. Remember that these grades don’t mean that you weren’t excellent with patients, weren’t a great team member, or that your

perceptions were incorrect. They can be subjective and feel unfair, which can be tricky. Asking for clarification of the grade can be helpful to understand what happened behind the scenes.

You might question whether medicine is really for you. This is a harsh feeling to deal with. You are not alone. During some of the most challenging times of the year, I know that many peers and I have had this thought cross our minds. Especially during this emotion/feeling, take a step back. We are all resilient, and it can be to a fault. Burnout is an epidemic among healthcare providers. Talk to a mentor, a therapist, a dean. Give yourself permission to not study an additional night a week, to go to the gym, to do whatever it is that fills your bucket. If you are going through this, I remember how hard it felt. You are not alone, so don't let yourself be alone with this.

You will learn a lot. I cannot emphasize this enough. It might not feel like it along the way, but you might find that you knew more than you thought you did by the end of the year. Be proud of every rotation you complete and every patient who thanks you for your work. Be happy with any improvement you notice in yourself. Every presentation that someone compliments, every differential that someone doesn't have to append, and every plan you devised (maybe with UpToDate's help 😊). Celebrate the successes throughout the year and celebrate yourself. Getting accepted to medical school is an accomplishment and finishing every year of school should be marked as an accomplishment because it is difficult.

Thanks for reading, and remember, you have so many people in your corner. Reach out if you ever want to chat! I have many more thoughts that I can't quite fit into a letter like this.

Zaid Al Bahrani
GHHS
Class of 2022 Co-President
216-905-7036
Zaid.albahrani@cuanschultz.edu

Dear Clerkship Student,

There will be days that you leave the hospital crying, and days that you debate calling in sick because you just need a break. There will be nights that you dread going to bed because you know it means you'll have to wake up in the morning to do it all again. There will be mornings that you feel like you cannot overcome the heaviness in your chest to get out of bed, and there will be days that you want to give up, to quit.

The clinical year of medical school is wild and demanding. It forces you to lean into discomfort. You watch people die, and others being born. You watch some families grieve while others celebrate. You experience and see things the vast majority of the population will never have the opportunity to see.

Everyone, and I mean everyone, has those days when they feel like they are done. It is easy to believe you are alone in those feelings, to feel lesser, like a worse student or a terrible future clinician, but you are not. Your emotional responses to the things you see and experience are valid. Your thoughts and feelings are valid. It is these exact thoughts that make you human.

So, when you feel like you're done, and I promise, you inevitably will, pause. Take a deep breath. Go on a walk. Play a video game. Drink a glass of wine. Hang out with your friends. Hug your loved one. Cuddle your dog. Call your mom. It doesn't matter what you do; just do it. Your shelf prep can wait. The research article(s) your senior resident told you to read can be left unread. Remind yourself that you are more than a medical student. Remind yourself that you are human.

Don't get me wrong; your clinical year is not all doom and gloom. Some of the best, most rewarding days of my life were during my third year. I watched numerous babies take their first breath, and I helped restart a man's heart when they coded in the OR. I would often come home and tell my partner that I could not imagine doing anything else with my life, that I had found my purpose, my calling. But those were the easy days, the days I had anticipated having, the days I was more prepared to have. No one is prepared for the hard days, no matter how hard they try to be prepared. But storms draw something out of us that calm seas don't.

So, embrace the hards days, like a storm, head-on. Acknowledge you had a shitty day. Allow yourself to cry and sometimes to mourn. Recognize that it is normal and healthy. And then give yourself some grace and time. You are strong, intelligent, and resilient, and I promise you, you can do it.

Focus on the good, amazing, and enlightening days because while the days may be slow, the year goes by so fast.

Sincerely,
Christine E. Krentz
GHHS

Dear Clerkship Student,

It is crazy to think that just a year ago I was sitting in your shoes. I remember feeling excited at the thought of finally feeling like a future physician but also terrified of the unknown and of putting my clinical skills to the test. This year will challenge your knowledge, your beliefs, and your resiliency, but it will also be your most rewarding experience of medical school—even if it doesn't feel like it at the time. Ending my third year of medical school is bittersweet, but I am excited to pass on the torch and share some of my advice and experiences.

My first piece of advice is to trust yourself. You have spent your last two years of medical school in the classroom cramming clinical knowledge into your heads, in small group sessions refining your clinical reasoning skills, and in communication sessions simulating patient experiences. You have all the foundational knowledge it takes to be successful in the clinical year, keeping in mind that we all constantly have to look up information on UptoDate. When things in the hospital get hectic, just know that all you have to do is trust your knowledge and trust your intuition. You are more than prepared.

My second piece of advice is to lean on your classmates for support. Not just your friends, but also the students you are working with during clinical rotations. One of my favorite parts of this year has been getting to know my classmates; you will realize that they are all amazing. They will be the ones who will be there to debrief with you about difficult situations, to cheer you on when imposter syndrome starts kicking in, and to listen to you complain with understanding ears. Your classmates will bring a diversity of knowledge and experience that will make you both a better person and a better physician.

Lastly, try not to focus too much on grades during your clinical year. While grades are important, the care you provide to your patients and the relationships you foster are far more valuable. Attendings and residents only see a small fraction of your clinical interactions, and evaluations often do not fully capture the breadth of your experiences. The interactions you have with your patients when no one is watching is what will ultimately shape how you will practice as a future physician, not the grade you get during a clinical rotation.

I hope this was helpful and that you embrace and enjoy this year of medical school! It will fly by.

Best,
Keshari Shrestha

Dear Clerkship Student,

There is a lot to unpack about this year, and quite honestly, I wish I'd kept a better written record because so much has changed in my practice of medicine and perspective on health care. This year is notoriously difficult, demanding, rewarding, and transformative – are you overwhelmed yet?

When you enter your rotations, you need to realize, patients are going to see you as a provider. If you want to do well by your patients and by your preceptor, you will step into that role with excitement (some nervousness is normal, but remember, this is what you came for). The best piece of advice I can offer as a secret to success is to **take ownership**.

Take ownership of your learning. Preceptors' priorities are their patients, so take charge of your experience by setting goals of what you want out of each rotation and talk to your preceptor about those goals. These goals can be concrete or abstract. For example, putting in an arterial line vs. creating a concise but accurate assessment and plan. Whatever it is, tell someone – then you get help with accountability and you are more likely to get the opportunities you're hoping for. Another component of taking ownership of your learning is coming prepared. If you know which patients you'll be seeing ahead of time, read up on them. If you know which case you'll be scrubbing into, review the anatomy and the common complications of the surgery. If you have no idea what the next day will hold, think about some things you'd like to learn about or work on.

Next, take ownership of your patients. One of the most impressive things you can do is act like the patients you see are truly under your care. Know their names. Know their history, write down their labs, and think about what is going to happen with them next. Do they need a follow-up test? Do they need to be referred to another specialty? Do they need to talk about end-of-life care? One easy way to show ownership over your patients is to follow up on them. Even in the emergency department, check back on the lab results and imaging results. In fact, go back to the patient's room and see if they are feeling improved, or if they need anything. This will not only impress your attending, but it will make your patient feel cared for. It will make you a better provider and will prepare you for the next step which is, surprise, actually having patients of your own.

Finally, take ownership of your mistakes. At some point, you will be asked a question you don't know the answer to. You may be wrong in your physical exam finding. You may think you know what you are doing until halfway through a procedure at which point you realize you're clueless. Whatever the case, have the guts to own up, apologize, and learn so you can be better next time. It can be embarrassing and frustrating, but it truly does happen to EVERYONE. By speaking up and recognizing your own errors, you will provide better care, and you will become a more respected and trusted member of the team. An important second piece of taking ownership of your mistakes is taking the opportunity to improve. Show that you will learn from those errors and do the work to truly be better the next time around. If this piece is missing, you haven't taken full ownership.

This year of medical school is about discovering and demonstrating who you are as a future physician. To succeed, you don't have to know every answer or be excellent at every procedure. But you do need to genuinely care for your patients, show that you are ready to be a life-long learner, and demonstrate the values you hold as an individual and a care provider. If you show up and take ownership, you will grow, and people will notice.

Remember, you came here to become a doctor. You deserve to be here, and you have what it takes to become an excellent physician.

Emily Wolverton
GHHS

Dear Student,

The clerkship year is looming on the horizon. You've likely been looking forward to this year for a while (or you haven't; that's okay too). It's been on the horizon as the reward for slogging through your preclinical years. Now you're here. You're probably wondering what to wear... when in doubt, just wear professional clothes on day one; you'll always get shown where the scrubs are. When you have been told that either are okay, you should connect with the other students on the rotation with you and coordinate, so one of you is not wearing scrubs while the other three are in ties and white coats.

Now that we've got that covered, I want to remind you to BE KIND! Give your classmates time to answer questions when they're getting pimped. Don't be a gunner. The way you treat others (including your classmates) will go so much further than your knowledge of silly facts. But also, don't let them flounder... help your classmates whenever you can. Plus, you often progress your knowledge when you try to teach it to someone else.

Speaking of knowledge, DO QUESTIONS!! UWorld is best, but some rotations also suggest other question resources, do those too. You don't want to crush it clinically with your amazing empathy, killer presentations, and great knowledge, and then get a 70 on the shelf. Get a shelf score that, in combination with your clinical excellence, makes the block directors give you honors.

I did a lot of my clinical year at the VA. It's probably too late to choose to be in VA LIC, but I think if you have the option, the VA is a great place to learn how to be a doctor. That said, it is nice to see patients that aren't fifty- to eighty-year-old white guys, so be sure to request other hospitals too.

Surgery at the VA is great. You still have CU residents and the attendings are incredible. A few of the scrub techs are prior service members and will yell at you- half jokingly. Listen to their advice and joke back. Don't be afraid to say, "I don't know." Most of the time pimping is done to allow the attendings to know where you are; they don't want to teach you what you already know. The three rules of surgery are: eat when you can, sleep when you can, and don't f*** with the pancreas. Residents will crack up if you know these rules.

Medicine is a bear of a rotation. Eight weeks of rounding is really hard, no way around it. But medicine also made me feel the most like a doctor when I was done. I also did my time at the VA. It has an open ICU which is great. It allows you to carry ICU patients, something you can't really do until 4th year AIs. The pathology at the VA is also bread and butter medicine stuff. Get good at checking for JVD and really try to incorporate studies into your reasoning for why you want to do a certain treatment; medicine docs love their evidence.

OBGYN is another pretty universally feared rotation. I did it at St. Joes, and it was one of my favorite rotations of third year. You get to see lots of patients and do a lot of hands-on stuff. Learn the risk factors for GYN cancers if you're doing time on GYN-ONC.

Now for the slightly less scary but equally important rotations. I'll just bullet point this part to be quick.

- During psych, listen to the advice Dr. Butterfield gives you. If he says it, follow it.

- For EM: talk less. No one cares about the patient's breakfast last Christmas if it's not pertinent to their car accident. Your job is to tell what's truly pertinent to the attendings.
- On Neuro, don't use your stethoscope (or *GASP* your iPhone) to get reflexes... the nice heavy reflex hammers are like 15 bucks on Amazon, or you can just borrow one from your residents. Just acting genuinely interested in what they're teaching you goes a long way for a good eval... also all your future patients will have a brain, so learn this stuff.
- On CPC, don't wait until the last week to do the community health project. Get it done early.
- For Peds: I did my peds in the urgent care and at a private practice outpatient office. Urgent care was great, especially if you want to do EM or have had enough of rounding in the hospital.

This year was an incredible time of growth in my medical career. It's long, sometimes scary, and exhausting, but it also makes you remember why you went to medical school in the first place. Take a deep breath, leave your house earlier than you think you need, don't drink that 4th cup of coffee, and remember to try to go to the bathroom at home on your first day. No one needs to be getting sweaty and running off during your first rounds to take a nervous poop.

Spencer Knierim

Dear Clerkship Student,

Congratulations on getting to this point! You are about to embark on an extraordinary experience in your life-long journey in Medicine. Clerkship rotations as you may have already heard by now are by no stretch an easy walk in the park. However, the fact that you finally get to do what you have always persevered for is a fulfilling experience in and of itself. Though you will encounter standardized aspects during this year including but not limited to – fixed rotation weeks, established sign in times, shelf or no shelf, everyone goes though this year differently. My experiences may not necessarily reflect yours, but I hope that at least one advice I give here will be somewhat helpful to you.

My first advice has to do with patient-centered care. You will be exposed to patients from all walks of life: from the Chuukese-speaking visitor to the US who does not know that she may possibly be living with cancer to the US-born, English-speaking gentleman who admits to having alcohol use disorder but feels hopeless and defeated. You as the medical student will be challenged to recognize your implicit biases and set them aside when you knock on that door and turn the handle for morning pre-rounds. The onus will be on you to provide the best possible standard of care without being perceived as judgmental or critical. Your patients, though they may be in their most vulnerable state, depend on you to treat them with respect. I promise you that there will inevitably be days when you feel like judging a patient but try to stop yourself and remember what brought you to medicine in the first place. Hopefully, that reflection will help resolve those negative thoughts.

Every rotation that you do this year will test your limits on being flexible. You will have days when you are on your feet for 10 hours in the OR, and there will be days when you take your laptop out so that you can finish those 40 UWorld questions before the day ends. Being able to do either of those extremes at both the right and possibly less preferred times will require skillful tact and the ability to be dynamic with your team. It's important that you don't do anything bizarre that ends up reflecting negatively on your evaluations, but at the same time you should try to read the room and try to predict how the team will perceive what you are about to do before you decide to do it. I know this may come off as a very exhausting task but remember what I said about the walk in the park. It's by no means an easy one, but if there is anyone who can do it, there is not an iota of doubt in my mind that it's you.

Finally, a quick word on humility and how you can utilize it to your advantage. As you continue to progress through the year, you will begin developing skills and abilities that will help you diagnose and possibly treat patients. You will begin to store a wealth of knowledge that you previously did not even think was possible to recall ten minutes later, let alone a month later. Patients will begin calling you doctor, and attendings may even start getting comfortable with you taking care of patients with minimal supervision. You will receive credit and recognition countless times throughout this year. All this is fantastic for learning but try to keep yourself grounded and remember that there is still so much more to learn. The true power of a medical student lies in how humble they are so that they can continue to enrich themselves with knowledge and not self-create limits to their learning. I am extremely grateful to have a colleague like you in one of the most taxing yet rewarding professions like Medicine. I wish you all the best with your journey and cannot wait to see and hear about all the wonderful things you do in Medicine.

Mehdi Bandali

Dear Clerkship Student,

Congratulations! Congratulations for the milestones you've surpassed, for making it this far, and for the exciting and remarkable clinical journey you're about to embark upon! I'm proud of you, and I'd venture to guess there's a village of meaningful people cheering you on in life who feel the same. You are starting to write the first few sentences of what will surely prove to be one of the most invigorating chapters in the story of your life thus far. You will meet invaluable mentor and befriend classmates who were nearly strangers only a few months ago. Your medical knowledge will explode like a mushroom cloud, and you'll care for patients who will change your worldview and touch your heart in special ways. Be open to it all.

But I'll be blunt: this year isn't mostly rainbows and butterflies. You will have days when you spend way too many hours in the hospital, and too few hours sleeping. For some of you, this might be many of your days (myself included). You will likely be discouraged, have your pride hurt, and some days may even question whether you're in the right field. You will be made to feel stupid for not knowing an answer. You'll spend grueling hours preparing for clinic the next day, studying, and tending to assignments in the few precious hours off you have each night. Many times, you'll feel as though you're at the absolute brim of your stress tolerance, incapable of handling anything else on your plate. And yet amid it all, your life will continue to happen outside of medicine, and your brim will overflow. Someone you love may get sick; you may get sick. Romantic love may die. Friendships may become strained. The greatest lesson I learned as an MS3 was that the demands of medical school don't stop when the walls of your outside life come crashing down. Your heart may ache to the point you feel as though you're having an aortic dissection, or you may feel entirely hollow inside. You may not want to get out of bed. But you will be expected to show up in clinic the next day and smile for your patients. As one mentor told me, there is never a "good time" in this process for life to throw you a curveball, and often they come when we need them least. But regardless, they will come.

I say this not to scare you but to plead with you to do one thing when facing these moments: please ask for help. Do not suffer in silence. Those same attendings whom you're terrified of making a bad impression on are human, too. They will understand and come through for you in surprising ways. Cut that last hour of studying and go for a run to clear your head. Lean on your village: your friends, family, mentors; that's why they're there. Go to therapy. Reach out to your advisor, to the administration. Though it may not always seem to be the case, they do care and will catch you when you fall. And if it gets too hard, take a day off. Take a few. Take a leave of absence. You cannot best care for others without first taking care of yourself. As cliché as that is, I've realized it's true.

You are strong, determined, and oh-so-capable. Hang in there, and please don't forget to be kind to yourself: do the work that's necessary to take care of you. Make your wellbeing your priority. Everything else will fall into place the way it's meant to, whether that's in line with your preconceived plans and timeline or not. At the same time, be ready for the curveballs, but don't forget to soak up every last second of your debut into the real world of doctoring. We can't wait to hear your stories about your triumphs and scars on the other side.

Kindly yours,
Jacob Leary

Dear Clerkship Student,

Welcome! I bet you're some mix of extremely excited and extremely nervous to finally begin what you really came to medical school for. At last, you've solidified your grasp of two years' worth of medical knowledge and are ready to apply it to real patient care. But I won't sugarcoat it for you. This year of medical school is probably unlike anything you've really experienced before. It's got its whirlwind of ups and downs in a way that's very hard to believe until you've gone through it yourself.

Unless you've been extremely lucky to have a lot of healthcare experience before coming into this year, you're likely going to come into this a bit shakier than you'd like. In the preclinical portion of medical school, every day had a structure to it. There was a certain amount of material to be covered and the rest of your day was at your discretion to study what you wanted and how much you wanted. In the clinical year, that pretty much all flies out the window. On your first day, you'll be in an unfamiliar hospital, trying to find your way to an attending or resident who honestly may not even recognize that you were supposed to show up. You would think that your team is always acutely aware when new students are supposed to start (or at least that was what my naïve impression was), but most of the time, I'm pretty sure they just roll with the punches when we show up.

Whereas your preclinical learning is handed to you on a silver platter, the biggest adjustment to this year is that your clerkship learning is entirely what you make of it. You'll hear the same advice repeatedly about "taking ownership of your patients." But what does that even mean? Well, when you're allowed the choice, pick patients that you want to evaluate, and do so as if you were the only physician taking care of them. Piece together their story, exam, labs, and imaging, and do your best at putting your nickel down on what is going on and what should be done next. Simply waiting to be assigned a patient like the way you are used to being assigned lectures to review or small group cases to discuss just will not get you as far. Now, this is something that is way easier said than done, especially in the beginning. It's very difficult to separate yourself from the idea of being an inexperienced student, but this is the time for you to make that transition in mindset from student to true clinician. It will feel uncomfortable, maybe more so for some of you and less so for others. And this discomfort may last for more than just the first few days or weeks; it may last for even several rotations! But I swear to you that you will eventually hit that stride where it feels natural to go up to a stranger and ask them what brings them in, give them your initial assessment of their issue, and advise them on what the next best steps for them are. And you'll eventually also feel okay with sharing this information with your residents and attendings who will begin to look to you as not just a student, but a fellow colleague -- a teammate -- over the course of the year.

The best and worst thing about your clinical year of medical school is that it will be absolutely filled with many firsts. Not all of these are guarantees, but you'll experience the first time you talk to a manic patient, the first time you see the inside of a live patient and sew up their wounds, the first time you see a baby delivered, and unfortunately perhaps, the first time you'll take care of a patient who passes despite doing all that you could. You are constantly being whipped around into new environments and situations that may be simultaneously exciting and terrifying. But throughout it all, you will discover the aspects of medicine that you like and don't like. For some, the OR is the most stimulating place in the hospital while rounds on the inpatient wards seem to drag on and on. For others, the opposite is true and the OR seems to be the biggest waste of time while learning on inpatient rounds

makes time feel much more valuable. Unfortunately, you'll never really know until you go through it. While there will undoubtedly be rotations that you simply dread waking up for, I truly believe that this year as a whole is more rewarding than the first two years of sitting in the library/coffee shop/wherever cramming a bunch of information into your head. While that doesn't completely go away with end-of-block shelf exams, now a good deal of your learning is by doing, which is probably the best way for it to stick. If you don't get some shelf studying done at the end of a long day, forgive yourself. You've already worked this hard to get to this year; I think you can be satisfied that you learned enough during your long day that you would benefit more from preserving your sense of self and well-being instead of doing a few more UWorld questions. With the constant pressure from both yourself and others to perform, this year is exhausting enough. So, if I were to leave you with one piece of advice, it's this: get comfortable with being uncomfortable. I promise that'll take you exactly where you need to be and then some.

Sincerely,
Freddi Tran

Dear Student,

During the clinical year, there are a few things that you will hear over and over again:

- Always come up with a treatment plan
- Stop looking for zebras
- “Fake it till you make it”

How are these three things related? They all trace back to the fact that as the clerkship student you are still a student but pretending to be a clinician. It is a very difficult place to be because the two ways of thinking are completely different, and here’s why:

On my IM rotation, I was quickly reviewing a patient with my resident and frantically trying to figure out how to treat a PE. The only thing that immediately popped into my mind was: do whatever we need to do to remove the clot... so that would be surgery or meds to break up the clot. However, I didn’t say this out loud because in no way, did I think this could be the correct answer; it was way too easy and obvious. There I was, with the whole team staring at me, trying to rack my brain for a better more sophisticated answer with what I am sure was a dumbfounded look on my face. Then, one of the residents, who probably knew I thought this was a trick, looked at me and said, “first thing you need to learn about medicine is that it is not that complicated.”

As medical students, we are constantly being tested and constantly asking ourselves, “How is this question trying to trick me, and what have I missed?” It is a great way to think. However, in the clinical setting, it leads to a whole lot of self-doubt. Leaving that constant doubt behind is nearly impossible to do when it has been with you, and served you well your whole academic career. The secret is that more often than not, patients do not have some elusive exotic disease (zebra), they are not trying to trick you, and the obvious solution is usually correct and worth voicing. Therefore, you should always come up with a treatment plan and stop looking for zebras. Don’t forget them, but usually no one even wants to hear about them, so put them way down on your differential.

Now comes in the phrase that you will hear repeatedly, “fake it till you make it.” My internal response to this was always, “easy for you to say, you are already a doctor and in residency.” However, looking back I am finally starting to get what they mean. In line with “stop looking for zebras,” you also must stop constantly second guessing yourself because frankly it is counterproductive. The more you “fake” that you believe what you are saying, the easier it becomes to ignore that test taking, vigilant, ever doubting internal voice behind. This is critical for the transition from student to clinician. Don’t get me wrong, you should always carefully evaluate and continually re-evaluate your patients and clinical choices. However, often your knee jerk treatment plan is perfectly valid. It might differ from what the resident or attending would do, but that doesn’t make it wrong.

Sincerely,

Cecilia Levandowski

Dear Clerkship Student,

Congratulations on making it through the first half of your medical school experience! This is already such a huge accomplishment and deserves recognition. You are now about to embark onto the clinical phase of your training, which is both exciting and daunting. If you are anything like me, you are a bit (or maybe extremely) anxious and don't fully know what to expect from the year ahead of you. I have compiled a list of 10 survival tips and words of wisdom that will hopefully be there to help guide you through the many ups and downs of this year and to alleviate some of the stress that comes along with it.

1. Don't be too hard on yourself, YOU ARE A LEARNER, and it is OKAY to not know everything! (something I have to remind myself every single day)
2. Take time to do something fun every day for an hour if possible. Mental health matters too!
3. Set realistic goals for your learning: such as 20 Uworld questions per day rather than 40. (Also, it is completely okay to have days where you just are not in the mood to study. Take those days to watch a good Netflix show. You've definitely earned a few of these days)
4. Drink water! Your kidneys and skin will thank you. ☺
5. Try to get to bed at a decent hour each night. Your brain needs rest more than you know.
6. For your presentations, don't add commentary (like I sometimes do) to your labs/physical exam/objective section. Keep the objective, objective!
7. The snack wrap at Denver health is pretty amazing and super cheap! (Like \$1-2! Trust me and try it!)
8. When someone offers to let you go home for the day, say "Thank you so much," and GO!
9. Clinicalproblemsolving.com is an amazing resource for coming up with differentials and for thinking through classic clinical situations (like chest pain or dizziness).
10. It is okay to not love every single rotation! If you think you know what you want to do when you grow up, use this year as a time to try to experience new things from other fields and keep an open mind as much as possible. You might just surprise yourself and completely switch career paths by the end of the year (like I did!). This is your time to try new things in a safe space, so take advantage of it!

This year is tough, and you will learn WAY more than you ever thought possible. There will be times when you doubt yourself and feel like you will never get to where you need to be. I promise you, you will! We all get to the same destination eventually, but not always via the same path or by walking at the same speed—and that is perfectly fine. Study hard and try to have some fun with it. Remember to keep your loved ones close and to make time for the things that matter to you outside of medicine too. Doing a million Uworld questions is great and all, but none of it matters if you forget to take care of yourself too. Congratulations again, and I wish you all the very best in this next stage of your medical career. You're going to be wonderful!

Good Luck!

Alex Hernandez

Dear Clerkship Student,

I'll tell you a little bit about my 3rd year, and which experiences stand out as I reflect. And I'll give you some nuggets of advice for your upcoming year along the way. For the purposes of my reflection, these are broken up chronologically by when I did each rotation—but most of the takeaways should be applicable across LICs and all rotations.

Neuro: On pediatric neurology there was a stroke alert called. A four-year old patient died of a hemorrhagic stroke on the interventional cardiology table. There was one person I needed at the time, and they didn't pick up and didn't call me back for several days. I felt alone. My advice is to make a call when you have a hard day, and who picks up (or doesn't) to hear about it will tell you a lot about who is there for you.

Psych: The first time a patient yelled at me and called me a profane name. It was the first time I had to hold back tears in front of my team. Yes, she was psychotic, but that stuff still gets to you. My advice is to debrief these difficult experiences with your team afterwards. If I could go back and do it again, I would have asked my resident or attending, "Hey, that patient really took me off guard back there, and I could feel myself getting flustered. Do you have any tips on how to handle that?" Almost every team member I worked with this year would have been more than happy to debrief about those difficult interactions.

Family med (rural): The first time a patient really felt like my patient. I got called in in the middle of the night for a patient with severe abdominal pain. It was my patient whom I had seen in clinic a week earlier, and she was miserable. She had an ileus for which the treatment was pain management and placing an NG tube. But the most important treatment we gave her was sitting on the side of her bed, holding her hand, and going through her pain with her. My preceptor taught me that despite the many hats physicians wear—teacher, scientist, leader, etc.—the most important title we hold is healer. We are trained to interpret EKGs and read CTs, but sometimes what's asked of us is to sit and listen and hold someone's hand. My advice is to spend the extra 30 seconds or minute to see what you can do to be a healer. Offer to get your patient the warm blankie or ask if there's anyone you can call to update.

Emergency: A quick two weeks. Mostly I felt a little guilty for hoping a lac might come in so I could suture it up. I realized that three different physicians will teach you how to suture three different ways (it became about seven different ways by the time I reached my surgery block). It was also one of the times I was called "beautiful" by a drunk patient. My advice: figure out a way you will respond to people who cross a line with you. Next time I'm planning on trying, "In order to take care of you I'm going to need our relationship to stay professional. I'm not comfortable with you calling me 'beautiful' but you can call me 'student doctor Hennesy.'" Who knows, it may work, or it may not, but I think it's better than just letting a comment like that slide when it makes us feel uncomfortable.

Peds: My favorite day was in the Denver Health nursery. My job was basically to examine my patient and then cuddle him for a couple hours. By the end of the day, I could recognize his cry out of all the babies in the nursery. My advice: have a nurse show you how to swaddle a baby. It's fun to wrap them up like a little burrito, and they are much easier to maneuver for a red light reflex that way.

Surgery: I loved being in the OR because it was one of the first places where I developed a strategy to actually be useful to my team. My advice: find out where the warm blankets are

in the OR hallways and grab some warm blankies for your patient at the beginning and end of the case (when they are first rolled back and again when they are about to be moved off the operating table). Also, try to learn the names of the people in the room. You will eventually need a new glove or a step stool while you're scrubbed in, and it feels much nicer to ask the scrub nurse/tech or circulator for these things using their name.

OB/GYN: I developed an unexpected friendship with a fellow medical student when we were paired together on nights. I left the hospital with blood and placenta on my shoes most days, and it was awesome (in my opinion). My advice: always carry lube packets. They are usually kept in a drawer in the delivery rooms. You'll be ready to squirt it on the resident's glove when they need a refresh—just make sure not to touch their sterile glove with the packet itself.

Medicine: I had a patient yell at me during bedside rounds, and despite my best efforts, I let my tears come down in front of the entire team. I spent the next 20 minutes sitting on the floor of a back hallway hyperventilating, luckily with the support of my fourth-year medical student. I was given permission by every person on the team to drop that patient, but later that day I decided to go back and talk to him about what happened. After that, I kept taking care of him, and I'm really glad that I did. The next time he became verbally aggressive, I didn't have the bandwidth to handle it, and I told him I had to end our conversation and I would come check on him the next morning like usual. My advice: it's okay to forgive patients who make mistakes, and it's also okay to set boundaries. What you can take on varies from day to day, and it's important to know your limits. But keep in mind it's sometimes the "difficult" patients who will teach you the most, and your interactions with these patients also show others on your team your ability to be compassionate.

I hope something I shared with you will ease some anxiety, or at least remind you that you are not alone in this experience. You have a long, but unforgettable and meaningful year ahead.

Sincerely,
Tessa Hennesy

Dear Student,

Congratulations on making it to this milestone! If you are any bit like me, you may already be thinking about this next phase with varying degrees of excitement and apprehension. However, I hope you can find the mental stillness to pause and bask in your accomplishments thus far.

As I reflect on my third year, a meme comes to mind. It's a video of a man going down a children's slide at a playground. The slide has a lot of tight turns. As the man slides down and gains momentum, his body gets whipped back and forth, and the next thing you know he has been flung off the side of the slide and erratically rolls on the ground until he comes to a stop near the base of the slide...Okay, so maybe you need to see the meme to fully understand, but my clinical year felt a lot like that man's ride. Each turn of the slide was a new rotation at a new hospital where I had to meet new people and find where the microwaves and restrooms were- both equally important. Just as I felt comfortable, the rotation would end. Change was inevitable. But the year flew by, and somehow, like the man on that slide, I stumbled and rolled my way to the end. And you will too! Here are my reflections for you to help you stay on that slide all the way to the bottom.

Let's start off with some practical advice. Pocket-sized snacks are essential and should be stashed in all pockets of your white coat or scrubs. Nothing is worse than feeling hangry 1 hour into morning rounds and breaks for lunch can be unpredictable. Let go of any preconceptions you may have regarding what food is appropriate to eat at what time of day. I pulled a lot of string cheeses out of a lot of pockets to eat as my second breakfast at 7:30 AM. You will be on your feet a lot, so set yourself up for success by not letting hunger wear you down. Speaking of pockets, my other piece of practical advice is something to avoid putting in your scrub pockets: Chapstick. The number of Burt's Bees that I unintentionally returned to the scrub machine is shameful. Who wants to spend \$3.50 a week on replacement Burt's Bees?? Maybe you'll remember to save your Chapstick better than I did but keep a close eye on it regardless.

Alright, how about more serious advice. I remember feeling extremely nervous before starting my clinical year. Maybe you are not feeling this way at all- in which case I could use a letter from you! Either way, feeling nervous is to be expected. I was nervous about not knowing where to go, who to speak with, where I would put my backpack- all that logistical stuff. I learned that those sorts of unknowns would bother me less as the year went on, and I got used to adjusting to different environments.

You will interact with so many people this year, and honestly the interpersonal skills and challenges are equally a part of the experience as the medical knowledge you will gain. So what's my advice around this? Just be enthusiastic. Yeah, medical knowledge can be impressive, but enthusiasm says even more. Even if you think you know which specialty you will pursue, show enthusiasm during all the rotations. And if you find yourself in one that you are not enjoying, take a deep breath, and remember that it will end. It will in fact be over eventually, and your life will move on. But in the meantime, I challenge you to still appreciate the experience you are getting. For me this was surgery. I quickly realized it was not for me, and the long hours were draining. I had some very tough days, and days when my attitude was not the brightest though I tried to take a step back from the grind of the moment and realize how cool it was to see the inside of the human body! Those experiences are irreplaceable and limited, so soak it up!

My final piece of advice is the idea of starting some sort of patient journal or log that you can jot down the stories of patients who left an impression on you- obviously HIPPA compliant. Maybe it's an actual journal or maybe just a note on your phone. This is something I did, and it was pretty meaningful to look back over it and be reminded of the more humanistic moments from the past year- the moments that really made me feel something. I wrote of a young undocumented father of two who presented relatively unconcerned with easy bruising but was then diagnosed with AML. He spent weeks in the hospital unable to see his children because of COVID visitation restrictions. Through all this, he never had a sour attitude. I'll remember the tears we shared when I said goodbye on my last day of the rotation- realizing those were the only tears I ever saw him shed and wondering if he would leave the hospital alive. I also wrote of one of the last patients I took care of third year: a 94-year-old holocaust survivor. He had been just twelve-years old when forced to relocate to the Warsaw ghetto. He was assigned to work in a hospital, which is what spared him his life, but his father and three brothers were not so lucky.

So, to wrap it up, you are going to do just fine! Whatever emotions you are feeling is normal. You are ready for this, and your peers and the faculty at CU are here to support you. You will grow and learn a lot about yourself this year, so don't be afraid to put yourself in uncomfortable situations. A year from now you'll make it to the bottom of that slide! You will!☺

A Fellow Student
(Natalie Lays)

Dear Clerkship Student,

If I were to give you advice, I would tell you the same thing I would tell a first-year medical student starting medical school: "There are three things you need to do. First, take care of yourself. Second, don't compare yourself with other people. Third, all you need to know is in pre-made Anki decks and question banks, feel free to ignore everything else." That is it. That is my advice, and it mostly works for this year.

There is a problem though. The challenges of this year are on a whole different level. How are you going to take care of yourself when you feel overwhelmed so often? How are you not going to compare yourself to other people when your grades are literally a comparison between you and your peers? How are you going to do Anki and thousands of questions when you are expected to work full-time and constantly learn about your patients' conditions?

The answer is: you learn, you try, and you accept. You learn the most you can. You try to apply your knowledge, hard work, and compassion. And you accept that your experience may not be ideal, but as the year passes you are closer and closer to becoming that great doctor whom you want to be.

As the clerkship student, there is not much you can control: not your hours, not your team, not your patients, and not your clinical grade. It is going to be exhausting and frustrating. So, what can you do? As cheesy as it may sound, you embrace it. Inevitably, your year is going to be both exhausting and enriching, and by the end of it, you will almost be ready to be a doctor. You are there to learn, and you may only have that experience once in a lifetime. If you are in the mindset that the most important thing is to learn and to help your patients, your year is going to be more fulfilling, rewarding, and exciting.

Just don't forget to take care of yourself in the meantime.

Hug,
Helio Neves da Silva
GHHS

Dear Clerkship Student,

This year will be one of the most transformative experiences of your life. You will be intimately involved with the beginning and end of human life as well as all the intricacies along the way. You will grow personally and professionally and will be challenged daily. It is more mentally exhausting than you could ever imagine. But it's also the last time you will be in this position. So, I encourage you to live mindfully during this time.

When you're sick of getting up at 4am and standing in the OR for 8 hours when you *know* you don't want to go into surgery, appreciate that this may be the last time you get to see a live beating heart (and even hold it)! When you're in family medicine and all you want to be doing is acute critical care, appreciate that for two short months, you get to help prevent those patients from being yours in the future. And remember that working with the worst attendings (rare) and trudging through the worst rotations is temporary. It's all temporary. And it goes by SO FAST.

However, with that said, keep an open mind to each specialty. Keeping a journal throughout each rotation can show you during which times you were happiest, and this can be helpful if you're deciding between specialties at the end of the year.

I also encourage you to learn as much about the healthcare system and healthcare policy as you can during this time. You get access to providers in multiple settings, and they each have a unique perspective on system problems. Ask them about it!

Finally, you will hear that this year can be lonely. This is true. Make plans early and *keep them*. Oh, and invest in good shoes for standing and always keep some snacks in your pocket for rounds. Have so much fun! It really is a blast!!!

Cheers,

Solana Archuleta

MS4 and future EM doc ☺

Dear Clerkship student,
Go get them a pair of shoes.

Look, I am not certain how so many patients are hospitalized without shoes, and yet I have had multiple people state that their biggest concern to being discharged is the fact that they don't have any shoes to wear home. I had a 90-year-old gentleman request, in the most serious tone, that he would like a pair of shoes just like mine. I looked down at my plain brown slip-on shoes with excellent arch support, I didn't know if I should be flattered. In these moments, the patients weren't concerned about their diagnosis of AFIB, their infections with MDRO, or what follow up visits will look like for their pemphigus vulgaris. Nope, they cared about a basic human necessity- that they would have shoes on their feet when they left the hospital.

Your patients will most likely not be impressed that you can differentiate metabolic acidosis from a respiratory acidosis, pick the appropriate antibiotic based on culture data, or that you got a fabulous exam score or that you wish you would have done better on your shelf exam. They will remember your ability to listen to their concern, act on it, and make that one part of their hospitalization easier. As the medical student, you have the time to listen to the concerns your patient tells you that probably won't make it into your SOAP presentation on rounds. Please don't think that these things do not matter. They do matter to the most important person: your patient. Then, I would encourage you to solve the problem. By the nature of being medical students, we are natural problem solvers, so here's a great opportunity to act on that ability. Find the room with clothing donations or volunteer office and go get them a pair of shoes. Finally, deliver them to your patient. Apologize, if necessary, that unfortunately, you both cannot have matching shoes. It's also okay to fold up one of their extra pairs of hospital socks on the bedside table to make sure they have socks at home too.

This year often seems like a time when you struggle to "feel useful" because so much of what we do, "doesn't count." Yes, your notes don't count for official billing purposes. By the virtue of having time to spend with your patient, you can learn about what your patient truly *needs*. Not what you, the resident, or attending thinks they need, but what is causing them anxiety, stress, or burdening them from being healthier out of the hospital. You have the time and abilities to make a meaningful change for that person, and I think that counts for a lot more than a billable note.

Mattie Kerns

AFTERWORD

We are deeply grateful for the thoughtful and creative 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 students as they navigate this challenging phase in becoming a physician. We would like to thank all the students who were willing to share their thoughts and experiences to support their younger peers. 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 the *Notes from the Clinic* publication. 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. 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@cuanschutz.edu) and Dr. Anjali Dhurandhar (anjali.dhurandhar@cuanschutz.edu) for consideration for publication. The submission deadline is June 1, 2022. If accepted, your letter can be included on your curriculum vitae as a publication. We look forward to your letters!

