Letters to a third-year Student

From The Class of 2011
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There’s always the possibility that we will come to a new understanding and to perceive the body as a primal mystery and therefore sacred. Again and again, in patients deformed or ravaged by disease, we are stunned by a sudden radiance. This is not always comforting; there is terror in occasions that lift the veil from the ordinary world.

Letters to a Young Doctor, Richard Selzer MD
Letters to a third-year Student
2011

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When I completed my third year of medical school at UTHSCSA in 1999 it was a mixed blessing. Although I was certainly relieved and excited to be moving forward, my wife of two years was about to start her MS3 experience allowing me to enjoy the “thrill” all over again… and of course she wanted advice… and of course I had little.

My first offering was for her to consider the gamesmanship of oral patient presentations. I told her that when she presented her patients to attendings, she should take a deep breath and start talking with the goal to make it through assessment and plan uninterrupted. If she could make it through then she won the game. If she was disorganized or uninform ed and her attending’s eyes glazed over and shifted to the resident then she lost the game. I think she won every game that year. My second piece of advice was telling her that the goal of every first day of every clerkship is to make it home. First days are tough and medical education has a thousand first days. Home is safe.

Needless to say I think these were both well intended but pitiful offerings. However, I would suggest that advice about the third year of medical school is tough to give. The reason for this is that each of you will have a different experience. You will have a different experience from me, a different experience from my wife, and a different experience from each other. You will have your very own experience which will be the experience you create for yourself. The heart of this experience is the doctor-patient relationship, the connection you allow yourself to establish with your patients. Over the course of the next year your attendings will present you with about five hundred opportunities to establish a connection with a patient in inpatient and ambulatory settings. Many of the letters in this manuscript allude to these connections.

Some describe medical school, particularly the MS3 year, as a transformative experience. I don’t think medical school changes who you are. I think medical school takes who you are and magnifies it times a hundred. Year after year our school is blessed with a smart, passionate, beautiful entering class. Year after year I watch that same entering class go through the third year of medical school and emerge exponentially more so. The reason for this is five hundred doctor-patient experiences. One year, five hundred connections. Good luck.

Kindest regards,

Jason E. Schillerstrom, MD
Director, Psychiatry Clerkship
UTHSCSA, Class of 2000
Letters to a Third Year

When I was reading the previous Letters to a Third Year, there were many articles with similar advice and stories. I wrote this article with advice and facts about third year that I would have wanted told to me.

MS1 and MS2 years were basically studying and taking tests with lots of free time. MS3 is the same but you have an 8-5 job without getting paid. So be prepared to have less time to study and hang out with friends. The key to getting an “A” in third year rotations is doing well on the shelf exams. These are the exams you take at the end of each rotation that weigh an average of about 35-40% on your final grade. The other parts of your grade come from evaluations from attendings/residents, midterms, and quizzes (only on some rotations). Evaluations are not hard to get a decent grade in. Just follow all that other advice that other students wrote in this book, Dr. Keeton, and other MD’s and MS’s. These shelf exams are the “limiting reagent” for an “A” so pace yourself on going through review books and question books/banks for each rotation. Get at least one good review book and one question book/bank as questions are very important. So in conclusion, if you want an “A,” you HAVE to prepare for the shelf tests.

Random Advice: be punctual; be interested; work hard; be confident; know the acronyms (RRR, CTAB, PERRLA, etc); be nice to everyone including patients, nurses, and other students; never throw the other student under the bus; read during down time; be proactive and volunteer for procedures and seeing patients; get an iphone; and keep your usual habits like exercising, watch TV, going out, etc appropriately to the amount of free time you have to stay “normal” like your other non-medical school friends.

Surgery: There are quizzes and a midterm in this rotation do well on those because those are easier than the shelf to get higher grades in. In General Surgery, be prepared for the longest hours, lots of profanity, and doing SCUT work. If you want to impress, learn how to suture before you step into the OR, know your patients WELL, and read about each case. Also, the chief resident has significant input into the attending evaluation, so impress the chief. I used/recommend NMS Surgery Casebook, Case Files Surgery, Appleton & Lange Review of Surgery (question book), USMLE World questions, and the Pestana packet they give you.

Internal Medicine: I am just starting IM so not much advice. From this point during the rotation, I know that one must know the patient WELL, show compassion, and read articles. I am using/recommend Step Up to Medicine and USMLE World questions (>1000 Q’s).

Family Medicine: The rotation with the UT Medicine attendings is very good. They are nice, do good teaching, and are generous with grades. Just read a little and be interested and you’ll be good. I used/recommend Case Files Family Medicine, ‘Ambulatory Medicine’ section of Step Up to Medicine, and NMS Q&A: Family Medicine.

Ob/Gyn: Doing ob/gyn in Harlingen was one of the best decisions. I feared going to the little rural town of Harlingen, but free housing, gas money, and free food in the doctors’ lounge was well worth it. Also the attendings are very laid back, teach with enthusiasm, let students do practically any procedure, and create a non-stressful environment which I thought was more conducive to self directed learning. I heard horror stories from UH ob/gyn with mean/cranky residents, a week of night float, and not getting to do many procedures. I used/recommend Blueprints Ob/Gyn, questions from the website they give you, and USMLE World questions. Lastly, carry an ob wheel!

Pediatrics: This is a chill rotation overall with cool residents. Most of the rotations in pediatrics are in Santa Rosa Children’s Hospital downtown so you can look forward to doctors’ lounge food. I used/recommend First Aid Pediatrics, Appleton & Lange Review of Pediatrics (question book), USMLE World questions.

Psychiatry: This is the most chill rotation you will have so plan your trips or do whatever to utilize your free time wisely. The shelf is a big part of the grade, so do not blow it off if you want an “A.” I used First Aid Psychiatry, Case Files Psychiatry, and USMLE World questions.
Harlingen: Although I only did one rotation in Harlingen, I would recommend going down there for whatever fields you have already ruled out. For example, if one wants to do surgery for sure, do the 4 6-week rotations in Harlingen. The benefits with free housing/bills, doctors’ lounge food, better hours, and respect that is given to an MS3 (MS3’s at UH are not given much respect) allow you to have more free time to study for the shelf exam, be more relaxed/less stressed, and actually have more hands-on experience with procedures. The disadvantage of going is that recommendations from doctors down there versus doctors at UH usually have less meaning as doctors at UH do research and are more well known in their field.

Most of what I have focused on thus far have concerned grades and the amount of time you (don’t) have. This is just information I wish I had been told by the people ahead of me. However, I will add that third year is a good learning experience because you actually learn real “doctor stuff.” As you will see, it is normal to forgot all the steps of the Kreb’s Cycle and such as most attendings do not remember that information from medical school either. Instead, you will learn how to diagnose and treat a patient, interpret labs and imaging, and learn how hospitals/clinics work. Take whatever information with a grain of salt from this article as it is from my perspective. Good luck with third year and always think positive as any one of you all are capable of doing well, especially if you have gotten this far.

Anonymous
Mr. Porter was my first patient on the medicine wards. He was a lonely middle-aged man who looked as though he was in his late seventies. He could no longer feel his legs due to severe peripheral vascular disease. The only sensation he had from his lower extremities was that of intense pain, which no drug could touch. Essentially, he was admitted to have an amputation—Mr. Porter begged to have his leg removed almost daily. As I visited with Mr. Porter every morning, I learned pieces of his story; he told me about Viet-Nam & about his adopted mother. We were becoming friends. He was pleasant and compliant—which had become a rarity on the wards.

After two weeks of vascular studies, Mr. Porter finally got the amputation he was begging for. That night there was a post-op mix-up concerning his pain medications…none were ordered, thus none he received. The first morning after his operation I found Mr. Porter sobbing in pain. Pain medication has just been administered after he spent a night writhing in pain. His roommates all chimed in, filling in how they had tried to help him. They all reported that the nurses ignored their pleas because no pain meds were on order in the computer. I tried to hold my tears back listening to this horrific story. A man just lost his leg, a body part removed and no one gave him something for pain. How could this happen to my friend in an American hospital…a hospital with doctors I knew to be good and caring. When I asked Mr. Porter if there was anything I could do he only requested “one of those cool hats the surgeons wear.” Easy! I spent all of table rounds pretending to take notes, all the while decorating a paper scrub cap for Mr. Porter. His eyes lit up when I presented it to him after rounds. I gave him an extra one to decorate himself. The next morning on rounds he was wearing the cap I made him. This made me very happy—this is what being a doctor was about…putting in orders and forming a relationship with patients...

A few days later there was a malfunction with the morphine PCA pump that Mr. Porter used. I saw him before rounds and he was extremely upset. I let him vent.

“You owe me!” he said angrily, “This hospital is crap! They wouldn’t treat me this way in ‘Nam”.

Profanities were sprinkled throughout his rant.

“I am sorry about this Mr. Porter, we will get a new machine right now.”

“You know what, you owe me...next time I see you, you’d better be in one of those little white nurse costumes. It had better be short and you had better be wearing red heels!”

“Excuse me?! Sir you are being inappropriate.”

“No, it will be inappropriate if you didn’t dress up for me tomorrow...you hear me...there had better be a little hat too!”

At this point I was livid. How dare he...a nurse?! The profanities, the audacity to speak so inappropriately to someone who was young enough to be his daughter. I couldn’t control my tongue and lashed back, putting Mr. Porter in his place with a quick lecture on respect and dropping a few profanities of my own.

The room grew quiet. I simmered down. He did not apologize or acknowledge that he did was wrong. He tattled on me to my resident, who laughed at me.

Anonymous
A doctor died and went to heaven. When he arrived to the Pearly Gates he was shuffled to the end of a looooong line. He waited in line with his white coat and stethoscope…twiddled his thumbs and became very impatient. He walked to the front of the line and found St. Peter, “St. Peter, what’s the hold up? Why can’t I just go ahead and go in, I’m a doctor! I’ve done lots of good!” St. Peter told the doctor that he had to wait like everyone else and sent him to the end of the line. A few moments later the doctor noticed a man in a white coat with a stethoscope running to the front of the line. St. Peter waived the man thought without hesitation. The doctor ran to the front of the line to confront St. Peter. “You just let that other doctor through!! What was that all about?!” Peter replied, “Oh that was God… he just likes to play doctor sometimes.”

This is a joke a patient told me before he would let me listen to his murmur.

*Anonymous*
Sleep. If I had to sum up my advice for 3rd year with one word, sleep would undoubtedly be it. Remember when you could sleep through classes as a MS1 or MS2 hiding in the back? Or simply not go and make it up through podcasts and studying by yourself? Well, forget thinking waking up at 8 am is the worst thing in the world. Abandon all thoughts of sneaking into that 11 am class by getting up at 11:30. You’re going to love and sadly, get very excited about an extra hour of sleep any time of the day, any day of the week—pretty much any hour you get.

If you want to be familiarized with every Shelf exam, try for Medicine first as every clerkship exam is Medicine-based. This was especially noticed in Surgery and Psychiatry.

Go to Harlingen or McAllen...for something. As my roommate put it, it is “YOUR DUTY to serve our satellite campus for the underserved.” What that really means is by golly, go down there if you actually enjoy fun and relaxation and working directly with attendings. (and not hating your 3rd year life like many of your peers) Spanish is not a must and it’s not as desolate as people made it out to be. McAllen is like the new 6th St while S. Padre is 45 min away from Harlingen.

OBGYN -- Drive real slow to park your car, even at 4:30 am when you’d think the campus po-po should be elsewhere doing something more important. Other than that, the horror stories about this rotation were overhyped. Since I had it first however, I was extra careful and addressed all the residents as Dr. ____, which they never bothered to correct (other rotations usually had us just call them by their first names). It was the rotation where everybody (aka the female residents) seemed more on edge. There is a painstaking amount of dead time during Gyn triage so try to study. Nobody liked making patient lists. Always be ready to catch a baby even if you’re not dressed for it. Don’t scrub in with your white coat on. Read Case Files, Blueprints, and do USMLEWorld Q’s. I did only fair on the shelf anyway.

PSYCH – Feel lucky if you get to rotate at San Antonio State Hospital (SASH). They had only recently opened it for students after a 10 year hiatus. But for those who enjoyed Shutter Island or playing Batman: Arkham Asylum, it’s the closest you’ll get to seeing REAL crazy $#@%. Patients behind metal fences, team takedowns, etc. Granted, you’ll probably have to study more for the shelf but the experience itself is worth the 30 min drive. Otherwise, you’ll probably learn more exam-stuff elsewhere (ie, UH, military sites, etc). Pretest, USMLEWorld, etc.

SURGERY – Really depends on the team. You get good interns and good residents, you’ll have an awesome time. They recently revamped the curriculum at the VA hospital so students weren’t working from 4 am until 7 pm every day. Heard mostly great things about doing private practice. Heard mixed things about UH. Rounding is a piece of cake compared to Medicine and you can laugh at the Medicine students who are still in front of the same patient door presenting for the past hour. Walk with confidence—it’ll show. Confidence does not equal d-baggery. Lots of dead time in UH Trauma so try to study when you’re not busy cutting some poor schmuck’s clothes off after a MVA. CT lady and Trauma pit nurses can be feisty. Pestana packet, Pretest, Case Files, Esterl notes, USMLEWorld.

PEDIATRICS – Get fed at Santa Rosa—fed well. Rounding is a pain, however and takes forever unless your attending is efficient. I also did outpatient at BAMC and Wilford Hall. Military students are friendlier to each other than UTHSCSA students are to each other. People in general are a lot nicer and willing to let you do a lot of things—“see one, do one, teach one.” Wilford Hall nursery allows you to do many circumcisions; not so much for UH. They even let you intubate ferrets if you are lucky. Pretest, Case Files, USMLEWorld.

FAMILY – Did mine in Harlingen with two different private practice attendings. When you drive down there and are greeted with the sight of palm trees and sunshine, all thoughts of cramped and structured San Antonio disappear. You literally feel like you’re on vacation. Yes you will work and you will learn, but it was overwhelmingly made up by lots of R&R. Kind of depressing to return to SA once it’s all over. Trust me. You will see basically everything and even get to do procedures. A really good wrap-up of all the other clerkships. Can’t really pinpoint what to study for this since you need to know everything. Pretest, Case Files, Step-up to Medicine.
MEDICINE – Just started on ambulatory and enjoying the similarity to this and Family Medicine. I’m sure that’ll all change once Inpatient starts. The hours are rough and the rounding is rougher. This is the one rotation where you’re really tested on how much medical knowledge and concentration you have. Heard it’s a great preparation for Step 2. It’s a great preparation for every other shelf. You will most likely glare enviously at the people in scrubs who round for 1 hr at most (see Surgery above). Step-up to Medicine, Case Files, Pretest, USMLEWorld.

Just remember: 3rd year is technically the year for us, as students, to just get exposed to all the things doctors do on a daily basis. You really can’t get into trouble; most of the hard work is done by the intern. Follow Dr. Keeton’s advice but by the second or third rotation, you’ll know which ones to really pay attention to. No real need to be that super-gunner or super butt-kissing student. If residents tell you to go home, go. And reclaim your sanity.

Anonymous
Can you remember exactly why you wanted to become a doctor? After the first two years of medical school, I didn’t care what I was doing as long it was something other than reading more textbooks or attending more lectures. While I knew third year did encompass lectures and SHOULD incorporate more textbooks, I was nevertheless excited for something new. It was the start of a new chapter; an exciting time to get out into the real world and try to find my true passion in the global field that is medicine.

The first week of each clerkship was flat out exhausting for me. I didn’t know where to park, what bus to take, how to use the computer, where to find my team, how to look up labs, or most importantly ask the right questions to my patients. I went home at the end of everyday and just slept. My favorite hours while at work occurred between seven or eight and noon. This was time spent checking on my patients overnight, looking up labs and tests, and rounding with the whole medical team to discuss the days plan. On the other hand, I absolutely dreaded the afternoons. It was all about writing notes, orders, and putting in consults. All I wanted was a nap and each day quickly turned into Groundhog Day for me. In a way, I became programmed to see my patients in the morning, write their notes in the afternoon, and get out of there as soon as possible. That is, until a sweet little old lady and her husband reminded me of why I wanted to become a doctor.

I was on my internal medicine clerkship at the time. It had been a typical long day and I was looking forward to going home as usual. At about that time, I was told that we had a new patient and it was my turn to do the history and physical. Reluctantly, I walked down to the MICU at the time I saw an elderly woman sitting with her husband who was asleep. I introduced myself and apologized that I needed to take a history from her as I was the fourth person to do so. She kindly agreed and we began talking about her husband who was 89 at the time and having problems breathing. We must have sat there and talked for two hours before visiting hours were up. We obviously discussed his husband’s medical history, but she also told me stories of how they grew up together, his trips overseas to fight for our country, and their life together in retirement. They had been married for 64 years, shared so many wonderful experiences, and frankly I was just impressed with how she was handling everything at the time.

For the next two weeks I would eagerly visit them in their room a couple of times a day. I would inform them of the plan for that day and how he was doing, but more importantly I would just sit there and listen. They were fascinating people and just listening meant more than anything any doctor could have done for them at the time. Ironically, I benefitted the most as they were a daily reminder of why I came to medical school in the first place. For a few hours every day, I forgot about diseases and treatments and just let my natural instincts to help, take over. As a third year student there were only so many medical interventions I could offer. The time will come when we can perform unsupervised bedside procedures and administer medications. However, at this time I could always just sit there and listen. Unfortunately, my rotation finished before the couple had gone home. It was an emotional goodbye, but we were all so thankful for the time spent together. This was a defining two weeks for me, in my pursuit to become a doctor and they were a couple that I will never forget.

When you find yourself bogged down this year with notes and orders, take a step back and think about the reasons why you wanted to become a doctor. Think about the people who helped you along the way and go talk to a patient and their family. As a third year student, it might be the one year in which you have time to sit and listen. Interns and residents are just too busy with other things. It’s easy to get so stressed about upcoming tests, and worried about impressing your attending that we forget why we are here in the first place. While the information is obviously critical to becoming a competent physician, remind yourself that practicing medicine is more than just memorizing books. It’s about compassion. Sometimes all it takes is a daily reminder from a patient. Ironically, they are the ones that typically have the answers.

Anonymous
To 3rd year students:

Welcome to what you have been waiting for…. Patients. It will be the best year of medical school by far. You will finally get to start doing everything you wanted to do since you got here. Don’t worry you are ready. I know you thought ACES and CAP were pretty silly but they really do prepare you well. 3rd year is full of excitement, learning and fun, but rest assured you will work your butt off.

I think that medical students have to be the only indentured servants left. You will always find yourself walking two feet behind someone. It is true that some days you will think why did I get myself in to this? But others will remind you that all your sacrifices are worth it. You will remember that there is nothing you could ever see yourself doing—that being a doctor is everything you thought it would be.

I guess my advice for third year is pretty basic. First, be a team player. Make sure that when you are done with your work that you can help people with theirs. The only way to get everything done every day is to work together.

Second, make sure to ask questions. This is an acquired skill. You should not just ask anytime. Make sure you ask when rounds are not going on too long, when you know something about the topic you are asking about, when it’s a question that could not be looked up. Questions are also a tricky topic because you don’t want to slow other people down so make sure your team has a light load or you ask when most people have left so as to not make people wait on you.

Third, always have a clean white coat—at least when you first meet your attending. It is a good idea to make sure you look put together even if you don’t feel that way. If you look disheveled, not matter what you say will sound that way too.

Fourth, be yourself. It’s important that you get to be you around your attending, your team, and your patients. You got into medical school here because people thought that you would to a good job being part of a health care team. So just be you and everything will work out.

Have fun. I know sometimes it will be hard, but third year really is as great as everyone says. Enjoy.

Shari Barnett
Letters to a third-year student • from the class of 2011

To the class of 2012,

“Good judgment comes from experience. Experience comes from poor judgment.”

Many times my dad has said this to me. But it wasn’t until I heard a surgeon say it, in the OR, during third year that it really stuck. There is truth to this statement that I cannot even fully understand as a soon to be 4th year medical student, because I’m not quite at the good judgment part yet. But I can relate to the poor judgment part. As a 3rd year you will find yourself in many situations where you have absolutely no experience from which to draw. You will have no idea what is the right thing to do. But the next time, you will.

As you’ve probably already discovered each year of medical school is different from the one before. Third year is SO different but SO much better than first and second. Here is my list of observations and advice that will hopefully give some insight.

1. Get ready to feel like an idiot, most of the time. You are doing histories, physicals, presentations, etc. along side residents and attendings who have much more experience than you do. Of course, they are going to do it better than you are.
2. The learning curve is steep.
3. Make it your goal each day not to slow anyone down. Your residents and interns have a lot to do, if you can help them get their stuff done quicker you will be appreciated.
4. Be organized. Find a system that works for you and stick to it so you know all of your patients or at least know where to find the info you need.
5. Being on call/working all night isn’t as bad as it sounds.
6. Be assertive. Don’t be afraid to ask if you can do procedures, ABG’s, place IV’s, etc. And try to watch as many procedures as you can because the first thing they will ask you is “have you seen one done?”
7. Not all attendings are created equal. An attending who takes time to teach is a luxury.
8. Codes are intense. And they will call out for medical students to give compressions, so be ready.
9. You will probably see somebody die.
10. Surgery can be really fun even if you don’t want to go into it.
11. Grow thick skin (especially on surgery). If you are going to cry, don’t let them see you.
12. Keep an open mind. The field you knew you’d hate may surprise you.
13. Sleep when you can.
14. Everyone gets a bad eval at some point.
15. Don’t be afraid to seek feedback. It is better to hear it before your eval.
16. You can learn a lot from just watching attendings and residents.
17. Respect the hierarchy.
18. Make yourself known and be a part of your team.
19. By the time you finally feel like you know your team and work well together it is then time to move on.
20. You will make unexpected friends with classmates you never thought you’d get to know.
22. Go home when you’re told to.
23. Private practice physicians/surgeons really like to talk politics.
24. Don’t be afraid to say “I don’t know” when getting pimped. Not knowing is sometimes better than being wrong.
25. Your hours might be terrible but remember then interns always have it worse than you do.

So here’s to getting the poor judgment out of the way. Good luck!!

Elizabeth Bendig
Dear Third-year medical student,

First of all, I would like to commend you for taking the time and having the humility to appreciate the words your peers. This is a step in the right direction for 3rd year as you will be getting a lot of feedback for the next year. Feedback is different this year. Awesome is assumed. Hardworking is expected. Intelligent is not an option. People have been telling you how smart you are for your entire life. Remarkable intelligence is especially prevalent in your class and regardless of how much you deny it or compare yourself to your gunner classmates, being smart comes naturally to you. Now that you are confident in this gift, get over it! This year is about learning how to be dumb.

An early lesson, which I recommend you learn right now, is that my best teachers during 3rd year were my nearest peers. Greenhorn interns, relaxed 4th years, and your cortisol-junky classmates will stereotypically have the most similar experience to your own and will be better at relating to your experience and teaching toward your struggles. Share your learning with your classmates, especially if you learned from a mistake. Always, befriend your interns and 4th years and don’t alienate your classmates. Doing so will leave you stranded on a wooden door in a very cold ocean at night.

I have had two references to a 13-month year in my life. The first instance leads me to recall a beautiful memory of going to Ethiopia through the Center for Medical Humanities and Ethics during the summer of my first year. “13-Months of sunshine,” is the outdated but remarkably inviting Ethiopian slogan that helps to justify their retention of an incompatible 13 month calendar. The practice was instituted in the 18th century and the 13th month is only 5 or 6 days in length. They have retained numerous traditional practices which have helped keep the country very unique. The second reference was encountered when I was where you are now. I was eager as a Parson’s terrier, anxious, waiting to encounter real patients that weren’t disguising their pathologies in OSCE theatrics. At the mention of 13-months of rotations, I instinctively voiced several profanities under my lips. I was unwelcoming to the idea of being in the grips of the rotation coordinators for such a long time, and impatient when considering that it would take that long to earn my 4th year wings. The year, honestly, lasts 53 weeks (12 months and 1 week) when you include didactics and a 3 week Winter break. Please don’t concern yourself with the length because it will be over before you are ready.

The most difficult lesson learned during 3rd year is that you are always wrong, or at least it seems that way. You are the dumbest, most confused person in the hospital. You have no place, position or status. Four or more people will be responsible for your learning at one time which frequently leads to procrastination and missed lessons. Nurses want their computers back and regularly appear to be mocking your confusion with their “obvious” methodologies. Patients tell you one thing, frequently in Spanish, but tell the attending something completely different and luminary. Your haplessness will seem hopeless, but it is not. The more lost or wrong you are and the more risks you take, the more often you learn and correct your mistakes in future situations. Experience is the best method of learning. Your experience is critical during 3rd year; try not to revert to the old, 2nd-year practice of hiding in a textbook. For example at the very beginning of our spring semester on Ob/Gyn, I could not figure out how to get better grades during 3rd year. My results the previous semester were irregular and fluctuating, so I focused on older methods of improving knowledge. I found the best books, read them twice and prioritized practice questions with holistic explanations. Focusing on knowledge in textbooks did not improve my grades. While studying, I missed 3 major surgeries which involved hours of close contact with the chief residents and attendings. I could have used the time to help me decide to go into ob/gyn, or to provide me with natural methods of remembering important aspects of ob/gyn. Instead, I ended up spending the time reading blueprints, earning another “B,” and losing the opportunity to decide if I liked ob/gyn or not. I will leave you with a simple suggestion. Find yourself this year! What kind of doctor are you? I heard more half-crazed suggestions and awful advise during my transition to 3rd year than I had heard in my entire life. Listen primarily to yourself and head full force into your rotations without expectations. Try to experience as much as possible, and
grow from every criticism even if it seems futile. I wish you all the best and I am confident, based on my past experiences with you, that you will make excellent doctors. Use this year to find the doctoring that fits you best.

Sincerely,

Alan Brown  
Medical Student  
UTHSCSA
Dear future MS IIs,

You should be so proud of yourself right now! You have completed the most dreary half of your medical school career, and are now standing on the brink of excitement! You are finally here. You are finally at the point where everything you have learned over the past 2 years can finally be put into practice. Here are a few thoughts and random advice I have realized over my third year that I would like to pass on to you.

1. I cannot tell you how many “aha” moments I have had during the past year. How many times did something I had hazily read over three million times in the past 2 years SUDDENLY make perfect sense! Being tested on something does not mean you “know” the material. I have learned that the hard way. It is really exciting, though, when things finally come together in that “aha” moment and you realize you really do know more about medicine than the average Joe. This is one of my favorite aspects of 3rd year.

2. Be yourself! I think you need to work extremely hard during 3rd year to impress your residents and attendings, but I also think you need to be yourself and let your true personality shine through. Don’t just be a robot. Every person I worked with appreciated getting to know me as a person throughout the process as well. Don’t forget they are people too.

3. Don’t be surprised by the loneliness 3rd year may bring. As much as I didn’t miss studying all the time, I did miss the camaraderie of all my classmates going through the same thing at the same time. Everybody “splits up” 3rd year, and it is easy to lose touch with friends that are on different rotations. Keep your relationships intact as best you can, or else you will find yourself only working and sleeping which is not good for the soul!

4. Trade out books with your friends. Everybody buy new books for the 1st rotation, write your name in them, and then trade them around throughout the year. You will save lots of money. All you really need is Case Files and Pre Test for each rotation.

5. DO NOT stress about studying until 2 or so weeks before the shelf. You learn so much throughout the rotation that is so much easier to learn in the “field.” You will only be wasting time to read it in a book too early. Learn as much as you can on site, then the last 2 weeks of the rotation cram in all the good details that you will be tested on.

5. Realize how awesome 3rd year is. You don’t have critical responsibility, you don’t have the time commitments of the residents, but what you do have is the ability to make a difference in your patient’s lives. You get all the perks with much less of the responsibility. Realize it doesn’t get any better than that.

Enjoy yourselves, medical students! This year will feel like it is creeping by at times, but do not wish it away. Learn as much as you can this year, and finish with no regrets. And whenever you get discouraged at your life and compare your schedule to your non-med school friends, just remember how many people would kill to be in your spot. It is a sobering reality. Never forget it!

Molly Burns
Dear Third Year Medical Students,

While on my Internal Medicine rotation one event particularly impacted me and reinforced why I want to be a doctor and I want to share it with you. A middle-aged woman, let’s call her Alysa, was admitted onto our service and was quite sick, but energetic and enjoyable to be around. She had pulmonary hypertension which is a progressively worsening disease with no cure other than bilateral lung transplantation.

When Alysa was first admitted to our service, it seemed like a routine hospitalization for her. She had been to the hospital several times for therapeutic thoracentesis to remove fluid from the space that encapsulates her lungs and relieve her worsened shortness of breath. However, this time the right heart failure associated with her pulmonary hypertension was worse and had caused ascitic fluid to accumulate in her peritoneal cavity. While she was in the hospital, we were also going to get the preliminary work-up necessary to place her on the lung transplant list, so she could seek the only cure for her condition.

On her first hospital day Alysa seemed hopeful and determined to entertain our team despite her dismal prognosis. On rounds we explained to her what we were going to do during her hospitalization and found her to be quite a character and enthusiastic to participate in any medical therapy that could alleviate her symptoms. Later that day we tapped her ascites to remove the fluid, and she was a champion throughout the procedure. She did not mention any pain even though we had to use a large needle to extract the fluid. Instead Alysa focused on chatting with us and told our team about her Greek heritage, what her name means, and how commonly she is able to visit Greece. Also, she stated her intent to be in the hospital only one more day because she knew her time was running short and she was eager to spend as much of it as possible with her young daughter and husband.

I was so captivated by her situation that I read everything I could about pulmonary hypertension, lung transplants, and theories explaining why lung transplants are the least successful transplants. Surprisingly, I found that several new methods to aid in donor acceptance of the foreign lungs are being researched right here at UTHSCSA by the thoracic surgeon Dr. Scott Johnson and his team.

The next day on morning rounds, Alysa appeared much worse. She was sitting up, looking uncomfortable and leaning forward, her breathing was labored, and the joking nature of her personality was replaced with an anxiety that quickly conveyed her situation was dire. Without any other options available, we were administering fresh frozen plasma to decrease her INR, and platelets to bring up her platelet count so that we could tap the fluid out of her chest without the risk of bleeding and hopefully ease the cause of her anguish. Before we could make it back to the team room to finish rounds and finalize the blood work necessary to ensure we could start the tap soon, a code blue was called. Someone in the hospital had stopped breathing. I immediately knew it was Alysa and with my team we rushed to her bed. The intensive care unit team was already there performing chest compressions. Alysa had seemingly “fainted” while sitting with a nurse and then stopped breathing and did not have a pulse. I felt helpless as I watched this chaotic scene unfold with the attending physicians clearly flustered that this young, healthy looking woman was not coming back despite trying all the advances modern medicine affords. Then after thirty grueling minutes of resuscitation, even though some were reluctant to stop, there was no hope of recovery and Alysa’s time of death was called.

As our team met with the husband and her one-year-old daughter to discuss this grave news a terrible sense overwhelmed me. While the husband wept in despair, Alysa’s daughter cuddled innocently into our resident’s shoulder. She was calm, sleepy, and unaware of what had just happened. It was then I realized what the loss of this woman meant to her family. This young girl would have to grow up without a mother and I, a medical student who had met her mom for only one day, would remember her mother more clearly than she would.

While in medicine we learn everything we can about the human body and how to cure its ailments, but the natural process we all are progressing towards is death. This truth, and our inability to interfere with that progression is sometimes very hard to take, especially in our younger patients, but it is inevitable and we should feel comforted when we do all we can to help. Alysa’s situation particularly affected me because I met her husband and held her daughter, and that insight into her personal life helped me understand the impact of her death.
As physicians we need to treat all our patients with that insight; they are mothers, wives, fathers, and brothers with families that love them. This perspective helps us focus on our patients as human beings and teaches us to treat them as we would our own loved ones, compassionately helping them, physically and emotionally, to our utmost abilities.

Enjoy your third year. It is a great experience.

Richard Cannon
Dear third year medical student,

Get ready. This upcoming year will be one unlike any other that you have experienced. It will be the fastest yet slowest year of your life. This is what you signed up for when you applied for medical school, right? All the awkward moments and taking commands aside, it truly has been a different kind of learning.

It does feel nice to actually get up and be out of the classroom everyday, however, you will miss the classroom when you are waking up at 4am and leaving the hospital at 6pm physically drained. I have really enjoyed working and meeting new classmates. During the first two years of school, everyone hangs out with the same group of people. Third year has allowed me to meet and work with classmates I would have never talked to in the lecture hall. It gets much easier to remember diseases when you can associate patients with the diseases. Plus, not only do you remember the disease, you remember how to treat the patient. My best advice to you is to go into third year with an open mind because you never know what you will end up liking (or disliking). I have been pleasantly surprised by many of my rotations so far.

Third year is also a true test of patience. The people you work with everyday will try to push your limits. There will be days when everyone from the scrub tech to the attending will act like you don’t exist. Just keep in mind that this is a temporary position; after a few more years, you will move up in the medical world. Try not to take it personally. I always just reminded myself that I will treat my medical students better when I am in their position. Smile, nod your head, and agree to whatever they are saying. Remember to lean on your friends for emotional support, and don’t forget to go out every once in a while to escape from the hospital!

Good luck to all of you! Third year will be here before you know it, and it will fly by quickly!

Janet Chen
Dear new third year student,

In deciding how to approach my letter, and what I should tell you to expect, I thought about the advice that I was given before starting third year. What I have realized over the past year is that there is no secret formula to doing well third year. There is no list of what to do, how to act, or what to study that will work for everyone. Each of my friends had a different approach to third year. Everyone acts differently on the wards, and interacts with residents and attendings in different ways. You will study differently than others study. Some books will work for others that won’t work for you. But the one thing that holds true for every third year is that even though you are at the bottom of the totem pole, you truly can make a difference in the lives of your patients. Because you have the least amount of responsibility on the team, you will have more time to spend with your patients. You will be able to get to know them and their families, and help them cope with their illnesses.

I realized this on my neurology rotation. I had been assigned to a new patient, Mr. T, who had been newly diagnosed with Amyotrophic Lateral Sclerosis (ALS), also known as Lou Gehrig’s Disease. Immediately, I felt a sense of fear. ALS is a serious disease with a very poor prognosis. As I’m sure you remember from neurology, it is a progressive, degenerative disease of upper and lower motor neurons, which often ends with respiratory insufficiency. The average survival after diagnosis is 3-5 years. I was afraid to talk to this patient. How would I interact with him? What could we offer him? How would I be able to hold it together knowing that this patient had basically just been handed a death sentence?

I summoned my courage and went to talk to Mr. T. I walked into the room and Mr. T was sitting in his bed reading a novel. He was very thin and frail, with glasses and a weathered, ruddy complexion. I introduced myself and asked if I could ask him a few questions, and he agreed. It turns out his story was more heartbreaking than I had expected. He had begun to have “twitches” in his hands and arms about a year ago. He went to see his PCP, who kept telling him not to worry about them, although she had never seen anything like that. Eventually the “twitches” spread to his upper arms, legs and back, at which time she referred him for an EMG and nerve conduction study. He had the test, but never received the results. He had appointments with a neurologist to review the results, but for some reason or another, the appointments had been postponed or rescheduled for 2 months. He was very worried, and called the scheduling office. He just wanted to talk about the results of his tests and told the receptionist that he would wait all day in the ER if he needed to. The receptionist pulled up his file. “Mr. T,” she said, “You are the patient with ALS, right?” And that is how he learned of his diagnosis.

The purpose of his admission was to do diagnostic testing like swallowing studies and pulmonary function tests, and to get hooked up with physical therapy, occupational therapy, and PM&R, who would all be following him. He was a former navy seal, so it was very difficult for him accept his physical limitations. Mr. T had a daughter who would be graduating from college in the spring and he was concerned about living until the graduation. Mr. T’s physical exam was quite impressive. He had fasciculations all over his body, on his arms legs, back, shoulders, and even on his chest. They were constant. It looked as if there were little worms crawling underneath his skin.

Mr. T was an inpatient for 5 days. At first, he didn’t warm up to me completely. He didn’t really want to be in the hospital, and was frustrated with how he had learned about his diagnosis. He was a big coffee drinker, and he hated the coffee at the hospital so I brought him Starbucks coffee one morning and from then on, we were buddies. I went to see Mr. T every morning. We discussed the plans for the day, which tests would be done, and which consultants would see him. In the afternoon, I would come back and make sure he had gone to his appointments (and call and complain if he hadn’t). We chatted about his life, his past, his family, and his prognosis. He told me stories about his adventures and missions as a Navy Seal. I read everything I could find on ALS so that I could answer as many of his questions as possible, and when I didn’t know the answers I would look them up or discuss them with my resident or attending. During those 5 days, Mr. T’s attitude improved significantly. He had a dry, sarcastic sense of humor, and was always joking and laughing with me. He did complain about little things in the hospital, like the food and coffee, but never seemed to complain about his disease. He understood that he would likely die of ALS, but his biggest concern was how he would live out his remaining time. He wanted to make sure he would be as functional as possible, and wanted to prepare his house for the next few years.
I met Mr. T’s friends and wife and he introduced me by saying, “Here’s Erin, the med student I’ve been telling you about.” I was surprised that he had told anyone about me, a meager 3rd year student who visited with him a few times a day. I had told Mr. T about one of my favorite books, *Luckiest Man: The Life and Death of Lou Gehrig*. I am extremely biased, because I am a huge Yankees fan, but that book had always been one of my favorites. I knew Mr. T was a big reader, so on the day of his discharge, I gave him my copy of the book and wrote a little note in it. Lou Gehrig maintained his dignity and courage throughout his struggle with ALS. I hoped this book would help Mr. T in his upcoming struggle.

Before I left, Mr. T thanked me for all of the time I had spent with him and for all of my help. He told me that he had really enjoyed my company and that I made his admission more tolerable. I told him how much I also enjoyed our visits and wished him luck. As I was leaving he said, “You know, Erin, you’re going to be a great doctor.” I cried the whole way home that day, because I felt I had just made a new friend, and now I was losing my friend.

I share this story with you because when I started third year and began working on my teams, I didn’t feel that I was actually doing very much. I saw my 2 or 3 patients in the morning and wrote notes, but didn’t feel that I was actually doing very much. But after my experience with Mr. T, I realized that during third year, you have a wonderful opportunity to spend time with your patients and to really get to know them. Many of you went to medical school to make the difference in the lives of others. This year, you can finally make a difference.

Best of luck,

**Erin Cicalese**
Dear Third Years,

You are about to embark on one of the biggest journeys of your medical career: Third Year. Now I know all of you want to know how to succeed: how to get an A in Surgery, what books do you need for Medicine, how many times do you have to take call, is it true that you will have no free time...

While I’m sure that all of my fellow classmates will contribute their advice regarding these questions remember, above all, you’re here to learn what you can. Every day counts and every patient will teach you a life lesson that you will carry with you. So for once, stop worrying about your grades, and head these words of advice and trust me, you’ll pass third year and hey maybe even learn a thing or two.

Medicine: Where else can you learn to form your differential diagnosis? To learn how to treat patients in the inpatient setting is of utmost importance. Everyone here will spend some part of their time in residency on the inpatient wards. Always arrive early before resident rounds at 7am. Yes…get there at 6am (at least until you get the hang of things). Why, you ask; because the residents and interns look to you to know the most about your patients. Find out how the patient did over night, and yes, ask about their bowel movements. You might feel uncomfortable asking such questions, but I promise if you are confident the patient will open up and feel comfortable talking to you. Perfect your presentations with your resident, that way when you round with the attending you’ve already gone over it once, and you’ll be that much better. You will be giving presentations the rest of your life, so now’s the time to learn how. Learn how to perform a focused history and physical, no you don’t have to ask every question or do every part of the exam as you did in ACES, but think about your patient’s chief complaint and go from there. Yes, the attending and resident will pimp you on rounds, so read about your patients. Don’t be afraid to ask questions…just don’t be afraid to have to go look up the answer yourself on occasion.

Pediatrics: Now is the time to step out of your comfort zone and be a little silly. You will have to change your exam skills because really…once the baby starts to cry…there’s no way you’re going to be able to listen to their heart and lungs…so always do that first. Remember kids are people too and yes there will be nagging parents to ease as well. But again, the more confident you are, the more comfortable the parents will feel. This runs very similar to medicine but you get a glimpse of the NICU, inpatient and outpatient. And in the NICU you get the chance to catch a baby…and trust me it doesn’t get much cooler than that…well except on OB/Gyn.

Psychiatry: Of course all of you are looking forward to this “easy” rotation, but don’t be fooled. You may work the fewest hours, but don’t think that you won’t learn anything useful. Where else can you see patients in full blown mania or depression? This rotation can really test your patience, and will teach you the value of the psychiatric interview. Everybody will see patients in the future with psychiatric issues, so this is your one chance to learn the criteria and treatment. Not to mention, the stories are always interesting.

Surgery: So for those of you “not surgeons” out there…fear not. I was “not a surgeon” and will not be a surgeon. So now is the time to suck it up and work hard, but it’s really not THAT bad. I actually loved every minute of my surgical rotation…well ok, not every minute, but I really did like it. It made me actually rethink my opinion of surgery (for a little bit). Seriously though, yes you have to take call every 5th night and no I had never pulled an all-nighter. Trust me, you can do it. You can make it 24-30hrs without sleep. Do be careful driving home, but remember, this is what call is like as a resident anywhere the rest of your life, so now is the time to know what it’s like. Also trauma is exciting: thoracotomies, laparotomies, chest tubes, repairing lacerations. You’re going to find something you enjoy about the rotation. And the surgeons don’t all yell at you. In fact my surgical residents, attendings, and interns were some of the most fun people to be around.

OB/Gyn: Ok come on now, who doesn’t want to deliver a baby? This is one part of your medical career you don’t want to miss out on (besides you have to assist on 5 deliveries anyway). To do well: follow the board closely and don’t miss a delivery, they happen pretty fast. Also never be late to the OR. Go with the patient to the OR and scrub before the residents and be ready to assist. Don’t hog all the computers in the morning and
don’t wait for the resident to find you, go find them for morning rounds. Yes there is night float, but hey, babies are born at night and this is much nicer than taking call. 5am is early, but note that you are always done by 5pm and you have your weekends free.

Family Medicine: Where else can you learn how to manage hypertension or diabetes? This is the one time you can see outpatient medicine at its finest. You also can take a gander at 2 weeks of either geriatrics, maternity, or inpatient family medicine. It’s really your time to learn how to manage the things that bring people in to see the doctor in a non-emergency setting and learn what can be treated outside the hospital. Also you get to learn health maintenance and screening procedures and manage patients of all ages.

So all in all, the best advice I can give is: Dr. Keeton was right. Get there early, stay late. Don’t complain…nobody wants to hear it (wait until you are out of the hospital). The residents are fun but aren’t your friends so treat them with respect and call them “Dr. so and so” at least in front of the patient (if they ask you to call them by their first name you can, just again not in front of the patient). A lot of next year is team dependent, but going in with a positive attitude will help.

Best of luck. You’re going to love it!

**Leah Cohen**
To the new 3rd year class:

You finally made it. No more long days of lecture and studying all night. You are actually going to get to work with patients this year. It is what you have been looking forward to for so long, and now it is here.

By now you have probably heard the horror stories of General Surgery. I was assigned to team B at University Hospital. I am still not sure why I picked that because I had no intentions of becoming a surgeon, but here I was on one of the most grueling services about to experience 6 weeks of pure exhaustion. The first week was rough to say the least. I was up everyday by 4:30 am so that I could be at the hospital to pre-round on my patients and then round with our team. Before third year I was a regular 8 hour a night sleeper. I love to sleep, but when you don’t get home until 8 pm some nights, there is hardly enough time to study for an hour, eat dinner, see your spouse before you need to be in bed by 10:00 just so you can get 6.5 hours of sleep to make it through the next day.

Before 3rd year I never thought I was capable of surviving on such little sleep, but after a while (and a few tears of exhaustion at night), I learned that I really was strong enough to do it. Then came the 5th night, which means trauma call down in the pit and no sleep whatsoever. If I thought I was tired before, now I learned a whole new kind of tired. But the pit is amazing, and if you are lucky enough to work on a Friday or Saturday night when it is really busy the hours actually fly by. I would have never believed it, but some mornings when I got home I was still so full of adrenaline it would take me an hour to stop thinking about all the incredible things I got to see and do the night before. I mean you actually get to help save lives. It really is amazing.

However, the most amazing day for me on General Surgery was the time I got to “first assist” on a surgery. If you don’t know what that is yet, it works like this. On your team, there is the attending (who is usually bouncing between operating rooms and only scrubs in on the important stuff), the 5th year chief resident, a 3rd year resident, 2 interns, and then the three med students. So needless to say as a med student you mostly just watch because there are plenty of people above you to lend a hand if needed. However, one day it was just me and the chief resident in the OR. The attending was in a different room and all the other residents were either on their day off or scrubbed in on another case. So that day I actually got to really perform a surgery. It was a colostomy takedown on a recent immigrant from Africa with gastric cancer. When my chief handed me the bovie and told me to carefully cut through the mesentery around the intestine I thought he was crazy. I mean I don’t know how to do this… I’m just a 3rd year!! He responded, “Don’t worry, you will be fine, just don’t perforate the bowel.” Yeah, like that made me feel better. We finished the surgery and both thought it was a complete success.

The next day I arrived to check on JN. When I got to his room he seemed happy to see me. He learned my name right away and each time I left his room he always thanked me and said how grateful he was for our help.

On his 3rd day after surgery, it was about 5 pm, and my intern told me to go ahead and leave for the day. However, JN still had not had a bowel movement since the surgery and he had looked a little uncomfortable that morning, so I decided to check on him before I left for the day. When I walked into the room I smelled the most foul smell I have ever smelled in my life. I looked down and realized the incision from his surgery had burst open. I ran and got the nurse and my intern. We ordered a stat CT and sure enough his bowel had perforated. We called my chief resident and attending who came up immediately and we took JN back to the OR. We realized the bowel must have been perforated during the original surgery that I had first assisted in. Both my chief and I felt terrible. Here we were just trying to help this man, and it seemed that we had hurt him. We finally got him stabilized and back to his room. It was 11 pm at night and I had to be back at 4:30 the next morning, but I wasn’t tired. I felt such a strong since of responsibility to stay and help.

Over the next 3 weeks, JN had 7 more abdominal surgeries. I scrubbed into all but one of them. Everyday I went to see him he thanked me for taking such good care of him, and he always told me that he knew we were “doing our best.” He was just so grateful to be in the United States and in our hands. Over the course of the month he lost 25 pounds. He was obviously in pain, but in his culture men do not admit to pain. Everyday I asked him if he was in pain, and he would look at me in the eyes and just tell me he could manage it. On his 3rd or 4th surgery we had anesthesia put an epidural in for pain management. Although I know he would not admit that it helped, the next few days we could tell he felt better. Over his hospital course, he would have surgery after surgery to try to stop the leakage from his bowel. Nothing seemed to work. At the end of my month with him it was a bittersweet goodbye. I did not know what the future had in store for him. I later learned...
that he remained in the hospital for 6 more weeks. I ran into my intern several months later and she told me that he always asked about me by name. He wanted to know if I was doing alright.

My chief resident and I will never know what really happened in that first surgery to cause all the complications afterwards, but we knew that we had hurt this man who we were only trying to help. Everyday we saw him in that hospital bed we were reminded of that. Looking back, we realized we should have done a full hemi-colectomy instead of just an ostomy takedown. He had so many scars and adhesions from his previous surgeries in Africa that the intestines would never have worked properly. However, there was really no way to foresee this, and it did not excuse the fact that a mistake was made. One of us perforated the bowel, and neither of us caught it during the original surgery.

JN taught me so many things. He respected me simply because I wore a white coat. However, I gained his trust because I was the only one who had the time to sit and talk with him everyday. I learned about his family, his home in Africa, his religious beliefs, and how he found meaning in life. JN taught me that mistakes happen, but that the worst thing you can do is ignore them. I learned that when you or someone on your team makes a mistake, you have to be honest about it, and do your best to fix it. After almost 3 months in the hospital JN finally improved and was able to go home. Ironically, he left with an ostomy, which is what he came to the hospital to have removed in the first place.

Katherine Cox Ansley
Dear Future Clinical Colleagues,

As you embark on this new journey in your medical education, it is important to relax and enjoy the experience. All of you are being overwhelmed with advice right now, and many of you may still think that as a third year student you really can’t make much difference. I would hope this wouldn’t be the case, but I wanted to share two experiences that will hopefully reveal to you, that in fact even as a novice third year medical student, you can truly make a difference in your patient’s lives.

The first experience I want to share is with Mr. P. Mr. P was admitted to the neurology service early in my third year. I was following this patient and he came with the classic symptoms concerning for Myasthenia Gravis. As we completed his work-up, the EMG and antibody lab work came back positive. All the results came back late on a Thursday afternoon, and all the residents were required to attend a meeting. I was given the opportunity to present the findings and discuss the treatment options with the patient as there was no one else to do it at the time. Obviously, as a third year student presenting bad news can often be a very daunting task. As I began discussing the results with Mr. P and his girlfriend, I began to realize how much sympathetic words and reassurance are a huge asset in the treatment of patients. Mr. P and I discussed not only the disease process which as a third year you will understand, but also treatment. The reassurance that the neurology team would be available to help minimize his symptoms in the future provided additional comfort to Mr. P. As we concluded our discussion, Mr. P and his girlfriend thanked me over and over for coming and spending the time to answer all of their questions and help them to understand what this new diagnosis meant for their future. As I walked out of the room, I felt very rewarded, but the best feedback came immediately after as his nurse came up to me and thanked me for spending the time with the patient. She said “most of the doctors just walk in, stand over the patient, and give the news and leave. You spent the time to make sure the patient understood what was going to be done, and you listened to his concerns. Don’t ever forget how important that is to patients.” I never saw that nurse again, but knowing that the patient was very comfortable with his diagnosis and treatment made me realize that the time we spend makes all the difference.

My second example is similar to the first while I was on my surgery rotation. Ms. U was a registered nurse who had the unfortunate luck of having developed a small bowel obstruction secondary to her numerous previous surgeries for several different diagnoses. My Attending and residents were often too busy with our numerous more complicated patients to spend a large amount of time that a medically educated patient often requires. As I went in every morning for her very long 3 week stay in the hospital, I began to learn a lot about not only her illness, but the patient behind the disease. We talked a lot about her family, her job, and her goals. Obviously after surgery, there was very little to be done, but wait for her bowel to start working. It was during this time that the true art of medicine and healing occurred. She was so appreciative of the time I spent with her each morning that on the last day of her hospitalization, she was about to leave and asked the nurse if it would be possible for me to walk her down. As I took her down to her waiting car, she told me how much it helped her to know that despite how little she saw the Attending or resident she knew her concerns were being addressed, because I was always there to fight for what she needed. She said that despite a horrible hospital course, the brightest time of the day was when I would come by in the mornings and afternoons to check on her and see how she was doing. Again, the time we spend as students can make so much difference in patients’ lives.

Remember, even though you are just a student, you have the time and small patient load to spend the extra time it takes to know and understand your patient as a person. This makes a huge difference in the care you provide. Always be willing to spend the time, your notes and other responsibilities are nothing if you are not willing to know the person you are caring for in their time of need.

Remember that patients are people, not diagnoses!

Good Luck and become the great doctors we all know you can be,

Joe Dannenbaum
Dear Third Year,

Welcome to the year that changes everything. Well maybe not everything, but it is a lot different from any year that has come before it. The tag line for those silly MTV diaries where musicians take you through their lives and show you how much “work” it is to be them is actually one of those universal truths that people occasionally stumble upon: you think you know, but you have no idea.

That’s kind of what third year is all about.

Other people will write to you and tell you all the important stuff, what books to buy, what shoes to wear, what kind of breakfast cereal wards off unpleasant attendings. You’ll get those. You still won’t be prepared.

You might think that third year is all about passing the shelf exams, but it’s not. They are hard so do what you can to study for them. But that’s not the thing you will remember when this year is over.

Third year is not all about your attendings. Some rotations you will see them more than others. Some rotations your friend will take you aside 2 weeks into it and point out a tall morose looking man and say “that’s him,” and that will be the most interaction you will have with that attending for as long as you have are on the service. Other times you will shake their hand at the end and actually mean it with all your heart when you say “I am really glad I got to work with them.”

Third year is a little bit about your teammates. More than a little. If you are like me you are one of those students who had a small circle of friends and was perfectly content to just have a casual knowledge of the rest of the class. Whether you like it or not, that is about to change. Oh the bonds that can form during times of intense stress! You’ll keep each other sane. You’ll drive each other insane. You’ll be the one people ask for help, and you’ll ask for help from others. Your friends on the outside will try to understand and put themselves in your shoes, but your teammates walk along right beside you.

Your cell phone address book is going to expand exponentially. The start of every new rotation with new teammates means standing in a circle and introducing yourself and circular calling so that everyone has each other’s number. And then you’ll laugh when at the end of the year not only do you have a bunch of classmate’s numbers but attending and residents too. I look at my cell phone and all the listings under “Dr.” and I hope that I never sit on my phone and accidentally dial one of those in the middle of some raucous conversation with my friends.

And you will make friends. I can tell you that overnight call in the Trauma Pit is long. Night Float in Gyn Triage is long. Sitting in the NICU waiting for deliveries; coming in for rounds on Saturday mornings; you’ll be grumpy and you’ll be tired, but you can’t complain because the guy right next to you is doing it too. So you’ll pass the time getting to know each other; their relationship ups and downs, their desire for kids, their desire for even more kids. They’ll teach you to line dance, and you’ll tell them your embarrassing childhood stories. They’ll share with you their magic templates, their tricks for getting through those rotations you haven’t done yet, and their homemade muffins because hopefully you’ll end up on the team with the person who bakes. Some rotations you’ll be alone but didactics always brings you back together. You’ll fight over the leads, you’ll commiserate over peppermint cookies, and you’ll see them after the rotation is over and give them a hug and realize that by some random chance of scheduling and computer placement you just made a lifelong friend.

Third year is a lot about the patients. The patients will teach you about yourself. They will also teach you what you have to know for the test but the former is probably a little bit more important in retrospect. As you can imagine, disease processes mean a lot more when you can put a face and a soul to them. You’ll finally understand that maybe it’s not so much about what happens but what happens after it happens. And so on. You’ll have patients send you out of the room because they don’t want to talk to a mere medical student. You’ll have lonely people who want to talk to you for the longest amount of time that you can spare. Search your heart, prioritize, and truly consider how much time that is.

One day you’ll get a patient who is the same age as you and it will make you pause and reflect on your own life and your own choices. You’ll follow the tiniest of babies and the fight in them will be a thing of wonder. You’ll sit beside someone’s great grandparent and marvel at the life they have led. You’ll meet young and old.
You’ll meet the psychotic, the infirmed, the hopeful, the non compliant, the mature beyond their age, and the forever young. My mother told me that every person you meet is a teacher. Learn from them.

You are now officially a part of the medical team. That phrase, “we make lives better,” that is you now.

I wish I could get the full script to this 1990’s movie entitled Vital Signs. It’s a terrible movie and I highly encourage you to never watch it. Though I can see why you would be tempted. The plot will entice you: follow the melodrama as a group of medical students rotate through their 3rd year clerkships and discover life and love and what it takes to get honors on the wards. But I warn you, it’s got an extra layer of cheese baked into its crust. The only really interesting part is this introduction given to the upcoming 3rd years by the Chief of Surgery, played by the illustrious Jimmy Smits, whose full text I am hard pressed to remember but the point is well articulated by the only line you can find with an IMDB search: third year is like being a rookie pitcher called on to pitch the seventh game of the World Series... blindfolded.

You know that feeling of butterflies in your stomach? The feeling that at any given moment you don’t know quite where you should be and what you should be doing? The feeling you get when you are flooded with acronyms and wondering what in the world a TAH BSO is? When you see a chole on the schedule and then realize you have to work on Thanksgiving? When they send you to do a physical on a baby and you realize you don’t even know how to open the crib? When you ask the nurse how your patient did overnight and all they say is a reluctant “fine”? When you are exhausted in your mind and body and its only 7:30 at night? You know the feeling you get when you sign in for grand rounds and they hand you the wrong sheet and say “I’m sorry I thought you were a resident?” Or when you catch your first baby and it hits you that you just saw the start of a brand new life. When you get through a full presentation on rounds and your attending doesn’t interrupt you. When you have dinner with your friends after an exam and let out a sigh of relief knowing what good sleep you’ll have that night. Or you know that feeling you get when you see your patient again and they are doing better than anyone could have hoped for and you get that warm radiant sensation and you don’t have the heart to correct them when they say “thank you Doctor”?

Well you will.

Welcome to the year that changes everything.

Best of Luck,

Renee DeLaTorre
My surgery attending: “Hold the wire, here and here, gently and don’t drop it” I dropped it, “Don’t drop the wire!! Don’t let go of the wi….”….Oh boy….Welcome to 3rd year! I will spare you the long list of insults that was spewed following that incident in the OR, but that’s how my year started.

This year for you is going to be the justification of why you decided to go into medical school. Say goodbye to the long hours hunched over a desk studying and cramming for exams, this simply is not going to be possible anymore even if you wanted it to be, you will not have the time. Consider this year the beginning of your PRACTICE of medicine.

You will undoubtedly make a lot of mistakes. The staff, attendings, residents and interns will expect you to do so, and that is one of the best ways to learn after all. The few days at the beginning of every rotation are most of the time going to be chaotic, you will not know what to do, how to do it or when, you will even feel straight out inept, but you will learn as you go and by the end of the rotation you would know how to do things forward, backward, upside down….even blindfolded maybe. The only bad thing about this is that you are going to go through this again at the next rotation. But as you move forward through your year, you will gain confidence in yourself being in the hospital and you will start learning the ropes faster and faster.

I will briefly summarize my opinions about the different rotations I went through already. At the time of this writing, I have not started my internal medicine rotation, so it will not be possible for me to comment on it.

SURGERY
...All scrubbed in the sterile gown, double gloves, face shield, hair cap…pretty much immune to any exterior sensation whatsoever, and not sure if I’m standing where I’m supposed to be standing....needless to say, holding a sliding thin catheter wire during an angiogram in this very foreign environment was a feat by itself. You might be made fun of, mistreated, ordered around like you are a nobody, and in the hierarchy of things you are a nobody, you will be sleep deprived, dreaming of a fleeting hot meal that you never seem to have the time or energy to prepare, some residents will make your skin crawl, for a number of reasons, etc etc....But looking back at that rotation, it was my most fascinating and memorable rotation to date, most attendings are fun to be around and love teaching medical students, but you just need to have some thick skin, and do not take anything they might say to you as personal.

The main things to do is to always show up on time, never ever be late, be respectful and polite to every one on the team, including your fellow medical students (please don’t throw them under the bus just to prove you know something, or even worse back stab them so you can look good to the attending, or residents….nobody likes people like that). Pack granola bars in those gigantic white coat pockets, wear very comfortable shoes, let surgery recall be your bible in this rotation, make sure to review the next day’s surgeries with it, limit your questions in the OR and do not pimp the attending or residents and DO NOT COMPLAIN!….and for those about to do general surgery in UH wards, we salute you!

PSYCHIATRY
One of the more medical student friendly rotations, every one will treat you with respect, and the residents are very pleasant to be around and enjoy being asked questions. Some of the conversations and things you hear or engage in during this rotation, you will never hear again unless you are going into psychiatry. Go into it with an open mind, you will hear a lot of weird things, just remember to be courteous and polite to the patient and don’t make fun of them outside in the hallways….I believe the psychiatric patient can benefit so much from our empathy, and there are actually a lot of things in the way of treatments we can use to help that patient population.

PEDIATRICS
If you plan on doing this rotation around the holidays, get ready to be sick, RSV, among other things, is rampant around that time of year. We don’t get to study a lot of pediatrics in our first 2 years of medical school, be familiar early on with lab values cut offs for the pediatric patient since it varies from the adult patient. Try to have a little toy in your pocket for the scared kids, and try not to be scary….in your approach.
FAMILY MEDICINE
The other medical student friendly rotation, very challenging but everyone is very nice where ever you end up doing the rotation. If you do this rotation before OB-GYN, it will be a good time to buy a Spanish to English medical translation book, and start working in making your own template of questions you would like to ask your patients. I had to do one for family medicine and another one for OB-GYN. Try to talk with the attendings on this rotation especially if family medicine is one of your residency choices, they are very friendly and can help you a great deal.

OB-GYN
I got a stress ulcer during this rotation, or what I think was a stress ulcer.....that sums it up. If you are not planning on going into OB-GYN, this is one rotation to keep your head down, do your job, be polite regardless of what you hear or experience. You will feel very awkward at the beginning, especially if you are a guy, but the work itself is fairly enjoyable. You get to have a lot of variable clinics during the rotation which is nice, but as a whole, get ready to be tired.

In the end, please do not take any of what I said for granted, 3rd year can be a very personal and customized experience for each and every one of us, depending on where and with whom we rotate. Things might be different for you, and do not become obsessed by what residents or attendings might be thinking about you, unless they come straight out and tell you, you can never tell...after all, I would have never thought I would end up with good evaluations on my surgery rotation!

See you all in the wards

Roger Dikdan
Dear soon to be 3rd year,
Congrats on being done with year 1 and 2...welcome out of the depths of the lecture hall. I am very excited that you guys will finally have a chance to put names and faces with all the things you have read about-hurray!

The next year will be like nothing you have experienced before and I wish there was a secret formula for success. I haven’t found one but I do know you will get loads of advise...set two alarms, show up early, treat your patient’s like family and so on. All very, very important and please do those things, but you guys already know that stuff and probably don’t need more of that kind of advise. Instead, I offer merely a few reflections/recommendations.

I have found the last few months enlightening, terrifying, utterly heartbreaking, very gratifying, and then maybe a little more of the terrifying (but don’t worry, that kind of goes away). During 3rd year, each month you will go somewhere new, have a new team, new expectations, a new attending, a new way to look up labs or view x-rays or whatever. As soon as you are comfortable and feel like you can actually contribute, time to move on. At first, this process is about as fun as it sounds (not fun at all). After being depressed/frustrated for a few rotations, I realized the vagabond-ish nature of 3rd year is not something that will change. And actually, it is only one of many things about 3rd year that are not in your control. You don’t choose your hours (no more pod casts...sniff, sniff), you can’t request new team-mates if you are stuck with the super nerd/uber annoying dude from the front row area of class (no offense if you sat in the front and were not uber annoying), you can’t choose your patients or your attending...so you get it that the majority of 3rd year is not up to you. But fear not...I think the most important thing about 3rd year is up to you: your attitude. Hopefully you will be blessed with 365 perfect days during your 3rd year. But if you happen to have a bad day, have a grumpy patient (or attending/resident), be solo student in the pit when a tour bus crashes (it happened to me!), get sore feet, get hungry or tired, please remember that during these times, you have a choice. You can choose to acknowledge your aching feet and wallow in your tiredness, or you can choose to ignore them, learn one more tidbit, see one more patient, or if all else fails, find something to laugh about (I consider being the butt of jokes to be part of my 3rd year duties but you don’t necessarily have to take it that far). The choice is always yours, but I recommend choosing the latter things (and if you do occasionally choose the wallowing part...please do it in the corner by yourself.) I feel that your choice during uncontrollable situations will make or break your 3rd year. Please choose well.

I also encourage you to decide today to learn something every day of your 3rd year. Most of the time this will be easy and your attending and residents will not only teach you, but completely overload/saturate you with info. But if they are on vacation or busy or whatever, I recommend that you find someone else to teach you...a classmate, patient, nurse or so on. Learn something new...every single day. This is, after all, your education; you pay for it, so get your money’s worth. Now I am not saying this is always easy...sometimes you will be tired and you will just want to go home, but before you leave for the day, maybe ask yourself if you feel like your time was well spent.

So basically, learn as much as possible and try, no choose, to have fun while you do it. Decide today that you will get a great education and have a fantastic time during 3rd year and all too soon you will be starting 4th year and reflecting back on how awesome 3rd year was :-) I know you will all do well and don’t need it, but best of luck.

Feel free to email if you ever need anything and looking forward working with you guys,

Katie Wiggins-Dohlvik
Congratulations….you have almost made it to your third year of medical school. Though I can not for sure say third year is survivable (I still have twelve weeks left), I have high hopes that it is completely possible to not only survive and to learn a lot, but to also grow as a person and as a future physician during your clerkships. Like most of you, I try very hard not to listen to the rumors and hearsay about certain doctors, certain hospitals, or certain shelf exams. I prefer to start with a fresh experience and make my own opinions and observations. However, there are indeed a couple of things that I have learned throughout my third year clerkships that might help you get an idea of what to expect before you jump head first into the vast (and sometimes violent) ocean that is clinical medicine.

There are three main themes or lessons that you will observe, integrate, and struggle through when you hit the floors of the hospitals and the clinics. First, you will experience what is known as the medical hierarchy. Until now…learning has been you, your fellow classmates, and some teachers. You learn in lectures and through studying a syllabus…everyone around you is on the same level and on the same playing field. And then….oh wait….as a third year student you join a totem pole, and you are at the bottom. You know your place and every intern, 2nd year, 3rd year, chief, and attending does too. They know what you should know and they will tell you what they expect. They will teach you whether it be through example, pimping, presentations, or observing. Don’t be nervous by this idea…be you, be humble, ask questions, work extra, show up on time, you’re not in the way unless they tell you are, don’t lie when you don’t know, and take this opportunity to learn without having a patient’s health as your responsibility. This is that unique time when your mistakes and your lack of knowledge does not affect anyone except yourself….ask questions and learn as you go. And if you get pimped…don’t freak out, answer if you can. Regardless, once you’ve been in the spotlight, you’ll remember that answer for a long time. And, if you’re asked to do, “scut work,” do it with a smile because there may come a day when you rely on medical students to do it for you. You will learn what it means to be part of a team. One person consults another and then another, and even if it seems redundant….they’ll be fewer mistakes and more patient focus because of that extra time. Remember: that’s a good thing.

Second, the patients are real. They aren’t paid to sit and act out a problem. They are moms, dads, sisters, brothers, friends….they are vulnerable and they are in need of your help…you are in this for them. Fortunately, as I said above, you get to interact and learn from them without being in charge. Be as professional as a doctor, but be as compassionate and as inquisitive as a friend. A conversation with one of the few patients you have in the morning may mean you made someone’s day…they you may even have the chance to influence someone’s life. You may never have the opportunity to get to know your patients as well as you can when you’re a third year student. Oh…and trust the patients, they know themselves better than you do. And although you have access to a patient’s chart, this doesn’t mean you get to tell them big news, results, or treatment plan. That’s the real doctor’s job…they will tell you what’s okay for you to tell the patient. And very importantly…ALWAYS be nice and courteous to nurses….they are indeed your biggest ally especially when you don’t understand information on the computer system and you have five minutes before rounds.

Lastly, there is SO much more to medicine than just medicine. Healthcare, coding, legal issues, business practices, organizations….it’s overwhelming. Don’t try to understand it all now. Learn how to treat your patients and if you get some extra time, ask a doctor for more advice. You have all of residency to learn how you will survive in the real world. As much as you want to impress everyone by showing that you can recite the new healthcare bill….most likely things will be different when you’re out on your own anyways.

Third year is about the disease, about the patient, about learning how to assess and plan….it’s your foundation for whatever field you choose. You will no doubt learn more about yourself and your personality this year than you ever have before….and that’s a good thing especially if you plan to spend fifty more years in this industry.

Julie Donelson
Lucky Third-Year,

The first few weeks of this year will be QUITE an adjustment! In fact, nearly ALL of third-year will be an adjustment with the beginning of each new rotation. The primary challenge is understanding your role in the grand scheme of things. On the first day of the clerkship, each clerkship director will review several requirements for the rotation and send you on your way with a stack of papers and increased anxiety. They don’t really tell you details about what’s expected of you as a medical student. A few weeks into third year I wondered: what the hell am I doing here?! My presence is not needed! And sometimes I felt as though no one would even notice if I didn’t show up. Is this what I have to look forward to all year?! Crap…

No worries. First and foremost, you have to understand what the residents and attendings are looking for in their medical students. You should always ask your residents and attendings at the beginning of each rotation; “What do you expect from your medical students?” They will tell you. Your objective will then be to meet those expectations to the best of your ability. Once you’re comfortable in your role, the remainder of year will be less of a mystery and more of a game. I will share with you examples of expectations some residents/attendings have shared with me:

“….you’re a third year, you’re not supposed to know anything, so anytime you know something that’s good!” This was a striking statement from an OB/GYN at Santa Rosa who was PIMPing the team. It served as a simple reminder that we’re not going to know everything about medicine at our level of training, but we have a foundation of knowledge from 2nd year that we should definitely cultivate. With that said, at least KNOW THE BASICS! One of your main objectives this year is to READ, REVIEW and RETAIN! Read, read, read…THE MORE YOU READ, THE MORE YOU’LL KNOW! Review helpful ICS/STEP1 notes when appropriate. Know common medical problems because you’ll see those most often and they are fair game when it comes to “pimping.” Anything you know above and beyond the basics will usually be impressive.

“….your job is to make the intern look good.” I was told this on several occasions throughout the year. This particularly applies to any rotation when you’re paired with an intern (or resident) or working on a team (i.e. medicine and surgery rotations). You and the intern are essentially partners in the treatment of your patients. So it would behoove you to know your partner, their expectations, and their mode of operation. Also, you need to be THOROUGH with your patients and know everything going on with them. Again, you need to be THOROUGH with your patients and know everything going on with them. For each patient, you are responsible for collecting/interpreting lab data, interviewing the patient, doing a physical exam, and writing a note…that’s pretty much it. It sounds simple, so you might as well strive for perfection. Next you develop your own assessment/plan and report it to the intern. From there the two of you can modify/develop an appropriate assessment and plan to present to the attending. Not only does this make for a good impression with the attending, but you will also indirectly benefit from the learning experience.

“With the exception of surgeons, doctors don’t provide healthcare…nurses do. Our job is to think…” This is more or less true, depending on whom you ask. An emergency medicine physician made this shocking comment as we stood at a patient’s bedside and talked through the differential diagnosis of a thrashing, combative patient with altered mental status and abnormal vital signs. We simply gave orders to several nurses and a PA who restrained the patient, took vitals, and administered care. The moral of the story is, as physicians we should always be thinking! As “student doctors” we should get in that habit. Impress your attending with a differential diagnosis and a rationale for the differential in your notes and/or presentation. Get in the routine of thinking: WHAT is wrong with the patient? WHY is this happening? What are the possible CAUSES or SOURCES? WHAT CAN WE DO to fix it? We’re not trained to think like that during second year, but we’re expected to do so third year.

“….your job is to ask questions, ask questions, ask questions…I want to know that you’re thinking.” This statement from a critical care Fellow reinforced the idea that physicians should always be THINKING. But this also served as a humble reminder that we don’t know everything about medicine; hence, we’re EXPECTED to ask questions. Not only does it show you’re thinking about your patient, but you’re also eager to learn. People aren’t eager to teach you if you’re not eager to learn; however, be mindful of the quantity, quality, and timing of your questions.
Ask questions in moderation, don’t be annoying. Some questions can be impressive because it shows that you’re reading at home. On the other hand some questions could have been answered if you simply keep up with your studies, so don’t look foolish. Most importantly when people are irritated, busy, in a rush, or ready to go home, save your questions for later.

“…you’re going to be a great doctor!” This was always a reassuring statement I received from several patients and maybe one or two residents. Everyone has their moments of feeling subpar or being concerned that their knowledge is insufficient; but periodic reminders from patients that you’re really not that bad is a true confidence booster! With that said, treat your patient’s nicely. Sometime before the end of each day, make an effort to check on your patients and spend a little time with them. Follow your patients through their random procedures that you may never get the opportunity to see elsewhere. Take the time to explain their condition(s) and/or treatment plans to them. They always appreciate the extra attention; besides you would want the same for yourself or your family members.

Finally, I’ll close with my favorite quote of the year: the #1 rule of the BAMC burn unit “…don’t get burned!”

Enjoy your third year!

**Marcus E. Emebo**
Dear 3rd year,

First off, let me congratulate you for finishing the first two years and for conquering Step 1. I know it may not seem like much of an accomplishment, but it really is, so enjoy the fact that half of your medical education is already complete!

Now...3rd year. It may sound trite but it really is the best and worst year of med school. You’re finally done with all of those hours of your nose in a book and you will get to participate in patient care, but you can’t yet do things like write orders and no one checks out to you so it’s easy to be out of the loop on what happened to a patient overnight. It’s definitely frustrating at times. You wonder why you’re even wasting your time being there. Just take a step back in those moments and come up with something you are thankful for. There are also great moments to being a 3rd year. There are times when you are rounding as a team and the patient makes most of their eye contact with you and responds to you as their care taker. It’s a rewarding feeling that people appreciate your time and effort in taking care of them when they’re ill.

Overall, Dr. Keaton gives great advice for 3rd year. Be happy (or fake it that you are). Be early. Stay late. Be willing to work hard. I think 9 times out of 10, it will ensure that you have a good time on your rotation and you get a good grade out of it too. Just realize that not all of your attendings will see all of your extra work and chalk that up to the fact that life isn’t always fair.

My final tip for you is to keep your mind open about specialties. I know it’s the million dollar question that you ask each other and just about all your residents and attendings will ask you too. I went through all of 1st and 2nd years and most of this year convinced I was going to do one specialty. I did research with the department and lots of time shadowing and thought I was set. But once I was on the service as a 3rd year, I realized it’s not what I wanted to do at all. Now I wish I’d had my mind more open during previous rotations to better appreciate what those services are all about. Also, if you fall into the group that you have no clue what you want to do, that’s perfectly fine too! Don’t stress out about finding what you want to do. I think in a lot of ways your specialty finds you—you figure out what kind of people you like to be around and what kind of work you like to do just through the experience of being a 3rd year.

Best wishes and good luck! No matter what, you will have a very memorable year and a lot of good stories to share!

Lauren Evans

PS- don’t let Dr. Clare freak you out in the spring of 3rd year about taking the Step 2 CS and CK tests, matching, and all that stuff. There is plenty of time for it to all work out!
I am Jamie Felton. I am a third year medical student. I am Mr. Mason’s favorite nurse.

At 92 years old, Mr. Mason was a Battle of the Bulge veteran, a grandfather of twelve and an avid stationary biker. Every morning he would ask me who I was. Every morning I would tell him that I was a medical student on the team taking care of him. And every morning when I shook his hand to leave, he would tell me that I was his favorite nurse. I had a fleeting thought to correct him, but decided against it. Truthfully, it was kind of nice to not be a third year medical student for a few minutes every day...

Not that it is a bad thing to be a third year medical student – in fact, it’s an amazing thing. From doing chest compressions on a 16 year old victim of a motor vehicle accident as she died on the operating table, to having your manic, bipolar patient reveal to you that Taylor Swift lives up the street from him and that they will soon be engaged, third year will take you places you never dreamed possible – and to some places you never wanted to go. You will be invited into your patients’ lives when they are vulnerable, angry, embarrassed and afraid. They will trust you, even when you don’t trust yourself. It is both exciting and terrifying. In the midst of it all, there are a few things that are easy to forget – and a few things that I want you know before you start.

First, you are an intelligent, competent and capable medical student. People may try to convince you otherwise this year, but don’t be fooled. There will inevitably be questions you can’t answer, organs you won’t be able to identify, and pieces of a history and physical that you will fail to obtain. But it’s ok. Your job this year is to embrace those times as opportunities to learn and run with them. After all, you are still a student. Allow yourself some grace when your attending does not. Remind yourself that you belong here. Pull out your mature defense mechanisms. You are going to make an incredible physician.

Second, appreciate the people around you. From your peers and residents to Kevin, the Santa Rosa food service employee who saves you the last piece of cake, you will be privileged to work with remarkable people. Strive to support them, to help them out, and to pass along the name of that artery Dr. Hall pimped you on during your first gyn-onc surgery (it’s Sampson’s artery). Ironically, in a field that lauds teamwork and collaboration, medical school has a tendency to promote self-centered actions and attitudes. Flee from that tendency. You will find that your teammates, your nurses and your residents can be your biggest allies. Work with them and for them. Extend the grace that you are going to give yourself this year to the people around you. The nurse at the VA may have been short with you, but it doesn’t mean she’s a bad nurse or that she doesn’t like you – after all, you never know what kind of day she was having...especially at the VA.

Finally, take a minute to think about who you are and what you value. Throughout third year, you will be inundated with advice about how to succeed, how to please your attendings, how to impress your residents, and how to obtain excellent evaluations. You will inevitably face situations that ask you to change who you are or to temporarily ignore your values in order to “succeed.” By all means, strive to excel, but don’t sacrifice the person you have become in an attempt to impress. Know who you are and be that person. Because, like I said in my first point, that person is pretty amazing.

Congratulations. Be proud of what you’ve accomplished thus far. Be excited about what this year has in store for you. And if you’re feeling overwhelmed or discouraged or just plain tired of being a third year medical student, swing by Mr. Mason’s room for a few minutes. He is going to need a new favorite nurse.
To the Class of 2012,

First, congratulations on sticking with medical school through this point—if you’re anything like me you found the first two years of school to be challenging beyond belief, and at your stage I was hoping very seriously that I would find 3rd year more rewarding than the first two. I guess I didn’t get a big rise out of interviewing standardized patients and a myriad of test scores all while trying to learn the complexities of medicine. Although I am still unable to tell you confidently what area of medicine I will apply into next year, I can say that this year has been fantastic—especially compared to what you are finishing up now. And though sometimes others might make you feel otherwise during your clinical year, you have proven both to yourself and your peers that you are more than qualified to achieve every hurdle that faces you in your future.

You are going to find yourself in surprisingly awkward situations, moments/days of uncertainty, staying up longer than you thought you could, and likely finding a new love for the variety of hospital coffees. You will connect with patients and their families and discover many of your strengths and shortcomings, and will also find strong alliances in your classmates. At times during this year I have felt both ignored and appreciated, and have learned tough lessons in medicine that I continue to adjust to. The most important thing to remember is to learn from your mistakes and use those around you to help you through your tougher times. This is an excellent time to force yourself above your comfort level and challenge your own abilities, otherwise you might find yourself in more of an ‘observer’ role and miss out on monumental interactions and opportunities.

One of the best pieces of advice I received from students ahead of me was to pay special attention to the personalities of interns, residents, and attendings of your different rotations. If you find a physician population that seems to click with your demeanor, it’s one indication that you might be very comfortable in that field. I would add to this advice that your interactions with hospital staff can prove vital when you find yourself in a bind—a smile can go a long way toward building these connections—and that sometimes a patient will confide more in you than your attending because you simply spend more time talking with them. Other than that, you have proven that you are both smart and tenacious enough to be excellent clinicians simply by making it to this point in school and will have an outstanding time during your next year.

Good luck and see you around the hospital!

**Austin Follett**

*Third Year Advice for the Future Orthopaedic Surgeon*
1. **It's all just a game** - Medical school, in general, is a test. It’s a test of how much you are willing to do in order to get what you want. There will be many times during third year where you’ll leave clinic depressed, upset, and seriously contemplating why you’re still in medical school (especially when your buddies in grad school are having another bar crawl for the third weekend straight, and you have to be on call again for medicine at the VA). Remember, you’re there because you want to fix BONES, and you DON’T want to do much of anything else. If you keep this in mind, you’ll get through it.

2. **Be assertive** - No one wants to work with medical students who spend their entire third year “shadowing.” Be a man/woman of action. You should be the first person to arrive and the last person to leave. You’ll learn more this way and you’ll get better evaluations. Orthopaedic programs are interested in candidates who can get things done. You should learn how to get things done during each clerkship. This might entail writing notes, seeing patients, or having “the list” ready to go. More importantly, in my opinion, you should be making phone calls, ordering consults, and working with the nurses to take care of your patients. Also, write the post-op note during surgery and learn how to write orders. These are the tools that will make you look better on your fourth year externships.

3. **Don’t “goone” the resident or other medical students** - “Gooning” someone means making them look stupid in front of other people. Trust me, you will work with people who aren’t as smart and/or as capable as you. You’ll also work with people who are a lot more knowledgeable than you. DO NOT “goone” your team members in front of anyone. Keep those opinions to yourself, and always act interested in what others have to say. Your residents may evaluate you, and even if they don’t, they can make your life as wonderful or as miserable as they want. The attendings also get their impression of you from the residents. It looks REALLY BAD if you pimp the residents or other medical students. Remain humble, and remember that even the other medical students may know something that you don’t.

4. **Bottom line, the grade is what matters** - We’ve all met those people who insist that it’s not about the grade you get, but instead it’s really about how much you learn. No orthopaedic program director cares that “you learned a lot in psychiatry.” He cares that you got an “A,” and he cares that you worked hard to get that “A.” He especially does NOT care that you got a “C” because you didn’t get along with the faculty, or you just really didn’t like that rotation. One program director put it this way, “I look at all of your third year clerkship grades very carefully. I want a resident who will work hard, regardless of whether he enjoys what he’s doing. I’m never going to take a candidate who did poorly in OBGYN or psych, but did well in everything else. That tells me that he/she is unwilling to work hard when he/she is doing something they don’t want to do. That’s a candidate-killer for me.” So make sure to get good grades in each clerkship. ALWAYS STUDY HARD FOR THE SHELVES. You can make up for a mediocre evaluation with an awesome shelf. And don’t get discouraged if you get a bad evaluation. You can seriously be a wonderful student and get great feedback from an attending, but he might be the guy who just always gives out a 3/5 and writes no comments. The shelf can help you make up for any lackluster evaluations.

5. **Don’t be disappointed if you don’t get to do much on your MS3 ortho rotation** - Orthopaedics is one of those fields where you really do start off at the bottom. As an MS3, you’ll probably be the 4th person scrubbed in on a case, and you probably won’t get to sew. Honestly, no one cares that you are there as an MS3. You might be lucky enough to have one resident fill out your evaluation card. Don’t get discouraged. Instead, learn as much as you can, and get prepared for your externships. Your externships and MS4 rotations are the important ortho rotations for residency application.

6. **Apply for externships early** - Apply for your externships as soon as possible. Start calling programs in January/February. Many programs begin accepting applications early, and have a “first come, first serve” policy. Also, be prepared about VSAS. It’s awkward and inefficient for the student. It was established to make it easier for the hosting schools rather than the students.

7. **Meet with Dr. Carlisle before third year starts, and again in the spring of third year** - Dr. Carlisle is a great person to get to know. He is the chair and program director at UTHSCSA. It is likely that he will need to write a letter of recommendation for you. He’ll be able to write a better letter if he has met you more
than once. During the MS3 spring meeting, ask him if he would please write a letter for you down the road. Also, set up another appointment for July of the MS4 year to formally request a letter.

**8. When you work hard, good things happen**- By the spring of your MS3 year, you’ll be ready for fourth year (well actually, you’ll probably be ready for residency). Remember, it’s a marathon, not a sprint. Always remain humble. Always work hard. Don’t let the anxiety of away rotations and “matching” control you. Always do your best, and take pride in your work. WHEN YOU WORK HARD, GOOD THINGS HAPPEN!

**Marcus Ford**
Dear Third Years:

THIS is IT: the year you’ve been studying for, the year that you’ve been dreaming of during the endless stream of PowerPoint slides in the lecture halls, the year you’ll finally decide for sure what you’re going to be “when you grow up.” Unfortunately, however, it’s also the year you’ll realize that you haven’t changed underwear in 28 hours and that you haven’t worn pants with a zipper in weeks, the year weekends don’t matter, and the year when everybody—and I do mean everybody—has more knowledge and experience than you. My advice? Abandon all of your preconceived notions during the first few hours of Dr. Moody’s EKG course in didactics and instead go in with an open mind. It’s critical to keep everything in perspective.

-There is a good chance that everything that you thought would be sexy about medicine, isn’t. The birds don’t sing and the clouds don’t part just because you’re walking down the halls of the VA in your short coat. You’re not immune to illness, flat tires, acne flare-ups, or DRE’s. The fact that this year is exciting doesn’t mean it won’t be hard emotionally, mentally, and physically. I can promise you, however, that the good days will outnumber the bad. When all else fails and you hate the rotation you’re on, start a countdown calendar and stay positive because you’re only doing it for a few weeks.

-Med school prepares you for residency. Residency is a job, so approach third year like a job as well. For those who were gainfully employed before medical school, you’ve got this. For the perpetual students, always be a team player, work efficiently, respect the hierarchy, never complain to anyone above you, and don’t slack. Regarding your teams, work with and learn from your classmates, and do NOT be cut-throat at their expense. The stories will spread far and wide and be fodder for many jokes in the future.

-This may sound silly, but approach patients like you’re their doctor rather than a student. For example, rather than just knowing how to treat DKA in general, pay attention to how much potassium the resident orders, the fluid rate, etc. At some point, try to mentally shift from third-year to sub-sub-I, because next year you will need to know all of the details.

-Even though this year will seem like your world for awhile, it is not THE world. Don’t give up the things that make you happy, and especially don’t give up those who have supported you on your journey thus far. I promise you will need them. Share with your parents the good as well as the bad, because I’m willing to bet more than a few of them are experiencing medical school vicariously through you. On easier rotations, do some volunteer work or anything else you might like to be able to put on your residency application. Use your downtime to study of course, but also start researching residencies, away rotations, etc.

The truth is that from the moment clerkship registration opened until you take your last shelf exam, you only have so much control over your life. Since it takes more than a dash of OCD tendencies to survive the first two years of medical school, losing control is really hard. The good news is that you’ve spent the past two years becoming a competent medical student, and you’ve spent your entire life becoming a competent human being. You’re prepared. You will get through it and come out more like a doctor and less like a student doctor. You will not kill anyone, but you will have some killer stories to tell.

Best of luck,

Sarah (Fortner) Birdsall
Dear Third Years:

I write to you in order to share some of my experiences. Prior on starting third year, I was excited; finally it was time to do something real. No more classes, time to apply what we had learned. After an intense and stressful summer I was ready to experience what I had been waiting for all my life. You see, since I was a young girl I knew I wanted to become a Doctor. I never had a doubt, and ever since then, I followed all the requirements to one day call myself a Pediatrician.

I have always known what I want, and I came into medical school with a set mind about becoming a Pediatric Endocrinologist. I know that is really specific, but I had been so interested that I shadowed a pediatric endocrinologist as an undergraduate and I loved it. I never change my plans, and it was not until I started third year that I was ever confused about my career decisions. Today I have three specialties on my mind, and I have learned to understand that it is true: we should keep an open mind.

Get ready to think and feel things you have never experienced before. Get set to feel as tired as never before, be prepared to learn, and grow. You will do things you never felt capable of doing; you will discover hidden talents. Some days you will feel like a little medical student who is not really valuable; but there are many times when you will truly make a difference. Many patients benefit from the extra care, the genuine smile, and the helping hand. My best advice it to always have a positive attitude, don’t expect to have all the answers, and soon you will learn that every attending and resident has a different way of doing things, and they expect for you to perform to their own expectations. Like this example there are many things we cannot control or change, but we can always decide how to conduct ourselves, and how to react. Always smile, always try to help, stay positive, and stay focused. Enjoy third year, it is an overwhelming, challenging, but amazing experience.

Sincerely,

Andrea Garcia
Third year is the transition from classroom and books to real-life clinical experience. The key to doing well is to be enthusiastic “at all times,” be positive and be willing to learn “at all times.” Think that residents and attending are watching your moves: whether you answer their questions and look up the answers when you don’t know, whether you always work as part of the team. During the rotations you’ll find some people are grouchy and some are really nice, just learn how to deal with that because that’s real life. Don’t complain, don’t be late, don’t make other people look bad (especially residents!). Try to know the people you are working with and let them know you. Start studying from the first day and enjoy what you are learning. Ask questions because this is the time to learn; however, ask pertinent questions.

Surgery: The hours are bad and some surgeries are long. Bring snacks to eat in between surgeries. I had to wear compression stockings because my legs were swollen after each day. In General Surgery- UH, have the list made ON TIME. Know the patient’s name, talk to the patient before the procedure, read Surgery Recall before the procedure and stay with the patient until he/she is taken to the recovery area. When presenting patients, you have 30 seconds. Just present the pertinent positive but know the rest.

OB-Gyn: Very emotional. Sad and happy stories one after the other. Every time you can, SHINE, because there are many students in one group and it’s hard for the residents and attending to remember who you are. Don’t try to outshine others, though.

Psychiatry: Enjoy. You have TIME to talk to the patient. Residents will give you information that will be asked by the attending. Interview as many patients as you can.

Family Medicine: When presenting, always have your assessment and plan. Learn when you make mistakes.

Pediatrics: I learned to NOT use notepads when presenting. They love that. This is something I was able to do in outpatient clinic. They want concise presentations in the shortest amount of time possible.

In summary, put a lot of effort into studying and being the best student you can be. Good luck!

Ana Gonzalez
Congratulations MS3’s – you’ve made it, you’re finally getting that sweet green tag! You’ve made it through the complete shock of 1st year and the craziness of 2nd year and of course Step 1 (we won’t mention that anymore). The only thing I thought before 3rd year was that if I could work hard it would be easy… but it’s not that simple, as most things in life aren’t. Working hard is not an option for anyone; at the minimum it is required. If you’re early you are on time; if you’re on time, you’re late; and if you’re late, well try to bring coffee for the team and hope it works. I’m sure that in all these letters you will get advice for rotations and how to be a good student but the part that always intrigues me is how much third year was like ‘Grey’s Anatomy’, so I’ve decided to include a couple quotes that show how I felt throughout the year realizing that TV drama is not so different from our own lives lived in the hospital during third year:

“I can’t think of a single reason why I should be a surgeon [medical student], but I can think of a thousand reasons why I should quit. They make it hard on purpose... there are lives in our hands. There comes a moment when it’s more than just a game, and you either take that step forward or turn around and walk away. I could quit but here’s the thing, I love the playing field.”

There are a lot of mornings when your alarm goes off before 6am and you do not want to get up, you push the snooze button over and over but you get up with the promise of a nap when you get home, get dressed and walk into the hospital when it’s still dark outside and leave when it’s dark outside. It’s okay though, because although some days will be rough there are many more days when you love your life no matter how hard it gets.

“...I don’t know why we put things off, but if I had to guess, I’d have to say it has a lot to do with fear. Fear of failure, fear of rejection, sometimes the fear is just of making a decision, because what if you’re wrong? What if you’re making a mistake you can’t undo? The early bird catches the worm. A stitch in time saves nine. He who hesitates is lost. We can’t pretend we hadn’t been told. We’ve all heard the proverbs, heard the philosophers, heard our grandparents warning us about wasted time, heard the damn poets urging us to seize the day. Still sometimes we have to see for ourselves. We have to make our own mistakes. We have to learn our own lessons. We have to sweep today’s possibility under tomorrow’s rug until we can’t anymore. Until we finally understand... that knowing is better than wondering, that waking is better than sleeping, and even the biggest failure, even the worst, beat the hell out of never trying.”

I have failed at a lot of things third year even when I thought I was doing my best, there is always something more to learn, always someone better than you and always something that you missed asking your patient that the attending wants to know. But it’s okay to “fail” because the next day you try again, do something better, ask all the questions and prove that you’re a good student – that’s all anyone can ever ask of you.

“Every intern [medical student] wants to perform their first surgery. That’s not your job. Do you know what your job is? To make your resident happy. Do I look happy? No! Why? Because my interns are whiny. You know what will make me look happy? Having the code team staffed, having the trauma pages answered, having the weekend labs delivered and having someone down in the pit doing the sutures.”

I have no insight here, just make your attendings and residents happy – they control your grades for the most part.

“The key to surviving a surgical internship [third year] is denial. We deny that we’re tired, we deny that we’re scared, we deny how badly we want to succeed. And most importantly, we deny that we’re in denial.”

I’m not going to lie – it’s hard. The key is to keep a positive attitude at 3am on some random Tuesday when you’re on trauma call and all you can think about is going home and sleeping... There will be bad days; days when you’re tired and scared but then there are great days when you get to do procedures and help patients and that’s what it’s all about.

Good luck to you – remember that our education is a great privilege and above everything else that happens throughout the day and year we have a great responsibility to ourselves and to our patients to learn and soon be great doctors.

Delisa Guadarrama
My second day on emergency medicine started off slow but ended with a very important lesson. There weren’t any upcoming procedures on the floor or patients to evaluate. I was eager to get my hands on something exciting to occupy the morning, so I went to the front triage area and asked if I could draw blood.

During second year we had the opportunity to do this two times. My poor former tank mate, Steve, was the only person I had practiced on and he had to deal with me missing once and forgetting to remove the tourniquet before the needle. He was a good sport about it though. With this limited experience I have managed to go another ten plus months without drawing another person’s blood. Anyways, after coming to the end of third year you become “talented” at pretending like you are confident in what you are doing so that you do not scare the patient, and so I took my first stab at phlebotomy.

My first patient was very nervous. He told me he hated needles and thought he might pass out. I tried to comfort him by making conversation about his life while keeping him from looking at me fumble with the butterfly needle and collection tubes. He was a 23 year old and I was drawing cardiac enzymes for him. I was successful in my endeavor and he moved back to the waiting room while I drew blood for a few more patients.

About an hour later the phlebotomy and EKG station slowed down, so I checked in with the physician assistant in triage to see if I could pick up some patients for H&P’s. At the top of this stack was the patient I had first drawn blood from. In an effort to learn more about why I was drawing cardiac enzymes on such a young guy and to continue some continuity of care, I called him back to the exam room. The patient told me that while shopping at HEB the previous night he felt some discomfort in his back and rolled his shoulders to “pop” his back (as he had done numerous times before). This time was different though. He started having back pain that would not subside and started radiating to his chest. He denied any pain in his arm or jaw and the chest pain was not very typical for a myocardial infarction. He did comment that he had some pain with deep inspiration that was a little better when he leaned forward, but no shortness of breath. Upon exam, he appeared comfortable and was smiling. He did not seem to be in any distress. I did however notice a large bulge over the left scapula that appeared to be a muscle spasm. I palpated the spine, listened to the heart and lungs, reviewed the EKG and cardiac enzymes and everything looked and sounded good.

The PA and I discussed a differential diagnosis and thought the patient likely had a muscle spasm causing pain with breathing and movement. Two things stuck out to me, which I mentioned just to see if it had any significance to the PA. One was that the patient’s white count was slightly elevated to 13.9. The other was his comment about the pain being relieved when he leaned forward, which made me think of pericarditis (though the EKG did not show any sign of this). We asked the patient if he had been sick and he said he had a mild cough about a week ago. Nothing alarming to us at all, but since I was learning and for completeness sake, the PA ordered a chest x-ray (adding $142 to the bill).

The PA and I were speaking to another patient about ten minutes later when the phone rang and the radiologist was at the other end asking if we had started putting in the chest tube yet because the patient had a huge spontaneous pneumothorax! Within minutes we had the patient in the back trauma area awaiting a consult from cardiothoracic surgery to place a chest tube.

This patient was a great example of a number of things—first, this is your chance to learn so do not feel weird bringing up minute details that you remotely recall from sitting in the classroom during first and second year. They may not be the answer to the puzzle, but they may lead to other very important information. Second, I was in the ER where many students feel there is no continuity of care and you never know what happened to the patient after you saw them. Keep in mind that it is up to you if you want continuity. The day after this happened I went to the floor to visit this patient and re-examine him in an effort to notice changes to the breath sounds after the chest tube was placed. Lastly, the patient did not have a significant decrease in breath sounds on the initial exam. This was likely due to the fact that he was not taking deep breathes because of pain, but this clinical finding was not apparent on initial or subsequent exams. It was not until I re-examined him on the ward after the chest tube was placed that I could really notice breath sounds well bilaterally. Third year
is the best learning experience you will have. Take advantage of opportunities to do more and expand your skills. You will hear “no” often, but you will also hear “yes” the more times you ask to help out, so do not get discouraged and try to learn something important from every patient you encounter.

**Liz Hamilton**
Do you remember why you chose this career? It certainly was not because it was the easiest career path to fame, fortune or respect. I would hope that at least part of you said that I want to make life better for others. You may have said to yourself, “I want to prevent disease before it becomes debilitating.” Or you may have said, “I want to alleviate pain, depression, suffering, or fear in someone’s life so that their life will be easier.”

The goal of medicine has always been to make lives better. In the last two centuries advancement in medical care has made enormous strides forward. We have moved out of the dark ages of blood letting and guesswork to evidence-based clinical science. One hundred and fifty years ago doctors were unknowingly spreading bacteria from patient to patient; today some infections diseases have been completely eradicated through vaccinations. Fifty years ago, it was rare for any premature newborn to survive; today 24 week old preemies live happy lives after heart, kidney, or intestinal transplants. Just over twenty years ago HIV was an impending death sentence; now people are living long lives as they hope for a cure. While these advances have changed millions of lives they were first made possible by physicians and scientists working to help improve individual lives.

This next year of medical training is about establishing a foundation for your career enabling you to help manage, teach and care for patients. It is also about a practical education and shaping yourself into a future physician that is willing to put the patients first. This year will be about making yourself better. You will get better at understanding the overall effect of a disease on a person. You will notice the social and economic aspect of the treatment and interventions we prescribe and carry out.

Sometimes you will feel that the steps forward in a patient’s treatment are too slow or even inconsequential. Other times, you will be surprised how much of a difference you can actually make with minor adjustments. While on my psychiatry rotation I helped treat a Katrina refugee with schizophrenia. I was skeptical about some of the psychotropic medication regimens in general but even more doubtful that much, if anything, would be able to help this patient. He was so agitated and nervous during our first meeting that he couldn’t sit down or speak coherently. With a treatment plan that included changing some social situations and his medication dosage, he surprised me at his next appointment. He was able to sit down, carry on a conversation, and even make jokes. His first words at that next visit were, “I feel a little bit better today.”

Sometimes you will feel like your contribution to the team or to the patient is not important or that you aren’t making as much of a difference as you would hope. Then a patient will grab your arm as you are about to leave his bedside and thank you for answering his questions and spending extra time to explain his treatment options.

In the next 12 months you will be part of various teams that are working long hours. You will also be working long hours too. You will go unnoticed, you will feel undervalued, and you will wonder if you are more of a detriment than beneficial.

Remind yourself why you started and why you keep going: to become a better doctor, not for yourself but for others.

Russell Hill
Dear 3rd year Medical Student,

What an honor you have this year! For most of you, this will be the most difficult year you have had in your life up to now. The year will be filled with long days, long nights, desire, excitement, fatigue, frustration, tears of joy, and tears of pain. I have experienced personally the full breadth of these emotions. I feel as if I have so many stories to share of many of my patients, but it would take an entire book’s worth to hold the stories. I will share just 3 nuggets of advice as you begin your journey to being a practicing clinician.

1. **Always view each day as an opportunity and not a burden.**
   The more I maintained this attitude, I found that I learned a tremendous amount, and the relationships I built with patients were much more meaningful. I saw each patient as someone who could teach me something, and I do not just mean medically. Each patient has a story, and most desire to share. You will be surprised at how deep you will be able to grow a friendship in a short period of time with someone who puts their trust in you.

   There are times when you will be tired. Finishing progress notes and studying for your shelf exam are the first things on your mind. But do not let the things that have to be done be a burden to you. You will miss out on so many opportunities to build relationships and learn about life.

2. **Don’t complain.**
   Unfortunately, complaining has a huge role in every team you will be on. Everyone is working long hours, doing stuff they do not want to do. Medical students will not get off as early as they desire. Residents will keep you there just because they have to be there. The quizzes you take will be unfair. The expectations to work, learn about your patients, and study for exams will seem tough.

   Get over it. Life is not fair. Complaining will always ruin your day, your desire to learn, and your patient’s level of care. Complaining shows that all you care about is yourself. There is always someone that has it worse then you. Step back, and begin to think about what you have to be thankful for: 1. You are in medical school. How many people each year apply and do not get in? It is an honor to be in school – not a right. 2. You have the opportunity to learn how to care for people. If your focus is on yourself all the time, your scope of medical education will be narrowed because you will not take the time to learn from others when it comes upon you. 3. It could be worse. You could be an intern...

3. **Love your patients.**
   If there was only one nugget of advice I could offer you, it would be this one – Love Your Patients. You came to medical school to care for patients, so that their quality of life might be improved. If you came to medical school so that you can be “intellectually satisfied” or for your own quality of life, then I humbly ask you to recheck your motives. This one nugget is what sets apart great physicians and just ordinary physicians. Patients will think that you are the greatest physician because you cared not because of how much you know. They already assume that you are intelligent. They want to know that they are listened to and cared for by their physician. Be that person to the patients that come.

   I’ll be honest; there are some hard people to love. When your residents and attendings do not care, you be the one that sets the tone for caring for your patients. They will notice the difference.

With all this being said, enjoy what will be most likely your most difficult and also the most rewarding year of your life. You will learn more in this year then you may ever again. The breadth of knowledge you gain is unreal. Consider it an honor to be a student, do not complain, and love your patients. I wish you all the best in your endeavor.

Best regards,

Adam Hines, MS4
Incoming MS IIIs,

Before I started 3rd year I was happy that Step I was behind me and excited to get out of the classroom; but I had a lot of fear of the unknown. I would like to share some practical advice that I wish I had known to hopefully lower your anxiety a little bit.

Maintaining a social life: The fact is, that in the coming year you simply will not have as much free time as you did during the first two years of medical school. But there are things you can do. First, plan to take full advantage of any free weekends you get. Family Medicine, OB/Gyn, Psych, some of Pediatrics and the Ambulatory month of Medicine all give you weekends off, so get out of town. Second, try to study as much as you can at work, so that when you do get a day off you can spend it doing what you want to do. Third, sometimes it is worth being a little sleep deprived the next day to do something fun after work- that’s what coffee is for.

Making good grades: Each clerkship in third year is unique in terms of the way you will be graded. Pay attention on the first day during orientation when they talk about how your final grade is determined and adjust accordingly. If the shelf exam counts for a large percentage of your grade spend extra time studying for the shelf while at work. If clinical evaluations count for a lot be sure to make the extra effort to impress the team. My global advice would be to study hard for the shelf exams because it seems to make or break most people’s grades.

Impressing your attending and residents: You don’t have to be a genius to get decent evaluations. When you are pimped, realize there is more 2nd year knowledge lurking in your brain than you realize and you should trust yourself. If you have no clue what the answer is, an “I am not sure” is fine -- most attendings remember that you are still learning. Showing up on time, knowing your patients, making a clear, well organized presentation and answering a few questions should be enough to get excellent evaluations in most cases.

Getting along with your classmates: Don’t pimp your peers (or anyone else for that matter), don’t make extra work for the team, don’t complain excessively while at work, and generally be a nice human. If rounds have been going on for 4 hours it is probably not the best time to ask the attending that burning question about acid base physiology.

The bottom line: Third year teaches you a lot of lessons. I think one of the biggest ones that I have learned is how to give up control of my life and be okay with it. This year, your life will be planned for you, you will be told when to arrive and leave, and your tasks will be set before you. At first this will seem foreign and annoying, but if you can master the art of 3rd year Zen and remember why you are there (to learn) and how long you are there (one year), then you will be a much happier person. Enjoy the wonderful experiences, try to figure out which specialty you like along the way, and remember that even if you hate a rotation it is called a rotation for a reason! Best of luck to you all.

Evan Howard
It’s before dawn on a weekday morning, and I’m just walking into our work-room. As per usual, I look at the board to see what patients have been admitted to our team overnight. It reads, “Edwards, B.B.”; a bounce back to me.

Many thoughts are crossing my mind, among them was, “why is he back?”

61 year old, White Male who presented with weakness and pain, thinking he had caught a “really bad cold,” was devastatingly diagnosed with mets to the liver, lung, mediastinum, adrenals and lymph nodes. We had said our goodbyes last admission, with the plan to “biopsy the lung” for prognosis. Now he’s back.

“Hi, Mr. Edwards, it’s Cris-----,” my usual routine is warmly interrupted by the patient, “I know who you are.” Frazzled by his feeble voice, I stop and realize that before me lies a dying man. In a week’s time, Mr. Edwards had gone from ‘average looking,’ to undeniably emaciated and cachectic; a description fitting of his new Chief Complaint: PO intolerance.

During rounds, I presented “Mr. Edwards … Past Medical History significant for nicotine and alcohol dependence w/ recent diagnosis of metastatic cancer of unknown origin.” Under his breath, I heard one of my upper levels say, “live like s***, die like s****”. I contemplated, “self-defense mechanism perhaps?” But continued with the presentation, adding in my assessment/plan that the previous biopsy was inconclusive (not enough tissue), and the patient’s preoccupation with knowing estimated time to live was contributing to his decreased appetite.

The team scheduled a repeat Bronchoscopy. I was there when they confirmed the primary: Small Cell Lung Cancer. He had 4-6 weeks to live.

It didn’t sink in before. Despite the fact that, on the previous admission, I’d watched my attending & resident separately discussing with the patient, “if there’s anything you’ve wanted to do, now would be the time to do it.” But now it was starting to become real.

And it was my turn to talk to Mr. Edwards.

Cristina: “Mr. Edwards! How are you feeling after the procedure?”
Mr. Edwards: “It definitely went better than the first time; not as painful. There were a lot of people in the room, though.”
Cristina: “Yeah, it was cramped, remember I was one of those people in the room?”
Mr. Edwards: “You were in the room? Man, I must have been zonked out! I don’t remember.”
Cristina: “I’m just glad you weren’t as uncomfortable this time around. Has anyone talked to you about what they found?”
Mr. Edwards: “Yes.”

At this point, I sat down, the setting sun glaring in my face. Mr. Edwards could tell I was uncomfortable, and asked me to close the blinds. With us was a friend of Mr. Edwards’, whom I had met before. I began to go over the diagnosis, and then his prognosis. We sat in silence. I wanted to make sure that Mr. Edwards took to ‘heart’ the words of advice from my previous attending, “So, have you two discussed things you’ve always wanted to do, and your plans for the upcoming weeks?” In that instant, Mr. Edwards broke eye contact. His eyes, now filling with tears, shot toward the wall and his face reddened, as he choked on his words, “yes.” Although he tried to get more out, I never did find out what they were planning on doing in the weeks to come. That didn’t matter. I was happy to hear plans were in motion.

I’m very thankful to have had Mr. Edwards as a patient. He was very patient with me, my morning exams, my redundant questions, my presentation of the abdominal exam during which I announced a “brain fart,” and my first patient-(future) doctor talk about death.

Physicians cope with this aspect of the practice differently. And I witnessed a range of attitudes towards dying patients: from all-but blaming the patient (based on Past Medical History) to repeating things like “the
nicest people always get the worst cancer” in exasperation. As for me, I imagine I’ll be sorting through the straightforward perplexities of death/dying for a long time to come.

Cristina Ippolito
Dear Colleague,

I could easily fill this page with any of the dozens of memorable stories from my third year. But this letter is not about my third year. It’s about yours.

As you begin your journey to become a physician, here are a few words of wisdom that I’ve gleaned during my first few months on the wards and in the clinics:

1. **THIS** is the beginning of your career as a physician. The habits you establish every day this year are the foundation for your time in medicine. Be mindful of this as you adopt your attitudes, select your mentors, and choose your actions. You are constantly being molded into a doctor, so make every day count. Now is the time to start becoming the doctor you always hoped to be.

2. Maximize your learning this year. This is the first and last year in the clinical setting that you can ask almost any question you want. You don’t want to be a fourth-year on a sub-I and ask questions at a third-year level. The benefit of a teaching hospital is that you can ask any nurse, tech, doctor, or patient just about anything you want. Ask the anesthesia resident if you can intubate before you scrub in for a surgery; ask the EKG tech to show you how to place the leads properly; ask the attending why she wants to get that repeat ABG; ask the patient with aortic stenosis if your fellow students can stop by later to hear the murmur.

3. Realize that most rotations are “team-dependent.” A happy, functional group of residents on one rotation can make you consider a specialty you swore you’d never pursue. Alternatively, an unfriendly resident or attending can potentially sour your perception of an entire field of medicine. Please bear this in mind as you decide what field you want to pursue.

4. You will likely be forced to work closely for weeks with people that you don’t like, so be flexible.

5. Be the person that people like to have on their team. Bring food/snacks to your trauma surgery call team; offer to get drinks for others when you’re making a trip to the cafeteria; be the first to volunteer to drive the team carpool to Brady Green, BAMC, or Wilford Hall.

6. Never lie about a patient’s history or exam. If you forgot to check, just say you didn’t check but will do so at the next opportunity. Treat it as a learning point.

7. Enjoy the camaraderie of your colleagues. When appropriate, delight in their war stories from challenging patients or intimidating attendings. Respect the overworked and underpaid residents whose shoes you will soon fill. Try to think of your attending as a wise sensei, not a boss.

8. Strive to be 100% professional, 100% of the time.

9. Realize that even though you’re “just a student” on the academic hierarchy, you very well might spend more time with a patient than any other health care provider ever has. This is a very special privilege of the doctor-patient relationship, and that responsibility has been entrusted to you. Make that time count.

10. It’s really all about the patients. Without them, none of this really matters.

Best wishes in your career,

**Neal Jackson**
Dear 3rd Year,

Congratulations on making it halfway through medical school. This year will push you to new limits. On every rotation you will form new families that will support you and have your back. The highs and lows you share with your teams will be moments in time that you will never forget. Additionally, you will get to meet some of the most interesting characters around, your classmates.

I will share a story about a moving moment I had on the ob/gyn rotation.

The ob/gyn rotation is well known for being rather tough. You come in when it’s dark and often leave when it’s dark again. This particular day started out like many others during my ob/gyn rotation. I made my way down the barren highway early in the morning enjoying the well lit streets with no traffic in site. The stars were very bright that winter morning.

The ward was busy as usual with students hustling and bustling as they pre-rounded on their patients. Waking up strangers at 5:30 in the morning to check in on them is not very easy, but you get used to it. We made our rounds that day in good time and shortly later we were scrubbing in on c-sections, everything was becoming routine.

I remember the residents discussing this complicated case the previous day. An unfortunate thirty-something year old lady with no vision, failing kidneys, and uncontrollable hypertension all due to diabetes. She was 26 weeks pregnant and they were trying to postpone delivery as long as possible to give the baby a fighting chance at life. As the day progressed they continued checking on her, debating the point at which they would proceed with the delivery. Late in the evening the decision was finally made that delivery could not wait any longer as her blood pressure was becoming critically high. They were unable to place an epidural and had to use general anesthesia which meant even more risk to the baby. The team decided to perform a classic vertical c-section so that the baby could be extracted as rapidly as possible once the mother went under. I never saw a resident so focused, concentrating as she worked seamlessly with the chief across from her. The procedure was intense and moving along quite smoothly. As the resident reached into the womb to pull out the baby the room grew silent. I was shocked at the condition of the baby and as I looked to the resident I could see that she was too. The baby was tiny, blue, and absolutely limp. Her smooth deliberate movements suddenly became choppy and uncoordinated once she handed the baby over to the neonatal team. Everyone’s attention shifted from the mother on the table to the limp baby that would not start breathing. I kept looking over my shoulder as they were working on the baby while still trying to pay attention to the mother in front of me. The resident tried to maintain her focus on closing the mother but she no longer had good control of her hands and she fumbled as she tried to use her instruments. I heard her mumbling under her breath “come on baby, come on baby, come on baby.” The next few minutes seemed like slow motion as they tried and tried to resuscitate. Eventually, the neonatal team wheeled the baby away and everyone’s somber attention returned to the mother on the operating table. Soon the procedure was over. We broke scrub and headed down the hallway and once we were in a private area the resident stopped, turned to the chief, and blurted out “I didn’t expect that” as she burst into tears from overwhelming emotions. The chief immediately reached out and embraced her in a big hug. I stood by with my heart in my throat and excused myself from the scene.

As I headed home that evening it was dark again, as I looked at the stars I couldn’t help but reflect on how fragile, precious, and beautiful life is.

Brian Jameson
Dear Beginning Third Year Medical Students:

I would like to congratulate all of you on successfully completing your first two years of medical school! The purpose of this letter is to provide you with my personal perspective on the third year.

I am sure that by this point you have heard from other upper level students that third year is so spectacular compared to second year. But, I want to tell you that the “grass is not so green on the other side.” For instance, there are going to be times during third year where you will miss having the afternoons free and “all the time in the world” to study. There will be days where you will be so mentally and physically drained after a very long day that you will not have the energy to pick up a book when you return home from your rotation. In fact, there will be a clerkship where you will literally count down the days until it is over, which is okay because you are not expected to absolutely adore every rotation.

In my opinion, the third year clerkships are akin to a new and intense business job in which you have to prove yourself to your boss (the attending) and your office managers (the residents). You will work hard to demonstrate how valuable you are to the company (the team). In doing so, you will be challenged by everyone (the attending, residents, patients and patients’ families) in terms of your skills, intelligence and comfort zones. Ultimately, your boss will decide if your work demonstrates that you are capable of handling and taking on more responsibilities (suturing, procedures, etc.).

On the other hand, I would not trade in my experiences this year for the world. The bonds that I shared with my patients and the babies that I first held in my arms after their delivery will all forever be imprinted in my memory. I have enjoyed participating in extraordinary surgeries and working with prestigious and well respected physicians in the community. During third year, there will be several moments when the things you studied in first and second year come to life right in front of you. For example, I will never forget the first time I “palpated an olive” in a newborn baby’s abdomen who had a classic presentation of pyloric stenosis.

My advice for third year is simple. I encourage everyone to continue to press forward and to push yourself especially when you feel less motivated to study. Although it is cliché, I want to remind you to always believe in yourself and your abilities. Please understand that your purpose as a third year medical student is not to know everything in the field of medicine. It would be virtually impossible to do so. However, your objective this year is to learn, work hard, do your best and develop your individual approach to practicing medicine.

Best wishes to you all,

Krystal Jerry
Make corrections in private.

Don’t complain - no one wants to hear it.

You are no longer the most important thing - your patients are.

Everyone above you has already gone through the same thing – embrace your place at the bottom of the totem pole and work hard to earn more responsibility.

There is nothing wrong with fake enthusiasm - sometimes it is all you will have going for you. If you smile and act like you are interested, you might learn something new and enjoy it.

Take the time to explain things to patients - you might be the only person who does.

Enjoy yourself. This is the best year of medical school. You will learn more than you can imagine about how to think and act like a doctor.

When things get bad, and you start feeling sorry for yourself, remember what an Honor it is for a patient to open himself or herself up to you and allow you to treat them.

Kyle Kalkwarf
UTHSCSA SOM 2011
Third years,

So I guess I should preface this by saying that I was going to start out with an incredible story about one of the patients I saw during my third year. But I don’t know how effective or useful such stories are. I guess it could offer inspiration, but even that is fleeting. Nothing will truly resonate to you until you experience it first-hand. Reading and hearing stories versus experiencing them yourself are two completely different animals. Everyone has something to say about everything, but what I’ve learned is that each person’s experience is different. Everyone is a different learner and has a different personality. So I guess, take this all with a grain of salt; it really comes down to trial and error.

Other than that, I would have to say one of the main things that has gotten me through third year, and all of med school in general, is having a support system. Even though it may seem like your sub-par performance on your shelf will screw up your life, or how you do on a certain rotation will ultimately determine how you will turn out in life – don’t be so dramatic, it won’t. There really are more important things and bigger problems in the world, and your support system helps you realize this. Your support system will remind you time and again that life existed before you and will go on after you. Your support system will talk you down when you embark on a flight of panic. Your support system will not ditch you when making plans for the weekend, your instinctive response is “I have to study” everyday. Your support system will stand by you when you expend all of your energy sucking up to your attending/resident and having a smile plastered on your face for 10+ hours, and as a result you are overall, an unpleasant person to be around. Having a solid support system truly is indispensible. Whether it be family member, friends, significant others, or your xbox, get a support system, maintain your support system, show gratitude to your support system.

In all seriousness, transitioning from basic sciences to clinical medicine can be daunting, uncomfortable, and sometimes unsettling. Let’s be honest – meeting sleep-deprived, ill patients that are often in pain really bursts the comforting medical school bubble that we have grown accustomed to in the past two years. It really is hard to find the right thing to say to show empathy towards your patient, no matter what stage of disease they are in at the time. Sometimes, it’s not even what you say that matters – it is your presence, body language and ability to not be awkward. On the other hand, amidst the uncertainty of how best to deal with patients and forming your own personality as a future doctor, there are bright spots along the way. As the year progresses, you find yourself having to revisit the patient’s room less and less to ask those few remaining questions you forgot to obtain on the initial H&P. Though you still have to rely on first aid and step up for shelf studying, you find yourself more comfortable with reading journal articles and reciting evidence based medicine more frequently. As you become the team member that visits the patient most frequently throughout the day, you begin to field questions from patients and family members about the direction of their future therapy and hospital disposition. All of these are exciting transitions that you begin to notice as the year progresses and really, something we have been waiting to experience for 2 years. Third year is exciting and equally humbling; some days you feel like a total tool and some days you feel on top of your game – that’s the way you learn I guess. Anyway, you’ll figure it out. Once you become familiar with the un-identifiable smell in the ward hallways, you know you’ve made the transition to clinician in training.

Best of Luck,

Daniel Kim
Dear Class of 2012,

Congratulations on surviving the lecture halls and library without getting a DVT or pressure ulcer! The first two years aren’t easy, and you probably have a few syllabi-induced, paper cut battle wounds to prove it. Now that you’ve added a shiny, green nameplate as your newest piece of flair on your white coat, you’ve been granted access to the “Cool Kids Club” that is the second half of medical school.

You may not have realized it yet, but you’ve changed. Your closet has slowly accumulated grown-up, CAP/ACES-appropriate clothes, and dinner conversations about bodily functions (or dysfunctions) have no effect on your appetite. In the same manner, third year is like the growth spurt of med school. All the medical jargon you memorized that sounded more like Klingon and not English will finally come into fruition, and the two-dimensional, laundry lists of signs and symptoms will become anthropomorphized into real people with real medical problems and real emotions. Your metamorphosis will radiate from cerebral to emotional as you discover the art of medicine.

To help with the transition from the classroom to the clinic, here are some tips I have picked up throughout the year:

1. Play doctor. During each rotation, take on the mindset of a physician in that field. You don’t have to tell everyone you’re going into their specialty, but thinking like an Internist, Surgeon, etc. will help you understand their perspective on medicine and their approach to patients. If that isn’t enough motivation, remember that physicians write the exams, so if you can think like they do, it might help you on the Shelf.
2. Whether you want it to or not, every rotation will end, putting you one step closer to finding (or being) what you want to be when you grow up and/or graduate.
3. Helping your patient means helping the team, even if it means doing scut work. Your resident is the team matriarch. When Mom’s happy, everyone’s happy, and the happier the team is, the better (and more pleasant) your experience will be.
4. Make time for your family, friends, and yourself. It’s amazing how easy it is to forget that life extends beyond the walls of the hospital or the pages of review books.
5. Have granola bars or protein bars on hand. You never know when you’ll have to rush to the OR or when Medicine rounds will end.
6. Speaking of rounds, invest in comfortable shoes. Comfortable doesn’t always mean unattractive, but when body fluids are involved, you’ll be grateful for your “hospital-only” shoes and glamorous, seafoam green scrubs. Trust me.
7. Bring a toothbrush and toothpaste to overnight call. Breath mints and gum will only last for so long.
8. If you’re a girl, your ovaries will cry from baby fever during OB/Gyn and/or Nursery. If you’re a guy, call your mom after your first delivery and apologize for anything you ever did in your life. Actually, that probably goes for the girls, too.
9. You will have bad days. You will not know all the answers. You will be tired and stressed. You will feel underappreciated and overworked. Sadly, this is normal and even expected, but when you look back on your third year, it will all be worth it.
10. Your white coat will at times be a superhero cape, Harry Potter’s Invisibility Cloak, sleeping bag, treasure chest, and Kleenex. Wash it often. But, keep in mind that when you do, you will inevitably spill coffee on it. It’s science.

Best of luck with your third year! It’ll be over before you know it.

Real Patients and Green Nameplates,

Gina J. Kim.
Letter to a 3rd Year

While 3rd year is definitely more interesting and exciting than the first two years of medical school, beware that it is a lot more studying and only a small amount of free time. Manage your time wisely with a good balance of studying (aim for one hour a day – more or less depending on when you get home) and doing your regular activities or hanging out with friends. Without good time management, you will get burned out.

Rotations - When given a choice for rotations (ie. Surgery), try to choose the ones you are actually interested in rather than just going for the “easier schedule and better hours.” If it is even remotely interesting to you, try it out and you may be surprised. My biggest problem with third year was trying to not become jaded and jealous of other peoples’ experiences or schedules. Keep in mind that EVERYONE will have bad experiences, long hours, difficult teams, or harsh attendings. at some point in their year. We were always warned to not be “whiners” when at work and go in with a smile, which to me was the easy part. The hard part was going home and not complaining about everything to everyone and anyone. It is good to vent occasionally to your family, significant others, or close friends but people do not like hearing that ALL the time. On the other end of the spectrum, if you are having great hours, great team and great cases, do not constantly brag to your classmates because they may not be having the same experience. In the end, I believe that everyone will have their fair share of good and bad times so just try to remember the good ones!

Studying - Our population of patients will have certain common diseases and things will get repetitive. This is why most of your learning and preparing for the shelf exams will still come from textbooks and doing practice questions. Shelf exams will basically make or break your grades. Thus, it is a wise idea to spend more time studying rather than hanging out at the hospital doing scut work.

Evaluations - Good evaluations are not difficult to obtain and great ones are rare but are more likely with studying as well. They are completely subjective so do not get miffed by them. There will be good ones and there will be mediocre ones, but you can only try your best. In the end, it is not the evaluations that will affect your grade but rather your shelf scores. Pinpoint attendings early on to make good impressions for future recommendation letters.

Finally, always keep fourth year and residency applications in the back of your mind. If you really enjoy a rotation and it could be a potential career, meet with the residency director for more information and to make your interest known. Also, you will need your third year attendings again later so work and study hard. The time flies quickly and before you know it, you will be done with third year! Good luck and try to enjoy the good times.

Jennifer Lai
Dear Future Doctors,

Welcome to a whole new world in medical school! Say goodbye to 2 years of sitting on your butt studying, and say hello to thinking on your feet. Learn to love it! I’m going to give you some advice that might seem really obvious, but you’d be quite surprised at what you see. You may roll your eyes at Dr. Keeton’s advice, but he is right!

NOT to do:
1. NEVER COMPLAIN about your hours or how far you have to drive. Someone always has it worse than you. If hours are your priority, maybe residency won’t work well for you.
2. DON’T UNDERESTIMATE shelf exams. They are hard, and your evaluations may or may not help your grade.
3. NEVER PIMP your classmates, or worse, your residents or attending. “Pimping doesn’t go upstream.”
4. DON’T LIE. If you forgot to ask your patient something on pre-rounded or forgot to run a certain errand, do NOT pretend like you did.
5. NEVER take anything personally. Everyone has bad days.
6. DON’T FORGET. Life’s not fair. Use every non-ideal situation as a LEARNING EXPERIENCE.
7. DON’T EXPECT 5’s on all of your evaluations. Some attendings just don’t give 5s. Things they like: FUND OF KNOWLEDGE, clinical reasoning, TEAM PLAYERS, etc.
8. NEVER be alone. A support system is key – family, roommates, friends will save you.
9. DO. NOT. EVER. Screw over a fellow teammate. BE a team player!
10. Want some cheese with that whine? NO HATERS allowed on wards.

To DO:
1. ALWAYS have a book on you. Your books are pocket sized for a reason, and you never know when you’ll have down time to squeeze in some studying.
2. BE ON TIME. Remember the old adage, “If you’re 5 minutes early, you’re on time. If you’re on time, you’re late.”
3. EVERY morning on pre rounds: f/c/n/v = any fever, chills, nausea, vomiting? Also good to know: pain level, SOB (shortness of breath), CP (chest pain), BMs (bowel movements), UOP (urine output), I/O (ins/outs), day # of antibiotics out of how many, check culture results EVERY DAY.
4. BE NICE to nurses, nurse assistants, medical assistants, scrub techs, circulating nurses, CRNAs, etc. Your life will be much easier if they are on your side.
5. BRING FOOD and STAY HYDRATED. UH cafeteria gets boring, unhealthy, and expensive after a while.
6. BE PROACTIVE. If everyone around you appears to be busy, ASK what you can do to help.
7. UNDERSTAND the hierarchy. Yes, it stinks to be the bottom of the barrel, but “scut work” is nothing like it used to be. Work with a smile!
8. READ, starting Day 1 of the rotation. You never know when you’ll be pimped.
9. BE OPEN Minded, about every specialty. Maybe you’ll go into third year thinking surgery is your thing, but psych is your calling!
10. BE A TEAM PLAYER. Be enthusiastic. Help out your residents, interns, and classmates however you can. Your team is your family, and when they look good, you look good. Did I mention be a team player?

REMEMBER:
1. DOLOR means pain en español, for you non-Spanish speakers.
2. FREE food is good food!
3. The best advice I got all year: Treat your patients how you would want your family member to be treated. Be respectful. Be polite. And KNOW YOUR STUFF.

Best of luck!

**Ha Lam**
Dear Future MS3,

It’s finally here! Remember when you were an undergrad eagerly volunteering at clinics and shadowing doctors who saw patients? The interactions with people you have had over the past two years included fellow students, professors, and the barista at Starbucks. Standardized patients knew way too much to be considered “real” patient encounters. This coming year, and quite possibly the rest of your life, you will be invited into the lives of other people. You will learn things you could never imagine: how often a person has a bowel movement, what the patient eats and who they live with, how the patient lives each day and the different struggles each patient faces. Not having to go to a lecture hall daily or listen to podcasts.

This year will be a roller coaster of emotions. You will console a mother who just lost their child and rejoice with the miracle of life fifteen minutes later. You will interview people in their most vulnerable states. You will rush through an interview because you really do not want to hear those sob stories. This last statement is alarming and something you never dreamed would happen. In your first year courses people commented on how often doctors interrupt people (within the first 15 seconds). You never in a million years thought you would do that, but it’s true, you will.

As a MS3 you will have to learn how to “smile and take it.” Dr. Keeton’s advice to you on your last day of pharmacology is correct. “Be on time,” “Don’t complain.” You are at the bottom of the medical totem pole; attempting to absorb as much as you can without getting in the way or seeming too aggressive. Soak it all in because the year flies by fast. Real fast!

If you hate a clerkship, remember there is an end in sight. You never have to do it again if you wish. This year is a wonderful experience. I had great days where I was overjoyed by my career choice. Other days I regretted every choice I made, including dinner. Although not every experience was enjoyable, I have met some great physicians and have been influenced by the amazing patients that I interacted with daily. Congratulations!!! You’re a clinician now!

Some pearls of wisdom as a MS3:
1. Don’t buy books if you can find them in the Office of Academic Enhancement. Books easily can total over $500. Spend that money on your wardrobe or food.
   a. Family Medicine: Case Files and a question book
   b. OB/GYN: Pay attention, Case Files, and a question book
   c. Surgery: NMS Casebook, Pestana, Case Files, and a question book
   d. Medicine: Step Up to Medicine, Case Files, MKSAP question book, ask lots of questions!!!
   e. Psych: First Aid, Lange question book
   f. If you are on a budget USMLE World is really expensive. Save it until studying for Step 2.
2. Study often and early.
3. Always have snacks. You won’t know when you’re hungry until it’s too late. You don’t want to have a hypoglycemic episode over a sterile field.
4. Be on time!
5. If you exercise now, don’t stop.
6. Diets do not exist on call days. Food=success
7. Don’t take comments from staff or residents personally. Personality differences very much exist, and there are usually circumstances leading up to that event.
8. Don’t lie! Admit you don’t know or that you have no idea. Just find a better way to phrase the fact you are completely clueless.
9. Feed your pets. They appreciate it.
11. Talk to your attending about their expectations. They appreciate it and they are the ones grading you. Always ask for feedback midway and towards the end of the rotation.
12. Get a UH mug if you haven’t already gotten one.
13. Smart phones are AMAZING! Facebook is still just as addicting as it was in first and second year.
14. Treasure the time off between clerkships.
15. Most importantly: DO NOT FORGET YOUR LOVED ONES! They try to understand what you are going through. Remind them when you will be the busiest and why they haven’t heard from you in awhile.
They are your biggest advocate and they are so proud of you. :-) Medical school friends are great to talk to, but they have a clouded view since they are going through similar problems. Non-medical friends and family are a breath of fresh air.

Beverly Lee
Michelle Lee

Third year rotations always start out with about a week’s worth of confusion. Who do I follow? What do I call the resident? Where do I go? What is expected of me? Am I supposed to assume that I am responsible for x, y, and z? However, without fail, after the first week or so, things start to become routine. I know this is hard to imagine on the first day, but believe me, things will start to make sense, and you will feel this sense of routine. The day becomes routine, the patients you see, the questions you ask them, the physical exams that you perform, all become part of the routine. It is when things fall out of routine that episodes stick out in your memory, and create something to reflect on years later.

It was a late afternoon at the Brady Green clinic during my Family Practice rotation. All the other patients were gone, most of the residents were packing up to go home for the evening. There was one more patient, and it was a young woman here for birth control. As was routine now, I went in to see her for an initial history and physical. She was perched on the chair, reviewing notes for her upcoming test. During the exam, I noticed a suspicious bruise above her eye, and inquired about it, and she quickly dismissed it as an accident, “I’m really clumsy,” and I assured her that I was too. She was easy to talk to, we talked about the exam she was studying for, she was looking forward to graduating college and making a better life for herself. She was in a relationship, and sexually active, thus wanting the birth control. She wanted to do a pregnancy test as well. Her physical exam was completely normal. The resident I was working with came in repeated some of the history and physical, and we presented to the attending. The attending wanted to stop in and say hello to her before we gave her the prescription for oral contraceptives.

Our attending took one look at her and said, “Tell me what really happened, you didn’t fall, did you?” Our patient was suddenly interested in her hands and looked down at her nails intently. She swung her legs from the exam table. It was silent. The patient, the attending, the resident, and me...the only people left in the clinic, silent in the small exam room. Finally she shook her head, tears hitting her lap. “My boyfriend hits me. He abuses me, in many ways. I can’t leave him though, not until I have my own job, after I graduate.” She was relieved that her pregnancy test was negative, and cried harder, “I just don’t want to become pregnant and then not have a way out.” We ended up staying and counseling her, giving her numbers to the family justice program in the clinic and other advocacy options and resources available. We could only hope that the conversation would spark a desire, a realization that she could get out of that relationship, now.

I learned an important lesson from that day. Even though I thought the bruise was odd, I didn’t inquire further. Both the resident and I were suspicious, but satisfied with her answer. Was it just my inexperience? Or was I just too comfortable with the routine? Did I just want to get through the routine list of questions? No matter how uncomfortable the situation, I realized that as someone who has the potential to change a life, I cannot be afraid of the ensuing discomfort or a patient’s unhappy reaction—if there is something suspicious, press harder. I never saw her again, and from time to time I wonder if she had sought help. However, I do know that if we had just let her go home that day, she may not have had the chance to live out her dreams of graduation and the life she had been working towards.
Get it Together. You’re a Third Year Now.

During the first two years of medical school, we medical students are, for the most part, a one-trick pony. We seek answers to questions for which we know there is an answer—Is staph gram positive or gram negative? What muscles does the median nerve supply? How do I put on my stethoscope? When we answer these questions, we savor a profound sense of satisfaction. We are convinced that we are one step closer to truly unlocking the mystery of the human organism. Then third year comes, and panic sets in. Suddenly, we are asked to find answers without consulting our (oh so reliable…) syllabus, or burrowing into a library cubby hole for sixteen hours. So we hunt voraciously on the internet for advice on which books to use. We fire off emails to upper classmen, asking them how to impress our residents and attendings. We do all this to assuage the ache of uncertainty. Sorry, but the following anecdotes probably will not restore your sense of inner peace. Instead, I hope they provide you with a glimpse of what you can learn as a third year student.

“You have to keep the scrotum elevated,” I explained to my patient’s mother. She tilted her head, obviously perplexed. Her son had a neurogenic bladder as a result of spina bifida, and he had developed a touch of scrotal cellulitis. Given her son’s complicated history, I’m sure she had been given instructions before that seemed alien and bizarre. Judging by her blank stare, however, this one was particularly mystifying. So I tried again. This time, I integrated some visual aids that involved scooping gestures and fumbling around with a rolled up towel. Still nothing. Then the chief resident came to the rescue: “You have to keep his ___ up,” she said, using a less elegant word for “scrotum” that rhymes with “cut back.” The mother immediately understood what we meant. She complied with our request, the cellulitis resolved, and his course was marvelous. Although this is a minor example, it shows the importance of communicating with patients in a way that makes sense to them.

Indeed, one may relish the irony of unabashedly using words we favored in middle school in place of our erudite medical vocabulary. There are also unfortunate times when euphemisms and wit are superseded by condolences and empathy. I learned this on my last week of internal medicine. I went to see a patient in the ER that we were going to admit for what was ostensibly a bad pneumonia. As I talked with him, I uncovered red flag after red flag for HIV infection, and the attending even suggested that his chest x-ray looked like PCP. Our suspicion was confirmed the next day when his ELISA came back positive. A few hours would pass before the resident and I had a chance to talk to him. During that time, the news of his diagnosis weighed upon me. I felt strange, almost uncomfortable, that I knew something so intensely personal about this man whom I barely knew. Even more daunting was the prospect of actually telling him. Thankfully, this was done by the resident. While I observed, I realized that communicating with patients is also a sacred—and at times morbid—responsibility on the part of the physician.

Most days of third year will not leave you with a riveting experience or an inspirational patient. You will not always want to rush home and scribble down tearful stories about saving lives. More likely, you will down a spoonful of peanut butter and pass out on the couch. The reality is that the majority of the time you will be exhausted, hungry, bored, or a combination of all three. This makes it easy to inadvertently lose focus. There will be memorable patients, though, like these two patients were for me. They will help you to restore your perspective on why you work so hard.

Matt Meissner  
Class of 2011
Having the opportunity to witness the circumstances surrounding death due to a terminal illness was an eye-opener for me. The delivery of healthcare we’ve been taught can be described as a passionate pursuit of patho-physiological derangements plaguing one’s normal function. After the warm welcomes by my patients, I saw an opportunity for a physical exam that I’ve been taught so religiously to find the link between disease process and its physical punishment to the being. For physicians there’s an innate inclination to unravel the complexities of the disease and intervene accordingly. In palliative care, this is not the case; the focus is on symptomatic pain relief and comfort. To some, this approach may be difficult to accept, especially knowing the many disease-halting treatments we have. To many, it’s about catering therapy to the patient’s wishes. To all, it’s about giving our best to be there for the patient in his or her greatest time of need, and employing a team approach to assist the patient’s family in more ways than one.

Having a terminal illness may or may not affect the patient, depending on his or her mental capacity to grasp its magnitude. It is often more crippling and defeating to the patient’s family. I was able to witness how having an imminent death can change the dynamics of a family. Having gone through a tragedy myself, I can understand the turmoil that runs through a family. For the family members, this was reflected by the tired eyes from the restless nights, the tears from the thoughts of a passing family member, and the physical pain from the daily care of the patient. Through these experiences and my very own, I am able to see how selfless the human being can be and the degree of our emotions for one another.

Caring for any type of patient requires a team approach, especially hospice patients, with the most important member being the patient. Much of our gratification stems from how we can ease their apprehensions. With the collaboration of nurses, social workers, and the chaplains, we are able to heal the family in a complete fashion. The most important factor in this team approach is the time and effort of the members who physically meet the patient at their place of comfort.

From these very personal experiences, I am able to appreciate the fragility of life. From witnessing death and dying, I am able to validate my existence and not take for granted the mundane functions of my own body. Seeing the disease process robbing the vitalities of my patients is both demoralizing and uplifting at the same time. I take much pride in the opportunity to care for my patients, an uplifting experience in itself, and that validates my decision to enter medicine.

Vinh Nguyen
Dear Novice MS3s,

Welcome to 3rd year! It is the official transition from the quiet library, comfy chairs, and flexible schedules to a completely opposite world: the loud, fast-paced hospital, days where you are not sure if the sun was even out, mornings that you didn’t know could start so early, and commutes that would make you feel like a truck driver. Your life is about to make a 180 turn from STEP 1 studying. Here are 20 tips that will hopefully calm your nerves and give you a heads up for the incredibly humbling year ahead of you. Best of luck in your personal growth in medicine over the next 12 months!

1. **First day**: this will always be stressful. Listen carefully, ask applicable questions, write down key information and instructions, and remind yourself that you WILL get the hang of it eventually! It helps to ask a classmate who has already done the rotation to give you some pointers.

2. **Second day- End of rotation**: forget all the preaching you heard that you must “act like an intern”. If that was true, then we wouldn’t need another year of med school to learn everything. You are a 3rd year student coming directly from the classroom without a speck of knowledge about real world medicine. Your tuition is going towards learning the material, procedures, and protocols for treatment. Soak up the information, reference the drugs/diseases, and look up articles when needed. Who knows, in the process of learning all of this while working hard and respecting your team, you MIGHT look like an intern anyway!

3. **Know your role**: some rotations are all shadowing, others are pure slave work. Ask your classmates what the team expects of you before you start a rotation, and know your role as a student.

4. **Honesty**: Be comfortable with confessing your shortcomings. You will have a lot of them. It is ok to admit that you forgot to check something on the exam. Physicians know that it is hard to remember everything at first. If you left something out, simply apologize and offer to go back later.

5. **White coat**: please wash frequently (q2-3wks), especially on hands-on rotations. It is washer/dryer safe (you DON’T have to dry-clean it). After all, you wear it everyday...just sayin’.

6. **Attire**: the white coat does not mask unprofessional outfits. Even if a t-shirt cost more than your ophthalmoscope, this does not make it an acceptable outfit. Cargo pants are not dress pants and never will be. Wrinkled shirts that desperately need to be ironed are noticed by more people than just your mom now. Please save your 5 inch, knee-high boots for the Saturday nights that do not involve being on call. No one cares if you have been in scrubs for 3 months and are dying to wear your huge, inappropriate earrings to clinic. Every single outfit should be professional.

7. **Silence**: it is golden for a reason. Many students don’t know their boundaries. Please know when to stop talking, when it’s appropriate to ask questions, and when to speak up if something new is important to share (i.e. new lab results). I cannot tell you how important this is. Many physicians were too nice to tell students to stop talking. They will likely start talking over you in hopes that you will get the hint.

8. **Take notes**: even if you don’t care. It will make you look interested, help you learn, and pass time on rotations you dislike. Residents will appreciate the information later when they write their notes.

9. **Drugs**: look them up. Look them up again. And again. You will spend a large part of 3rd year referencing drugs. If a patient is taking a drug that you don’t recognize, just ask them what they are taking it for. On that note, Epocrates is a MUST! If you absolutely cannot get this application, buy a small pharm reference book.

10. **Passwords, Ward Codes, ID numbers**: write them all down and keep them handy in your coat or phone.


12. **Money**: budget the year accordingly. You will most likely have to drive somewhere far for a day/week/month, and gas money adds up. Step 2 CK/CS registration is $1600 in the spring. Borrow books from friends. Check them out from the library or Academic Enhancement Center. Know when to buy USMLEWORLD.
Halprice Books (and your roommate’s bookshelf) are both goldmines.

13. **Teammates**: don’t screw them over. Don’t make them look bad. Period. Be a team player and write their notes when they are sick or at clinic. The faster your team works, the faster you can leave to go study. It is always good to take work off your resident’s shoulders when you are capable of doing so.

14. **The patients**: no longer “cases” that you read about. Put yourself in their shoes. They are in a foreign location and suffering in some way. At times during your more demanding rotations, you will be tempted to go through the motions because you are so tired from a full day. One night in the ER, I felt pulled to help a young girl after being hit by a drunk driver. At 2:00 am, I wiped the dried blood off her face, got her a warm blanket, and talked to her for a while in the chaotic trauma bay. I could visibly see her relax and mentally calculate that she would recover from such an incident despite the ongoing mayhem of the evening. On days like this, or when you are approaching the end of a 30 hr shift, remember that we are called to treat patients physically AND emotionally, and go the extra mile.

15. **Stupid moments**: we all have them. Just expect them. During my ob/gyn rotation, I was so delirious from lack of sleep that I asked a patient if she had just one of her tubes tied or both of them tied. I still laugh when I think about this moment and the look on her face. Similarly, my attempt at Spanish on many occasions was incredibly embarrassing. No one expects the students to look like superstars. Be able to laugh at yourself, but as always, attempt to be professional.

16. **Bad days**: don’t get discouraged. You will have a lot of these. The majority of the year is going through rotations that you will necessarily enjoy or experience again. The first day of every rotation is a guaranteed to be stressful when everything is foreign and you automatically look incompetent and idiotic. Similarly, if your resident is having a bad day, don’t let that fool you into thinking you are doing a poor job. Towards the end of the year, you will be burned out and less enthusiastic. Expect this. I hate telling people this and hated hearing it last year, but I was so glad that someone warned me about these days. They are normal.

17. **Complaining**: we all know this is inevitable, let’s not kid ourselves. We are the least important member of the team and often invisible. You could write the best note in the hospital’s history and they will probably never read it or care that you did it in record time. If you were treated like complete scum during rounds one day and absolutely must complain, do it at home, NOT in the hospital, and NOT by text messaging.

18. **Evaluations**: My best advice is not to worry about these because they mostly out of your control. You will realize that the physicians who treat you “like the son/daughter they never had” will give you a bland or slightly critical eval, but the doctors whom you are positive hate the very sight of your short white coat will give you glowing reviews. Hands down, they are unpredictable and not worth wasting your precious free time worrying about. If you are always professional, respect everyone, and do your work, you will be fine.

19. **Choosing a specialty**: almost everyone struggles with this. Remember all of the resources to help you make a decision. Ask your friends and family, physicians you work with closely, deans, and other classmates what field they see you in. Verbalize your likes and dislikes, recognize what you absolutely cannot handle, and think about what feels less like work and more a natural job to you. Much of my decision came from feedback close friends and colleagues whom I worked with during the year. Do not make a decision or change your mind based on your emotions.

20. **Classmates**: They are the only people who understand what you are going through. Absolutely no one can replace the friends in your class this year; they are invaluable and help you through many rough times. Don’t forget them, and help each other out.

Third year is hard. It is a rollercoaster of emotions. Expect long hours. Communicate clearly. Have a good time.  

**Jacky Niederstadt**
Dear Friend,

As the conclusion of my 3rd year of medical school is quickly drawing near, I look back and contemplate what I would have wanted to know before this journey began. I consider the loads of misinformation that we receive from every part of the chain of what to expect. “You’ll be the ultimate scutter,” “You will have no life,” “You will have to speak only Spanish in Ob/Gyn.” Ok well that last one might have been true, but for the most part looking back, it hasn’t been the atrocity predicted by my 4th year peers. So I have compiled these 12 pearls to consider during your 3rd year.

Pearl 1: Find the bathroom on day 1.
While this may seem trivial on the first day, it may come in extremely handy. If you check this one off your list by day one, consider it a successful day regardless of getting lost, parking, or any myriad of issues that will happen every 6 weeks.

Pearl 2: Eat or be hangry.
If you are not able to eat, you will get cranky. You will not be the best patient advocate, and in the end you will not be as effective of a learner.

(HANGRY adj. eng- anger resulting from extreme hunger. If you decide to stay in the 7 hour surgery without food, you will come out hangry at the world.)

Pearl 3: Don’t be a hypocrite: Exercise.
Numerous studies document the benefit of exercise on stress, sleep, decreased illnesses and overall well being. We constantly tell our patients to do it; don’t be a hypocrite. 30 minutes a day is all it takes.

Pearl 4: Take one for the team: be a scut once in a while.
It’s not about you. Being a scut helps the greater good. When asked to do some trivial work, say “yes sir” or “yes ma’am.” Usually the residents ask for your help because they are busy managing patients, and they need your help to get it all done. Volunteer to help and do it with a smile.

Pearl 5: It’s ok to choose the Early Bird Special – Go to bed early.
If you are fatigued, you will make mistakes. It will be subtle at first, but eventually you will begin to feel the strain on your entire life. Go to bed early enough that you are refreshed and able to maximize your time in the hospital.

Pearl 6: Punctuality is like godliness.
You are in the professional world now. Act like it. Be on time and if possible, early. Your residents and attending will recognize it and it will show in your evaluations.

Pearl 7: There is no I in Team.
You’re on a team for a reason. There are times when you will not be phenomenal, either you are post-call, couldn’t sleep, or something else. Life happens. If you can help the other members of your team when they are not shining, then they will have your back when it is your turn.

Pearl 8: Sick happens. If you’re sick, call your attending and residents.
You will probably get sick at one point or another during your rotations. This is ok, you are surrounded by some of the most virulent bugs in the hospital. When you make the decision that you are sick, plan to be at the hospital but call your residents and attending first. Only if they excuse you from coming in do you get to stay in bed.

Pearl 9: Call your mother.
Take a little time each day to remind yourself who matters in your life. This will help you keep things in perspective. When catching up, stay positive. Your loved ones don’t want to hear you complain.

Pearl 10: Remember the patients. You choose to be in this hospital, the patient’s didn’t.
Your patients don’t choose to be in the hospital, and they can decide not to be a part of your education. Be grateful for the opportunity to work with them regardless of why they are here, what language they speak, or other biases that might be on your team.

Pearl 11: Take responsibility for your actions. No excuses.
Admit to your mistakes and learn from them. Excuses will not help you, but accepting your actions and learning from them will make you a stronger physician and more respected on your team. Just try to not let them happen twice.

Pearl 12: Don’t lose your “muchness.”
Recognize you will be wrong, you will feel inadequate, and you will question your future. No matter how
smart you are, you will make mistakes. If you follow the other 11 steps, you will be able to handle this, and you will overcome these obstacles. You will be a great doctor. Just one day at a time. Hopefully these 12 pearls will help you be successful as you go into the hospital/clinic. Good luck on your journey and learn something every day.

Your colleague,

**Ryan Odom**
Dear Third Year,

First of all, congratulations on completing the first two years and step 1!! You now deserve a break from the books, but unfortunately you do not get one. The following five key points are essential to third year success:

1) **Read every night** - I know you thought that you were done studying. You thought those endless nights in the library were over but I’m sorry to tell you that the studying does not stop. On a positive note, the material is more interesting, seems to sink in faster, and is more applicable to your future. What you study at night you will see during the day at the clerkship. Try reading material about the patients you are covering. This will not only help you look good on rounds but also it will ingrain the information in your mind. You will not forget the treatment or diagnosis of a condition if you had a patient with that condition. A good rule of thumb is to read at least one hour every night but it really depends on what rotation you are on and how you study. For a rotation like internal medicine you will probably need to study more. All in all, just make an effort to open the books every day even if you feel like nothing is sticking in your brain. Trust me, some of it gets in there.

2) **Act like each rotation is the specialty you are going into** - Some of you know, or think you know, what specialty you want to go into, and will start third year with that as your goal, but please try not to. If you start a rotation and act like that is the specialty you want to ultimately do as a career, then you will learn the material better and the residents and attendings will make a better effort to teach you. For example, even if you think ob/gyn is the worst specialty in the world, if you act like it is what you want to do you will enjoy the rotation more, learn more, and might even surprise yourself into considering it as a specialty.

3) **Be nice to the nurses** - The nurses are valuable resources when you are pre-rounding in the morning. They can tell you several things about the patient that are not in the chart. If you are nice to them and show them respect, they will reciprocate and make you look good in front of the attending. This applies to nurses on the floor as well as in the operating room.

4) **Perform as many physical exams as possible** - If you are like me at all, then you did not feel comfortable listening to heart sounds or lung sounds going into 3rd year. My best advice to improve these skills is to listen to the heart and lungs of every patient you see. Sometimes, if it is appropriate, listen to the patients of other people on your team. Don’t just listen to abnormal heart and lung sounds. You need to listen to many normal hearts and lungs also to really appreciate when something sounds abnormal.

5) **Have fun** - This is most likely the only time in your career that you will ever be able to dabble into several different specialties. You may never get to do surgery again so have fun participating in surgeries knowing that this may be your last chance. You may never get to deliver a baby again so have fun experiencing this. Take a little time, once in a while, to step back and look at how cool your job is.

Good Luck,

Nicolas Palaskas
Dave Paolino

Being a third year medical student is a lot like being America Online. You’re slow, take a long time to start up, and only really old people think you’re actually competent. This upcoming year will teach you many valuable, life changing lessons. You’ll laugh, you’ll cry, you’ll wish you had gone to dental school. I could write about these glorified, operatic aspects of your first clinical year, but I’m not going to do that here. I would instead like to focus on the other side of third year. The ugly side.

For every poignant moment third year provides, it flushes thousands of hours of your mid-20s down the toilet of monotony. Firstly: Have you ever heard of the word “retracting”? For the un-initiated, retracting is when you pull on a curved metal object, gradually running out of ATP with a surgeon repeatedly calling you creative synonyms for “vagina.” Secondly, if you never achieved your goal of commemorating bridges for a living then you are in luck, as third year will afford you the opportunity to practice cutting with scissors until you want to cut off your very own fingers. The proper way to use scissors as a third year is to always insert your thumb and fourth finger through the holes, place your index finger along the shaft, and then leave too much or too little suture behind. But the activity you will use early and often is the lost art of staring at a computer screen as someone else wordlessly types. You can try feigning interest by nodding along, which everyone has hated since the beginning of both nodding and hating. There is also the more refined technique of rubbing your chin while you think about the upcoming weekend. But any way you look at it, much of your third year will be spent doing the equivalent of watching someone else play a terrible, terrible video game.

My anesthesia rotation was a three-week celebration of screen watching. We watched screens measuring vitals, Swan-Ganz screens tracking cardiac output, and echocardiogram screens displaying images of the heart. During a liver transplant we had all three screens working at once; it was the pinnacle of screen-watching, the mountaintop, the big leagues. The surgeons were up to their armpits in abdomen, their gowns splattered with blood, their brows furrowed. They had just put in the donor liver, finished their anastomoses, and unclamped it when our arterial line showed a systolic blood pressure of 24. My six months of training told me, in a far-away voice, “That’s not a good number.” The echo, which had previously shown the grey, grainy image of a rapidly pumping ventricle, now displayed an unmoving circle. I looked back at the vitals and noticed that we no longer had our systolic of 24. The blood pressure was zero; the heart had stopped.

The anesthesia resident spun around, handed me a small bag of Normosol and a vial of epinephrine, and said, “Draw this up, mix it in the saline, and label it. Can you do that?” I nodded dumbly. He stared at me over his mask. “Seriously, can you do that?” I nodded dumbly again. The chief surgical resident was doing chest compressions while the entire right side of the patient’s body remained a gaping, bleeding, retracted hole. I managed to prepare the solution without stabbing myself with the needle, handed it to the resident, and then stepped back and continued screen watching with suddenly terrified, fascinated eyes. The monitor slowly began recording the green, beeping EKG, the white sails of exhaled CO2, and the bright red rhythm of returning arterial blood pressure. The patient had survived.

So while yes, you will do skut work, and yes, many of your responsibilities can be better performed by inanimate objects, there will be moments during third year that cut right through the doldrums and make you remember why you got into this in the first place. Maybe your moment of clarity will be rushing into a room to deliver a baby, or nailing your first correct diagnosis in the ER, or even just having someone look you in the eyes and genuinely thank you. That last example is one of the most tired and overused clichés in medicine, which I believe is because it just feels good every single time it happens. It is my humble suggestion to look for those moments and appreciate them when they happen, because they validate the retracting, scissoring, and screen watching while lighting up the back of your tired head with the realization that this profession really is a privilege. And one day, far from today...very far from today, you will be the one staring fascinated at the monitor while some obnoxious medical student stands behind you nodding.
Dear Third Year Medical Student,

The third year of medical school is a life changing experience. You finally get to apply all the lessons learned during the first two years of medical school, while having the opportunity to learn the art of medicine from knowledgeable and caring physicians. During each rotation you need to remember that it is a privilege to be able to assist with the care of your patients. Your attending, residents, and interns primary responsibility is to take care of patients first, and teach you second. It is your responsibility to take initiative to read on disease states, ask questions, know your patients, participate in procedures, be a team player and have fun.

During third year I have learned many lessons while learning how to be a physician:

1. **ASK** – If there is a procedure, disease state, or surgery you would like to see, then ask. No one will get upset with you for wanting to learn.

2. **Dress Professional** – You are always being watched by someone, make sure to put your best foot forward. Patients also think that if you take care of yourself then you will take good care of them.

3. **Get a good review book and question bank** – Find one book during each rotation that works for you and stick with it. You will not have time to read 3 different books during a rotation so find one and learn it.

4. **Ask for feedback** – Take advantage of asking your team for feedback on what you are doing good and what you can improve on. Remember that if you ask for feedback you should be able to accept constructive criticism.

5. **Sleep** – Try to get enough sleep so that you are not falling asleep at work or at lectures. Do not be afraid to go home once all your work is done and you have asked to if there is anything else you can help with.

6. **Have a good attitude** – Remember that this may be the only time that you have to experience a particular rotation, take advantage of the experience.

7. **Be responsible** – It sounds simple enough but this is probably the most important. Be responsible for your patients. Be responsible for taking care of yourself. Be responsible for being on time. Be responsible for helping your team.

Third year is a wonderful opportunity. You are going to have a great time learning how to become a great physician.

Best of luck,

**Albert Parra**
Dear MS3,

CONGRATULATIONS!!! You’ve made it through two long years of learning from words on paper, pictures in books, PowerPoint presentations, and standardized patients. Now, you get to put these past two years of learning to use, on real patients, in real clinical scenarios.

Many of my classmates have undoubtedly given you wonderful advice in their letters. So, I’ll try to give you five points to always keep in the back of your mind, that I feel should be the foundation for a great third year experience.

1) ENJOY IT
The year that lies ahead of you will be filled with a slew of emotion: excitement, terror, relief, boredom, enthusiasm, anger, elation, sadness, apprehension. But all I can say is enjoy it - learn from every minute of each experience. This is your year to learn about the various specialties, to learn about yourself and what your want in life. You should be analyzing each rotation for what will fit you best as a practicing physician. Take every opportunity to do as much, see as much, and learn as much as you can on each rotation. Don’t worry about your future salary – you’re not going to starve when you’re a physician. Think about what you want to do for the rest of your life and what will give you the most satisfaction and enjoyment as a career.

2) LEARN
Yes, you do have to read and do practice questions for the shelf exam. But, you’ll also be learning from your attendings, your residents, your interns, the nurses, the scrub techs, your patients, your fellow classmates and future colleagues. The hospital and clinic are your new classrooms - use the information that you’ve learned so far and learn to apply it clinically. Learn and try to perfect the stuff you can’t just learn from a book - knot tying, performing various procedures, presenting patients, writing H&Ps and SOAP notes, using good bedside manner, coming up with differentials. Not only will you be learning in the clinical setting, but also remember to independently do outside reading to learn about the care, work-up, and management of your patients.

3) CARE FOR YOUR PATIENT
You are being given an incredible opportunity. Your patients are putting their lives in your hands – they will be trusting you to be their advocate, to listen to their most personal problems, to examine their exposed body, and to care for their well-being. In turn, you must remember to respect your patient and always treat them as you would want your family members to be treated. A good doctor is knowledgeable and intelligent, but compassion is what makes them great.

4) BE A TEAM PLAYER
No matter which clerkship or rotation site you are on, you will learn that your enjoyment is very dependent on how you work with your team. Pay it forward. Help your classmates and don’t “throw them under the bus” just to look good. When you’re in a bind, they’ll be there to help you. Help out your residents and interns – the quicker they get their work done, the quicker your team will get things done and the happier everyone will be. Don’t hold grudges if someone has wronged you – everyone has a bad day once in awhile.

5) DON’T FORGET ABOUT YOURSELF
Third year is exciting, but at times, it is also grueling. It can take a physical and mental toll if you are not careful. Over the course of one year, you will learn an incredible amount about medicine and the care of the patient, but you will also learn an incredible amount about yourself. Never forget to take care of yourself: eat healthy, exercise, sleep, do things that make you happy, take time for family and friends. Just like your first two years, don’t forget to take a little “me time.” If you can’t take care of yourself, how can you take care of your patient?
Third year is an amazing experience. Enjoy yourself and always continue to learn as much as you can. Take care of not only your patient, but also yourself and your team.

I wish you the best of luck and look forward to calling you my colleague in the near future.

- Arielle Perez
The Medical Student’s Role
By Pooya Iranpour

It took almost two entire weeks to determine why Mr. F was having increased leg weakness and episodes of falls. We performed a battery of uncomfortable exams – multiple imaging studies, blood draws, checked the CSF, made him go through difficult physical therapy. We woke him in the middle of the night for blood draws and vitals. We woke him for early morning rounds. We performed physical exams and asked him many of the same questions every day. Three or four teams ranging from IM, neurology, cardiology, and psychiatry all came to visit with him – performing the same physical exams and asking the same questions. Mr. F had been in the hospital for so long that he obtained pneumonia as well as a UTI that needed to be treated. He was overmedicated due to inconsistencies in what the patient said he took at home. He was lethargic most of the time, due to medications taken in order to prevent what was thought to be alcohol withdrawal. Mr. F stayed in bed for weeks straight. He was bored. He was confused. He was concerned. He was frustrated. As a medical student, I too became a part of his frustration because of my early morning mandatory check ups, constant questions that were probably repeated by multiple staff, physical exams, and inability to answer his questions.

Most patients do not have easy recoveries. Their stay in the hospital is longer than expected. They must go through the battery of tests when a diagnosis is not obvious. They must suffer being in the hospital – being bored, constantly waiting and not knowing when things will happen, being dependent on others, getting weaker and becoming infected, dealing with insensitive/busy staff who do not listen, feeling like an exhibit for students to learn from.

Although knowing that most of what we did was for his benefit, I felt guilty about my role. I was frustrated that I had to wake him up in the mornings. I felt bad asking him questions I was not sure I needed to ask. I felt guilty every time I made him sit up and/or walk just so I can mainly learn how to perform a physical exam. I hated forgetting questions to ask or exams to perform and then having to go back and bother him so I could complete my responsibilities.

As a third year medical student, you too may feel guilty about adding to the suffering of your patients. But understand that you can offer your patients something in return for their unknowing generosity. In the midst of his suffering, I realized I had a vital role and that my role was limitless. I could answer his questions or try to get the answers for him. I could give him some attention and be a friend to him. I could visit during the times others do not. I could comfort him and offer reassurance. I could be there for support/help during his blood draws, physical therapy sessions, or imaging studies. I could hold his hand during those lumbar punctures. I could help him not feel embarrassed during a rectal exam or reassure him that it is okay when he had problems with his bowel or bladder. I could support him if he wants to stand up. I could turn the TV back on when the attending turns it off. I could sit with him just in case he needed someone to talk to or joke with. I could hand him a tissue if he needs one. I could communicate to him every idea or plan the doctors/residents may have. I could try my best to determine when he will be able to go home.

Mr. F was the first patient who I realized I could actually help! Our roles as medical students can be as wide and as satisfying as we make them. In the end, Mr. F was cured and able to go home. I appreciated his efforts in helping me. He appreciated mine.
Dear ½ M.D.,

You are about to start a very unique, challenging, wonderful and difficult year of your life. You have already accumulated a tremendous amount of knowledge in the last two years. Congrats, that is such an accomplishment in and of itself! This year, though, you will be learning in a completely different way. You will be learning without even really feeling like you are. You will be accumulating medical knowledge as it bombards you rather than reading from a book. You will be starting to live the life of an intern and resident. You will learn to start a new job with no on the job training every 2-6 weeks. The beginning of every rotation will be stressful, then just as you are getting comfortable somewhere it will be time to move to somewhere new, learn a new hospital, a new clinic, new computer system/charting, new styles and personalities of attending and residents. Oh, and not to mention, a new specialty. By the end of this year you will be a gecko, able to blend into any new environment. Many things will be hard about this year. You are probably already worried about all the ways that it will be hard, everyone is. They are all true, but in general, nothing is as hard as you hear it is. It something does turn out to be that bad, don’t worry too much because you will be done with it in a few weeks.

The following are a few things that I have learned or realized this year. Since time is short, I will try to give you a head start, even though I know you would figure it all out. After all, you’re a medical student...

No matter how sure you are that you want to go into a certain specialty, every rotation has so much to teach you. Take each rotation seriously and get as much out of it as you can. For most of us, when we finish our 6 weeks of psychiatry or our 12 weeks of surgery, it will be the most we will ever know about those subjects, even though no matter what field you enter your patients will depend on you for guidance on surgical or psychiatric issues. You owe it to your patients to maximize the time you have.

Don’t be afraid to talk to patients. Initially you might be scared that they will ask questions to which you don’t know the answer. They will. By and large, patients will love having someone who will happily find out the answers to their questions and explain things in language they can understand. Take the opportunity to advocate for your patients. You have the time and you would want someone doing that for your mother, brother, child or grandparent. Little things make big differences to patients.

Remember the significance of the work you are doing. While the work is intellectually stimulating for you, to a father, a congenital defect means having to adapt to a very different version of fatherhood than he has imagined his whole life. A daughter finding out her mother needs dialysis may have many concerns, or may not understand the significance what so ever. You will need to counsel both.

Make time to see friends, both medical and not. It is important to “debrief” on things that you have experienced, but it is also important to get away from it all. Even if you are a social butterfly, you will likely find it difficult to discuss things other than medicine with people at times. There will be weeks where patients, eating and sleeping is all you have thought about! If it is one of those days, just listen to someone else talk for a while, they can probably reground you. If you have children, you may have less of a problem than most with this one.

One last piece of advice: Even though everyone describes med school as “three years long" from my perspective right now, it looks as though it will be at least 3 and a half year of relatively stressful and grueling times. Don’t finish next year with the expectation that you can collapse on the couch for your 4th year. You will be busy – you will need to make that final decision on your specialty, apply to away rotations and residency programs, study for and take the step 2, and fly all over the country to interview. Save some money and energy if possible!

You have so much ahead of you, so many amazing opportunities and challenges! This year will change you, there is no doubt. You will be amazed at how many things interns and residents juggle at any given time and you will be groomed to do the same. You will be sacrificing, but you will be giving your time in one of the most important of ways a person can. With great privilege comes great responsibility. Best of luck to you! You’ll be great.

Sincerely,

Amy Rapp
Dear Third Year,

Congrats on getting this far! Really, this is a HUGE accomplishment. Step is over, those long, long classroom days are done, and you can finally put everything you’ve learned to practical use. Third year has been a rollercoaster ride of ups and downs. I can safely say I have had some of the hardest days of med school, but also some of the most profound and wonderful experiences of not just med school, but my life. I am sure you have heard loads of advice already about what is to come. Sorry to pile some more on you but there are a few more things I can share.

#1. REMEMBER WHO YOU ARE
- There will be times when you are unbelievably exhausted, you just got yelled at for something you probably actually did wrong, you have worked your butt off all day, and have to go in for an overnight trauma call. You will stay up all but 3 hours one night preparing a presentation that there will never be time to present. You will witness some bad doctors, uncaring, offensive people, and you will still have to try to impress them with a smile on your face. You will be disappointed in yourself because you just rushed out of a patient interview to make it to rounds, when you know you could have taken the extra time to show the compassion that you thought would always be with you. You will feel down, down, down and want nothing more than to drop out of med school and start an all-girl rock band, become an astronaut, work on an organic vegetable farm, etc. Remember that everyone goes through this! Every doctor who has ever existed has been yelled at in med school, there are more wonderful doctors than bad ones, often hard work will go unappreciated, and you are not perfect. But you must never forget why you came here, the kind of doctor you want to be, the people that have inspired you, etc. My advice would be to take the time to look in the mirror each morning and think about who you were before med school, who you are now, and the person you want to be. Make an effort to come back to this every day and stay strong.

#2. Work Hard/Play Hard
- You will come to appreciate your time outside of work like you never have before. Don’t worry, there IS time for fun! Maybe not as much on general surgery or during your inpatient months, but you find it. Go visit your friends down in the valley and go to South Padre—or go visit your friends in Corpus and go to North Padre! Enjoy getting to know those classmates that you never really knew before. You will be surprised how many times you’ll say, “you know WeirdGunnerDude is actually a hilarious lovely person to work with!!” Don’t forget to work out, eat out, eat healthy, go out with your friends and have fun. And if someone tells you you can leave for the day….leave!!

#3. Help each other out, take each other’s backs
- Remember that you all are in this together. If you think you get blamed for something your classmate did, grin and bare it. Never throw anyone under the bus. Try to take the time to help out the person that is running behind. And be a team player. It all comes back to you.

#4. Enjoy the ride
- Wow the things you will experience! Sew up someone’s face, perform a paracentesis, thoracentesis, delivering children…its incredible what you will do! You really will be thought of as a doctor and it is an amazing privilege. You will actually get to touch people as a healer and a trusted figure in people’s lives…finally what you’ve been waiting for. Stop every once in a while and look around at how far you’ve come and what you are doing, it is an amazing ride.

Best of luck to all of you, as you embark on your clinical days. Don’t worry, you are ready for it. Just have a good attitude every day and you will figure things out as they come. Third year is challenging, tiring, interesting, and you will find at the end that you are more confident and prepared to be a physician than you could have imagined.

Cheers,
Robin Reister
Repeat after me, “I am half-way finished with medical school.” Your days of living and breathing the library dust are over...you instead live and breathe recycled hospital air. It is actually a lot more fun than it initially sounds. The third year experience is very exciting. We have the opportunity to participate in patient care and receive insights from various experienced physicians. With one more rotation left to go, here are some general tidbits of info that I have learned over the past year.

**July- Welcome to the Jungle**
July is a special time of the year in the hospitals and clinics. The residents are new, the interns are new, the medical students are on their first rotations, and in some instances the physicians are new. Be aware that stress is flying high during this month. People are trying to figure out the ropes. You will mess up, several times, all within the first week. Try not to take criticism (both constructive and all other forms) personally and realize the situation you are walking into. Be patient. Keep a good attitude, try your best, and show some initiative. That is all anyone really expects of you. You will feel infinitely more competent once this month is completed.

**Team Work**
Your team is your best asset during a rotation. Workings as a cohesive unit will not only help to improve your individual evaluations but will improve the quality of care for your patients. On some rotations, like OB/GYN, your team is expected to be in triage, L&D, and the OR at the same time. Being able to work together and cover each other’s back is a benefit that cannot be emphasized enough. If your group has very different personalities, try to use that for your benefit. If the group is not together, the residents and interns will notice and this does not bode well for you.

**Learning the Hierarchy**
The emphasis on hierarchy may differ depending on which hospital you are at, but respect the hierarchy. Your attendings, residents, interns, nurses, and techs have, in most cases, been working in the medical field much longer than you and deserve the utmost respect. This sounds self-apparent but you will be surprised at what medical students will do when fatigued and stressed. Do not whine about doing “scutt work” and never call it that in their presence. 99.9% of the time their hours are longer than yours, they are on call more often then you, get much less down time, and are stretched much thinner than you are. Anything that you can do to help complete the team’s work-load will be appreciated.

**Harlingen**
As a person who volunteered for rotations in Harlingen, let me offer some advice to those of you who were assigned there against your will. You can survive anything for 6 weeks. The bare essentials, such as Starbucks, HEB, McDonald’s, Wal-Mart, and Sonic are all within 5 minutes of the school and hospitals. Unless you drive out to one of the nearby towns (30 min drive) you can get anywhere in the city within 10 min. There is also an airport should you need to fly somewhere over the weekends. I personally found Harlingen to be a welcome change of pace from rotations in San Antonio. You work 1:1 with the physician and the patients are always very grateful to see you. When I was there for outpatient medicine, the cardiologist I was working with allowed me to place the cardiac stent…something he said was usually reserved for residents. Take advantage of this opportunity and get a lot of hands-on experience and visit South Padre as often as you can.

**The 1st NBME**
Whatever you do, FINISH the exam. Some of the questions will look like Step I, a page full of information you really don’t need to answer one tiny question. Pacing and staying awake are essential for completion. Most people and interns are fans of Case Files for review. Pick a nice review book of your preference (either First Aid or Blue Book usually) and corresponding questions from USMLE World. If you must choose between studying the review book and questions, choose the questions. Try not to do more than 30 a night. Remember you must also eat, sleep, +/- exercise, bathe, decompress, and maintain a life outside of the hospital in order to stay sane. Read up on your patient’s every night. It will amaze you during the exam how much info you will recall based on the patient’s you treated during the rotation. You will more than likely not finish everything you want to before the exam, and that’s ok. You know more than you think.
Patients
As you continue with your rotations you will learn the different categories of patients and you will encounter those that drive you up the wall. They abuse the system, refuse to listen to the advice of their physicians and at times endanger the lives of others. At times, in the middle of a rotation, when everything has gone wrong and you are tired beyond belief, you will wonder why you ever signed up for this. Abused children and mothers will rip your heart out and cause you to cry in the operating room. There will also be patients who make your year, leaving you thankful that you had the opportunity to talk to them. You may see miracles. Keep this in mind when you are getting out of bed at 4:00 AM, going on 4 hours of sleep, and getting ready to drive 30 miles across town in 30-degree weather.

You will survive
You will survive. Many medical students have come and gone before you. Think of this as the trial by fire. None of the information you were just tested on will make sense until you get in the habit of seeing patients. Keep in mind that you are qualified, that you are smarter than you think, and that you can do this. The rotations may never seem to end in the summer, but as the months go by they pass more quickly. In between the moments of anxiety, take some time to enjoy it. Learn everything you can, volunteer for different assignments, and get into the thick of it. You’ll meet amazing people and have extraordinary experiences to look back on a year from now.

Jessica Rosales
Dear Third Year Student,

I write to you from the privileged vantage point of being ever closer to the finish line of medical school. Looking back, I see that much of my worrying and stress about the “unknown” vague myths and stories about third year are at best, not true. For example, there is no right or wrong way to plan your schedule for third year. Each person you ask will give you a different answer. As the adage goes, “ask four doctors a question and you will receive five answers.” So, my advice is pick a schedule that you like and don’t worry about which is right or wrong.

During your rotations, take time to read on your patients. This is both a courtesy to your patient and might impress your attending. Keep an open mind during your rotations. You never know what is going to grab your attention. Be on time. There is never a “good” excuse for being late. Work hard and don’t anticipate leaving early; this way you will be delighted on the days that your residents let you leave a bit earlier than normal. I am not sure if others have mentioned it, but I recommend purchasing USMLE world Qbank for Step 2 early on during your third year. This is a wonderful source of questions that both prepares you for the timing and pace of the NBME exams and serves as an effective teaching tool.

For the guys out there, I found it helpful to ask early on if a “tie” is necessary. I was surprised how many faculty were either indifferent or opposed to ties. I don’t know about you, but if I don’t have to wear a tie, I won’t.

Overall, third year is a whirlwind. Before you know it, you’ll be planning your fourth year rotations and trying to decide what specialty you should enter. It is remarkable to think that some of the experiences you have during third year could be the only exposure you will have in that field of medicine. For example, unless you are going into OB/Gyn or psych, after you complete those rotations, there is a good chance you will not evaluate patients in that capacity again. Sure you will have patients that are pregnant or need a psych evaluation, but you will consult those respective services and allow them to manage those areas of care. When you consult a service, it is always a good idea to know what you are talking about. So keep pushing yourself to learn as much as possible, make the most of your opportunities, and prepare for your future career as a physician.

I’m hopeful that your experience during third year will be as impacting and enlightening as it has been for me. Take a deep breath and pause before starting the first day of your first rotation. It may not seem like it now, but you are about to jump into a swift current full of experience, knowledge, and excitement. Good luck!

Jeff Sewell
35 weeks pregnant and well aware of both the clerkship’s demanding nature as well as its infamous residents, I started the OB/GYN rotation with trepidation. My personality is far from that of the stereotypical no-nonsense surgeon. A previous attending once said I was very kind and wonderful with patients, but I had a tendency to be “verbose.” Needless to say, I knew that was not going to fly in OB/GYN. I worried that I would be labeled as the sensitive pregnant girl. Determined that my physiologic state would not inhibit my ability to be objective, I walked into my first patient’s maternity room at 5:00am with confidence and without reviewing the chart ahead of time. A young woman lay in her bed, and her husband lay sleeping on the couch by the window. I introduced myself and proceeded to ask the standard questions we were told to ask all the new mothers:

“How is your pain? Are you walking around? Are you urinating? Any nausea, vomiting, headache, vision changes, and so on?” Then, I asked, “Are you planning to breast or bottle feed?”

There was a long pause. She replied, “I was planning on breast feeding “

Sensing her hesitation, I quickly responded, “I see. Are you having trouble getting started? How’s the baby doing?”

Another long pause.

“The baby is dead.”

My confidence shattered. I tried to fight back the tears and unconsciously reached down to touch my gravid belly. I gulped, “I’m so sorry to hear I didn’t realize What happened?”

“Yesterday afternoon, I couldn’t feel the baby moving anymore so I came to the hospital. The doctors couldn’t find the baby’s heart beat...The cord was wrapped around her neck.”

I was embarrassed by my tactlessness and was speechless. I felt unprepared and exposed. I apologized again, offered my condolences, and awkwardly left the room. Shaken by this encounter, but determined not to let it affect my ability to be objective and professional, I wrote a very cold, scientific note. Just the bare facts:

“Patient status post intrauterine fetal demise. Fetus sent for autopsy and chromosomal analysis. Patient is ambulating and urinating without difficulty. Reports mood is ‘okay.’ Denies headache, right upper quadrant pain, shortness of breath, nausea or vomiting...”

I read over the chart again and memorized the details of the case. Then, I presented the IUFD patient to the resident.

“Oh, my goodness. That is so sad. How is she doing? Has a chaplain come to see her?”

Her empathy surprised me. Attempting to avoid being labeled the sensitive pregnant girl, I had been heartless.

I watched the resident gracefully approach the patient. She looked into the deep brown, bloodshot eyes of a woman who had been deprived of those first sweet moments of motherhood. After introductions, the resident offered her condolences and asked the patient if she had gotten the chance to hold the baby. A tear rolled down her face as she answered in the affirmative. Instead of that first invigorating embrace of the warm, kicking being that had become so familiar in utero, she had felt a cold, listless body. She would never feel her child’s beating heart or smell her sweet breath.

The resident asked the patient how she was doing and if someone had been by to talk to her. She then explained that sometimes this happens in pregnancy and that often the reason for the stillbirth is unknown. They discussed the funeral arrangements. I marveled at the resident’s compassion. This patient’s baby died in her womb. This was a sad event. I realized it was okay to embrace this reality and respond appropriately. Instead of reaching out to the patient, I had cowardly closed myself off and focused on trying to be a good medical student. As a result, I had been a bad physician. It is easy to become focused on the objective side of medicine...
when time is short and the stress level is high. This tendency can create callous physicians. The subjective aspect is often just as important to truly understanding what is going on with a patient.

As a third year medical student, you will struggle to find the right balance between the subjective and objective sides of medicine. However, do not forget why you originally chose medicine as a career. Presumably, you had not only an interest in science but also an inclination to help people. One must treat the person, not the disease. One cannot divorce the humanity from the disease process. Get to know your patients. Show compassion. Ask them how they are feeling. This can often give you great insight, assist your understanding of the patients, and ultimately ensure better quality of care. Best of luck in what will be a memorable and rewarding year.

Amy Elizabeth Shivone
Dear Class of 2012,

Congratulations on graduating from the lecture halls and library to the clinics and hospitals! You have new dress clothes for clinic, comfortable shoes for long hours, two years worth of facts crammed into your brain, pocket guides, and quick reference books. You are ready. As you sit through the clinician ceremony, listening to guidance and information, I imagine you must be filled with pride, excitement, and…anxiety. Trust me, you are not alone. Because we are all different people with different thoughts, feelings, and interests, this experience is never the same for any two people. I’m sure that by now, you have received many pieces of advice and “tricks of the trade” from upperclassmen and mentors. The most important thing that I can think to share with you doesn’t regard strategies for scheduling rotations or studying for shelf exams. These are things you have heard many times, from many perspectives. My advice to you, as one who has been exactly where you sit today, is to truly find joy in being a third year, each and every day.

As you start your clinical years, you embark on a period that will forever alter who you are and who you want to become. Over the course of this year, you will experience situations that range from absolute joy and pride to those that leave you feeling helpless and utterly ignorant. It is so easy to find the elation and sense of accomplishment in medicine when things are going well. It is easy to love being a third year when you answer questions correctly or get sent home early and find yourself able to catch that elusive creature known as an afternoon nap. It is exceedingly more difficult to be joyful when your attending criticizes you, when patients openly doubt you, when you have been on service for thirty hours straight. I challenge you, when you find yourself full of doubt and frustration, to stop and think of just one thing about being a third year medical student that brought you joy on that day. Many days, this will be simple, and the list will be long. On hard days, that list may contain only one item (but I promise that each day there will be one). No matter how insignificant that small joy may seem, it will help bring you back to the passion and enthusiasm you have for medicine.

This year, you will be busier than you ever thought possible. The word “tired” will take on an entirely new meaning. There will be mornings when you arrive at the hospital, and ask yourself “wasn’t I just here?” There will be occasions you will miss because you are on call. I don’t tell you these things to discourage you. I bring them up because it is so easy during those stressful, exhausting times to tell yourself that if you can just plod on for a few more months, things will get better in the coming years. What I want to tell you is: Don’t “wait for your life to start”- live it now. Immerse yourself in this experience, and I promise that you will emerge all the better for it. Always participate in every aspect of your patients’ care. There will not be a single situation that you encounter that doesn’t have something to teach you, whether it is assisting on major surgery, or simply changing a patient’s bedding. Appreciate the rare and precious opportunity you have to change the lives of others. Remember the exhilaration you had when you first started medical school! And even when you are busy, make a little time for those special people in your life that have brought you this far- they will give you motivation and reminders of why, exactly, it is that you agreed to this insanity!

It is so easy to be intimidated by your attendings and residents. There will be times when they seem to have all of the answers that you cannot find, and times that you wish they would send you home instead of giving a 2 hour lecture after rounds. Be gracious and appreciative- There is so much more effort involved in an upper level explaining to a third year medical student how to do something, or why something was done, than there is in doing it themselves. Be generous with the time you offer to patients’ families. Seeing a loved one sick or suffering is one of the most challenging situations we face in life. Although it often does not seem like it, as students we have the time to go back after rounds and update the family, or stay in the patient’s room and discuss concerns with the loved ones, or just talk for awhile about how everyone is handling what is happening. This will make you more aware of the impact that you have on the lives of our patients and families. It will help you find reassurance in the choice you have made to become a physician. It will make you a better doctor.

With all that I have said regarding exhaustion, frustration, and feelings of incompetence, I want to leave you with the promise that despite all the blood, sweat, and tears that go into being a third year student, it will be one of the very best times of your life. I bring up the challenges because I want to give you a realistic picture of the obstacles you will face (and overcome). I could just as easily have written you a much longer letter describing all of the marvelous encounters I have had over the past year! I want you to know that this year will be demanding, so that you can prepare yourself for the hard work that lies ahead. More importantly, I want you to know (and carry with you even on the toughest of days) that it is truly and completely worth it. You
will face this year head on, and emerge victorious, confident, and one year closer to fulfilling your dreams. Good luck and Godspeed. May you be blessed with wisdom, patience, joy, and many naps.

Wishing you all the best,

Courtney Shockley
Surgery was my second to last rotation, so I was as comfortable as one can get in third year. The other two MS III’s and I switched off working with the two pediatric CT attendings. We rotated for two reasons. First, everyone is terrified of one of them, and second, they often operate at Santa Rosa, where you get free (good) food in the surgeons’ lounge.

The first day of the rotation one of the attendings sits down with the students and says something along the lines of: “this is graduate school; we’re not going to hold your hand. If you’re interested in something, if you want to impress us, you’re here to learn, so learn.”

Now, with a pediatric CT case you can’t ask to do anything when scrubbed in. If you do they’ll almost certainly tell you the field is too delicate for untrained hands, which is probably true, and I was always afraid it would come across as blasé arrogance instead of eagerness. One afternoon, however, I had the opportunity to help operate with one of the pedi CT surgeons on a late-20s woman who insisted her asymptomatic ventricular septal defect had to be closed. She didn’t want a sternotomy scar, so we performed a thoracotomy and canulated the aorta through the femoral artery.

In the middle of the operation the surgeon wanted to pull a suture through the chest wall, so he asked for a large-bore needle. He became irate when he was told there wasn’t one in the room, so the circulating nurse ran to grab one. There was dead silence for one minute while we waited, then two minutes. The surgeon hadn’t moved a muscle since he’d stopped yelling. It was awkward, so I said: “Sir, would you mind if I asked you a question?”

“Don’t ask questions.”

“Thank you, sir.”

His head rotated slightly towards me and he sighed as if he’d just been asked to kill a baby. “What’s your question?” he said, still sighing at the end of the sentence.

“I was just wondering, sir, what you’ll use the large-bore needle for?”

“If you just wait a minute you’ll find out.”

(This publication is censored for George Carlin’s seven words, many of which would otherwise feature prominently in these bits of dialogue.)

“Absolutely, thank you sir.” I tried not to laugh – the reaction was completely ridiculous, even if it was serious – but at the same time I was worried I had annoyed him. I’ve never been overly concerned with my grades, but I didn’t want them ruined arbitrarily, and we’ve all heard horror stories about surgeons. One more minute of silence went by.

The circulating nurse finally came back. The surgeon commented on how long it took to get him such a simple thing, then pushed it through the chest wall and brought a strand of suture back through it. “You see what it’s for now?”

“I do sir, thank you, very interesting.”

After he finished repairing the heart and closing the femoral artery he and I used wires to draw the ribs together so that the thoracotomy wound could be closed. As he started to close it I saw an opportunity to do something simple but useful: the leg wound needed to be closed, and I had closed the leg on vein harvests for CABGs, so I was sure I knew how to do it.

“Sir, I can close the leg if you like.”

He stopped working and put his needle driver down, not exactly a good sign. “You think you can suture, huh?”

“Oh no, sir”, I said, trying my hardest to make sure he knew I wasn’t trying to be a pest. “I just meant I can close the leg wound while you’re closing the thoracotomy, if you like.”
“You think you can suture better than I can?” he asked, still staring at me.
Oh dear, I thought to myself. “Oh, oh no sir, absolutely not, I just meant I can close the leg wound while you’re closing the thoracotomy, if you like.” I knew he must have been joking, but there wasn’t the slightest hint of it in his voice.

“You better not mess this up, son,” he said, as he went back to closing the thoracotomy.

Maybe he’s not joking... The scrub tech handed me a needle driver, which visibly shook in my hands.
“What kinda suture you want?” the tech asked me. I waited for the surgeon to answer; he didn’t. I started to wonder if the scrub tech was trying to get me in trouble, he certainly knew better than I did what kind of suture I should have been using.

“3-0 Vicryl” I said, half as a question. The surgeon didn’t correct me, and I breathed a quiet sigh of relief.

The surgeon finished closing the eight-inch thoracotomy before I was even halfway done with the four cm leg wound. He scrubbed out without noticeably inspecting what I was doing, and on the way out of the OR said in the most annoyed tone I’ve ever heard: “Looks like the student’s putting about eight layers of suture in there, I’ll see you when he’s done.”

When the door to the OR closed the scrub tech and the circulating nurse, both hefty guys with tattoos, rolled into hysterical laughter. “Dude, are you crazy?! Nobody asks him anything!!” They started giving me helpful pointers on suturing (“go slow so you don’t leave a skin tag at the end, like he did”). After what felt like an eternity I finished closing the leg wound, put in subcuticular sutures so it looked nice, and asked the scrub tech if it was okay. “Oh yeah man, it’s fine, I was watchin’. If you messed it up I woulda told ya.” I scrubbed out and helped move the patient to the ICU, where the surgeon was waiting. He acted as if he’d never seen me in life.

Two weeks later I received a perfect evaluation from the CT surgery team, which is totally unusual. It’s just a funny story, I doubt there are lessons to be learned from it other than that you should have a positive attitude and roll with the punches. Good luck!

Feroze Sidhwa
Dear MS3,

Congratulations on being halfway done with medical school! Third year is much more fun than the all-syllabus-all-the-time days you just finished. As you begin, here are some thoughts on perspective to keep in mind throughout the year:

**Keep BALANCE:**
Do something unrelated to school every day (sleeping doesn’t count). Now is the time to practice finding balance in your life. While it is important to work hard, finding the mix of work and play in your life that makes you happy will help you grow into a competent physician who still loves taking care of patients throughout your career.

If you feel overwhelmed, talk to the deans and/or clerkship directors. Life doesn’t stop when you are a third year, though it sometimes feels like other people expect you to function as if school was all you have in your life. Our deans are VERY understanding that life contains more than school. Talk. To. Them.

This is a LEARNING experience. Translation:
One: You will not know the answer to everything you are asked. Some days it will feel like you do not know the answer to *anything* you are asked. IT’S OKAY. If you knew all the answers, you’d be paying a lot of money for nothing.

Two: Ask questions. Most times are good for teaching. Even if you feel like you look silly for asking a question, at least you will know the answer from then on. Better to ask questions as a student than coast by and not know why things work the way they do when you become a resident. This also applies to if you do not know where you are supposed to be or your responsibilities – ASK.

Three: Ask to do procedures and go watch different tests. (The nurses a great teaching resource!) One great thing about being an MS3 is you are not expected to know how to do anything. Remember, practice makes perfect – it’s okay to not do things perfectly after the first time. (People aren’t expected to hit 100% from the free throw line the day they are taught to shoot a basketball.) Also, while you have responsibilities to your team, you are here to observe and learn. Ask to go watch your patient’s stress test or endoscopy if you have not seen one. The chance will not be as available when you get to be a resident.

Four: TALK TO YOUR PATIENTS. As a student, you do not have as many patients to see. While it is important to learn efficiency in your work, you also have more time (after your initial responsibilities are finished), to talk to patients about their experience with their illness and how it has affected their life. It can be intimidating at first, but people love telling their story. By hearing what your patients have gone through, it helps you be a better doctor to future patients.

Quick Tips:
1. Be a team player. Don’t be lazy, but don’t steal the show or throw people under the bus. It leads to a happier experience and better evals when the med students work well together and make each other look good.
2. Attendings (especially on pedi and medicine) love it if you occasionally look up an article about one of your patient’s problems. See #1 on this and do not go overboard. My best experience was when the med students would let each other know if they planned to find something so the others had an opportunity to do it as well.

You may not love every rotation, but having the opportunity to be involved in so many areas of medicine is a privilege. Search for the parts that you enjoy about each rotation. If you really cannot, be thankful that
someone else loves that specialty and that every day brings you closer to not having to do it again. This year is a lesson in flexibility and finding what you love, so just go with the flow and have fun!

Best,

Sarah Smith
Dear 3rd Year Medical Students:

Congratulations for finishing second year and Step 1, you should be proud of yourself. You have worked hard learning as much book knowledge as possible, now you get the opportunity to turn your book knowledge into practical knowledge as you embark on your most important year of medical school.

One of the most important pieces of advice that I have to offer is to strive to be a hard worker that is a team player. Being a hard worker is something that all of us know how to do, since it has helped us to get into and succeed in medical school. Being a team player means that you contribute to the team’s success by helping to care for patients, helping out fellow team members, and being someone that is personable and easy to work with. If you make a significant contribution to the team, you will succeed with flying colors as a third year medical student, including earning strong evaluations and gaining more knowledge as you continue to be molded into a doctor of medicine.

That being said, while you strive to be a team-player, it is also vital that you do not sacrifice or neglect your own individual studying. The NBME clerkship shelf exams significantly impact your grade, which is why you must prepare for them.

Take every opportunity to learn from your attendings, residents, interns and most of all your patients. You will spend more time with your patient than any one else on your team. Get to know them, their families, what they do for a living, what their hobbies are, and if they’re a VA patient ask them about their military service. Place yourself in situations to learn the “art” of medicine. Find the attending or resident with great bedside manner and study the way they interact with the patient. Also, every medical student struggles with breaking bad news or answering questions regarding prognosis, so ask your residents and attendings if you can be present with them in these situations so you can learn from them. Before too long it will no longer be possible for you to avoid these difficult situations or you to say I don’t have enough knowledge to answer your questions.

Regarding books, I think Case files and Pre Test are good for every rotation. For psychiatry the First Aid book is good and for Surgery I highly recommend NMS Casebook and the Pestana packet. I also bought USMLE World for the year and found it very helpful especially on medicine.

Focus on the tremendous privilege and opportunity we have been given to learn things others will never get to learn and to make a difference in others’ lives in ways most people cannot. The gratification that comes from seeing someone’s life saved or improved because of your efforts makes all the strain and toil worth it.

So in the wise words of our sage, Dr. Keeton, “Be early, work hard, don’t complain, and be happy.” It will serve you well in third year and in the many years to come. Third year is not a competition, medicine is a joint effort, when you forget this ultimately it is your patients that suffer. Be there for each other, because invariably there will come a time where you need that little extra help from someone to get through the day. By lending your hand to a friend in need, they’ll be there for you when your time comes. And that truly makes all the difference.

Best of Luck,

Stephen Steele
Dear Third Year,

I would like to invite you to take a moment, close your eyes, take a slow, deep breath and reflect on the past two years.

Yes, you endured that...but now you are about to cash in on all of that hard work and stress. This is the fun part.

You have made a wise choice in selecting the RAHC as your location for third year. There are not many schools that provide one on one training with some of the best physicians in the world. This is one of UTHSCSA’s hidden secrets. I suggest you take full advantage of this opportunity. In doing so, you will rapidly increase your clinical competence and confidence.

How do you take advantage of this opportunity? It’s pretty simple...

-Keep an open mind. Many of us go into our third year knowing or simply assuming what specialty we would like as our career choice. This doesn’t make one a bad student but, it may cause a good third year to appear disinterested on certain rotations. Treat every rotation as your potential career choice. You will only get out of each rotation what you put into it.

-Stay highly motivated!

-Be proactive! Seek to do more and increase your level of responsibility.

-Seek feedback as often as possible, both positive and negative. This is critical to your clinical development.

-Be and look professional. Neither the attending, staff, nor patient knows how much or little you know; they can only assume, and appearance tends to shape assumptions. Look and act the part.

-Be kind and courteous to everyone you encounter.

-Strive to become culturally competent. This will foster a good relationship between you, the staff, and the patients. Your history is so much better when the patient becomes comfortable with you. And a good history makes the attending very happy.

-Attempt to learn and speak Spanish. The patients truly appreciate it and the staff really respect it. A culturally competent physician equals a great physician.

-And finally, ENJOY yourself. You are only a third year only once. Take time out to relax and reflect. Enjoy the Valley. It’s a small community with a unique and wonderful population. It has a ton to offer a young medical student...especially the island!

Congratulations & Good Luck

Jantzen Thorns
One of the greatest lessons I learned during my third year came during my family medicine clerkship at Christus Santa Rosa Downtown. When I chose medicine as a career I didn’t realize that I would be entrusted with the most valuable item available—health. I learned the value of good health and the lengths people go through to get the best health care they can.

I had the chance to ask myself what I would be willing to sacrifice for good health. Would I sacrifice my early mornings to exercise? Would I make routine visits to the doctor to get all my screening tests done to catch disease early? Or would I be like the father who wanted the best health care for his son born with a genetic bone abnormality and leave my home, job, and relatives to move to a new city to participate in a difficult and risky surgery program.

This father told me of his sacrifices, the months spent in the intensive care unit with his son tittering on the brink of death, and the numerous complications after surgery. The social damage done to his family, the poverty they had to endure, the unrealized dreams a father has for his child, and the hopelessness that sometimes plagued his mind during long nights in the hospital. This man fought back emotion as he told me that the only friends his son has are the people he meets in the hospital.

Eventually the disease became too much for us to handle on a regular floor and he was transferred to the PICU, before he left the father told me how grateful he was for our help. I expressed my concern that I wish we could have done more, and he said every time we come into his sons room and tell him that we are adding new medication or trying something else he is grateful because that means there is more we can do for his son. He can’t help but think that one day we will come in and tell him we are out of ideas and he should say his goodbyes. He said that even with all of his son’s problems he knows many people who are worse off, and he is grateful for what health his son has. That is when I learned what a priceless asset good health is, and to what lengths people will go to achieve it.
Congratulations!!! The year has come where you are allowed to venture out into the real hospitals and clinics, don scrubs without the added aroma of formaldehyde, belly up to the operating table, say things like “I’m on call tonight!” and “where do we meet for rounds”… and other such third-year-student-esque things. Gone are the fake patients who already knew what illness they had and the mysterious observers behind the one way window. Now you are a part of “the healthcare team.” You get to see patients by yourself, offer your ideas about diagnoses and best next steps. Gradually, you will be able to recognize diseases in the form of real people instead of multiple choice buzz words and within the complex context of life. This year is about grappling with a series of transitions—books to patients, one rotation to the next. Even though you start over every six weeks, near the end the things that were once awkward and scary will have become familiar, comfortable and something you’re kind of good at.

An overarching theme of third year is that it is one big paradox, you could say-- a dichotomy, if you will. For example...

- You are at once the fledgling trainee and also a valued member of the team. Okay, it’s more like 85% rookie and 15% valued help. Your notes will likely not be read, orders will be put in before you offer your suggestion about what to order, you’ll get that ever-present feeling that you’re in the way... However, the upside is you get to practice being a doctor without the burden of responsibility. Enjoy the opportunity of getting to train! What you do have as a student that residents and attendings really value is time to visit with patients or look stuff up. “Yes, I learned from Ms. C that she just vacationed near the Ohio river valley and during my afternoon Pubmed reading discovered that Blastomycosis causes that skin lesion”....you get the idea.

- Moreover...you will be often be so busy gathering patient info, doing an efficient exam, looking up patient labs...that the actual patient is somewhat ignored. In surgery, medicine and psych, there’s often downtime in the afternoons when you can carve out an opportunity to just sit with your patient and talk. Not about medical matters necessarily, but just about them or what they’re interested in. On the inpatient psych unit at Wilford Hall, a notorious young man who had lived there for three months would talk to me about how he led his troop through dangerous territory and about the various conspiracies the government was hiding from me and the rest of the civilian world. His 25-yr-old authoritative tone estranged the other patients but I think having someone listen to him was really therapeutic.

- In order to do well you have to impress people with all your clinical knowledge and skills, but to get all the clinical knowledge and skills you have to first learn them...hmmmm. This is a balancing act of being good at what you already know, and then beyond that giving yourself permission to be the third year student that you are. This is your year to ask questions, even if you’re afraid they’re stupid questions—ask a resident you trust. Make it okay to be wrong; those are always the points you’ll never forget later. Being someone who is hungry to learn will be impressive.

- Getting your free behind-the-scenes pass to patient care means you get a front row seat to awesome experiences and also not-so-awesome experiences. Awesome: seeing two surgeons shove a steel rod directly over a beating heart and pop out a pectus excavatum; watching a young man slowly return to being ‘himself’ after a psychotic break; watching the frail body of a 24 week-old premie, pink-up after the first puff of the oxygen bag. Not-so awesome: witnessing an attending severely chew out a resident while you stand a foot away at the scrub sink suddenly totally preoccupied by the task of cleaning under your fingernails; enduring the unforgettable stench and texture of an epidermal cyst being opened and assuming your best “what smell?” poker face; hearing the beeper go off at 3 am just as you nod off in the call room and running down to the ER with an enthusiastic smile. Yes folks, it’s the good, the bad and the ugly.

- Evaluations are a big part of your grade, but in some rotations (ie., OB-GYN and Family) evaluators aren’t even required to fill one out for you. Solution? Ask for them. If you feel someone has witnessed you at your best, request of that kind sir or ma’am to do you a favor and give you a shining accolade. Another puzzling and rather depressing phenomenon: the rotation you busted your tush for gives you an eval that says six words or no comment at all. First of all, remember that pretty much everybody experiences this. Second, chalk this up to one of the times your parents told you would build character. Third, repeat this affirmation 30 times: I do this for the internal reward of knowing I’m doing my best and that I’m becoming a good doctor.
• Just as you won’t remember much of the basic science you spent long aching hours studying, most of the individual interactions of this year will become a blur. As the years go by, we tend to remember only mental snapshots of our experiences, right? Try to handpick those memories that you want to linger. You could write about one patient each rotation that impacted you, or take a photo if that’s possible. That way, you’ll come away with a record of meaningful moments that are your very own.

I’m excited for you, class of 2012! You are standing at the halfway mark to becoming an M.D., at the threshold of serving humanity!

Julie Wibskov
Letters to a third-year student • from the class of 2011

Anatomy of a Third Year

SLEEP otherwise your eyes will betray you & close... just at the exact moment your attending looks at you.

STUDY even though it will seem that you always get pimped on something else.

SMILE even if you are not smiling on the inside.

♥ "Always do what is best for the patient, even if it is inconvenient." *

Don’t be an anus. Be a good teammate! If your teammate is late, send a text to be sure he/she is awake. Print out his/her new patients’ HLPs for him/her. Everyone is happier in a helpful team. We’re all in this together!

Carry extra pens. Attendings will ask to "borrow" them & forget to return them.

Carry a study book - good for squeezing in some study time during the sporadic "down time."

(inside pocket) carry SNACKS! Lots of them! Gum too!

Invest in some REALLY comfortable shoes.

NOT DRAWN TO SCALE.
White coat will definitely puff out more once you add snacks & a stethoscope.

Best of luck Class of 2012!

God Bless,
Emily Yee
class of 2011
To a Third Year Medical Student,

I would like to congratulate you on finishing your Second Year. You’re one step closer to your goal of becoming a doctor, just as I should hopefully be closer too by the time you read this letter. The coming year will be challenging, educational and hopefully very fun. However, you’ve probably already heard this numerous times, and while it’s true, I am supposed to provide you with insightful advice instead of the usual platitudes.

By this point in school, you have undoubtedly been repeatedly exposed to the importance of thinking about your patients as more than just collections of organ systems, but as living breathing people, with hopes and fears and sometimes irrational responses to the situations they find themselves in. From our first year, we are taught to think of these things, and hopefully, by now it will have sunk in. However I would like to ask you to expand on this line of thought and think about your patient’s as friends, loved ones and parents as well. Patients don’t exist in isolation any more than their diseases and organ systems do. Every sick patient is part of a family and community and their sickness can have profound effects on the people around them.

Two patients really illuminated this insight, one at the beginning of his life and another at the end of hers. I met Baby T towards the end of my Pediatrics rotation, he had been brought in by his parents because they noticed he seemed to be having spastic episodes and they were greatly concerned. The obvious concern was a seizure disorder of some kind. He received the full battery of neurological tests in order to work up the problem. As the tests went on, it became clearer that he likely had a seizure disorder that was difficult to cure and frequently resulted in poor outcomes for the children affected. While I was saddened by this news due to the youth and vigorousness of little Baby T, his long hospital stay gave me time to meet much of his very concerned family. I met the parents, the grandparents, uncles, cousins and more, all of whose lives had been touched and affected by the illness of one little boy.

I also met an old lady who had lived a long and full life, having raised a huge family with her now deceased husband, and when I had the opportunity to explore palliative care. Though I did not directly take care of her, I was able to sit in and listen to the case worker evaluate her history and learn about how her family had cared for her. She had multiple medical problems and had been in a slow decline for years. She and her family had finally decided to seek a comfortable end of her life, rather than continue on her huge doses of various medications. I was impressed by the size of her family and the intricate scheduling that juggled her care between a half dozen offspring and their families. It was touching to see that she had touched the lives of so many and her illness had inspired the love and care of her large family. It was also sobering to think about what the illness might mean for someone whose family has fewer personal and financial resources.

Countless times, I have seen how deeply one person’s illness affects their families and how their social lives can hurt or heal them of their illnesses. Physicians are sometimes so caught up in the treatment of the singular individual, that they can forget about the patient as a person with friends and family who are deeply affected by their illness. I hope you will keep this in mind in your coming year and for the future beyond.

Mickey Yang
Dear third years,

I began third year with surgery not by choice but because there were technical difficulties with the new computer system implemented to register for 3rd year rotations. On the 4th day of one of my surgery services, I was in the clinic when I received a phone call from a fellow student stating that there had been a change of plans, and it was my turn to scrub in on a surgery. (Only later would I find out one of the other students simply decided not to scrub in on the surgery she was supposed to.) Having heard horror stories about this attending I rushed upstairs to the OR holding area. There were no patients in sight. I quickly checked the board and saw my attending name in OR 15. As I opened the door to the OR my stomach dropped as the attending and residents were scrubbed in already. Our attending had a nasty attitude and was notorious for pimping students. I knew little to nothing about the patient or surgery. After scrubbing and gowning up I approached the table. Immediately the she asked me why we were doing this operation. I could tell from the saw and preparation of the leg that we were doing an amputation. I guessed gangrene. Wrong. She proceeded to chew me for the next 5-10 minutes about how I needed to know the patient and surgery like the back of my hand and that I would do more harm than good if I was in the OR without being prepared. I tried to explain myself to no avail so just finished with “sorry.” To make matters worse later a few minutes later the contact in my left eye moved out of place, and I was forced to cut and tie knots half blind for the remainder. She hated me for the rest of the rotation.

This story illustrates certain important things I learned 3rd year. Although some rotations like surgery may be known to be more difficult than others, nothing is ever as bad or as good as people make it out to be. I actually ended up learning a ton and enjoyed that surgery rotation as a whole. In addition for some reason that attending did not even evaluate me. As trite as it sounds, how much you get out of a rotation is really about how you approach each rotation. The best bet is always to try your best, attempt to learn as much as you can, and really care about your patients. With that being said, there is also no reason to not go for the more cush rotations. The majority of the time your grade will come down to how you perform on the shelf and the more time you have to study the better you will do. To make the grade, it does help to seek out the attending that give better evaluations. If you did not get a certain rotational spot or attending during registration, call a few weeks before your rotation begins to see if there are any available openings or inquire if fellow would be willing to switch with you. The majority of times I was able attain the rotation that I desired with a little more effort.

You will have to learn to work with difficult people. Sometimes you might get left out to dry and have to go in to a surgery unprepared or you may just be annoyed by others. Third year not only will you have to work to impress the attending but on occasion you will have to battle gunners. If you think a fellow student is showing you up whether intentionally or unintentionally, he probably is. “You have to fight gunners with guns.” Whether it means speaking up more or bringing in articles on your patients, you have to step up your game if you want a good evaluation. Then again there will be other times where personality clashes with your attending will doom you from the beginning. In those cases, good luck.

There will be good days and bad days. There’s nothing in the first and second year curriculum that prepares you for third year. Just try your hardest, ask for help, and try to pick things up quickly. On average it’s better to be more assertive and ask to do things/procedures, but it’s also okay to just chill and take it easy sometimes. When deciding what you want to go into, it will be very easy to get caught up in all the talk of doing what is more prestigious or what pays the most. Don’t do it. Remind yourself what is important to you, what you really enjoy, and where you want to end up in life. Finally third year is by far the busiest year in medical school, so you will be forced to give even more things up. Try to keep special things special.

Good luck,

Simon Yau
During my pediatrics rotation I went to talk to a young man, seventeen years old, who was admitted for swallowing bleach...basically a suicide attempt. Looking over his records there was a history of fights, drug use, assaulting a police officer, multiple suicide attempts etc. A lot of things that made me a little nervous to be honest. I was glad that there was a sitter in the room.

The guy was sleeping when I went in, he looked like a regular kid and I thought that you can’t judge a book by its cover. I woke him up, even though I was a little reluctant in case he decided to make me another one on his list of assaults, but he rubbed his eyes, yawned and said hello. Probably one of the better reactions I’ve gotten out of all the patients I’ve had to wake up for something that might seem next to pointless for them. Our conversation lasted well over half an hour and we almost became friends by the end of it, at least I felt like he thought he could confide in me because he told me things and then said don’t tell this or that person. He seemed like a nice guy and smart as well. The biggest issue for him was that his mom would not stand up for him when her boyfriend would abuse him. He said that he hated her for that. He said that he had been unfairly blamed for a fight and of being in a gang and because of this he had been angered to the point of rage and tried to attack a police officer and then a member of the administration. He said that the school was not giving him a chance. When he had been suspended he would still drop off his friends at school and then come back home to get ready for work at a construction site.

Some of his thoughts were definitely psychotic, he talked about how he felt the tension leave him when he tried to commit suicide...it felt like he finally had control of something. He talked about how he felt happy inside when he punched another kid in the face over and over again...like he could take away some of the pain he had inside. He told me how all he really wanted now was to do well in school and be able to support himself so that he could leave his situation behind, how he used to want to kill his mom’s boyfriend, but not anymore. He was living with a middle-aged man and using drugs and having unprotected sex several times a week. Not really something my own parents would be happy with for me. I didn’t know what to do. The situation seemed to have too many factors for me to work with. The simplest problem was what he was actually in for...he said that the bleach didn’t really affect him...that after a while his stomach had gotten stronger in response to all the toxic chemicals he had poured into it.

I gave a very detailed presentation along with some of my own thoughts and analyses to the attending and he, with the weight of experience on his shoulders, shrugged and looked frustrated and said that he would call social work but the kid had juvenile delinquency written all over his face and that it was unlikely that he would ever really make it out in a good way. So we ordered for his electrolytes to be measured again, really just a formality by that point, called the social worker, and moved on to the next patient...most likely another toddler with RSV.

I wasn’t sure what being there had done that day. I felt that at least he had received a considerate ear to his situation...someone who had hope for him and agreed that life hadn’t been fair. I don’t know if I will become too jaded to think that, by fighting for someone who others may have given up on, I can change a life and not just waste my time on a lost cause.

**Jawad Ali**
Dear Third Year,

At the beginning of my 3rd year, I heard about an ER doc who had just returned, jetlagged, from a 2-week mission trip. He stumbled off the plane, exhausted from the 2 weeks of seeing endless lines of patients and the long, sleepless flight, and had to go directly to work for the overnight shift at the county ER. After working several hours that evening, the ER quieted down, patients were stable, and the doctor was finally able to fall asleep in the call room. At 2 am, he was awakened to evaluate a young boy with an earache who had been brought in to the ER by his mother. Taking the history, he asked why she had chosen to bring him in at such a late hour. Was he nauseated and vomiting? Was there blood and drainage from the ear canal? “Oh no, nothing like that,” she replied. “My favorite late-night tv show had just gone off, so I decided since I was still up, I might as well bring him in now.”

There are always challenging patients. The noncompliant ones who never keep their follow-up appointments, then decide to come into the clinic as a walk-in when they have developed 9 or 10 chief complaints, their medications are out, their prescriptions need to be refilled, and their medical illnesses are uncontrolled. The welfare patient with a sense of entitlement for “free” services which are actually very expensive to taxpayers. The diabetics who present every month in diabetic ketoacidosis (DKA) because it’s just too painful to prick their fingers to check their blood sugar or give themselves insulin shots, and they refuse to lose weight or stop eating tortillas and “pan dulce”. The uninsured, unemployed IV drug-using heroin addict with infective endocarditis, sepsis, renal failure, and brain abscesses who gets surgery and a $100,000 work-up, but who leaves AMA (against medical advice) the next day to buy more drugs.

Being in peds and OB/Gyn, especially in the Valley, you’ll see women in labor come across the border illegally, knowing that if they cross the border and are picked up with a medical emergency (like an impending delivery!), they will be taken to the nearest hospital – in the US! Once their baby is delivered in Texas, their child is a legal US citizen, and the mothers can stay too, as they are legal guardians. Moreover, if no father’s name is listed on the birth certificate, the state picks up payments for child support. The family is eligible for Medicaid as well. It’s an ideal setup – instant citizenship, free healthcare, free education, and monthly checks so long as the mother is unemployed and single. The more kids, the more money. And yes, she can live with a man, but as long as they aren’t actually married, she’s a “single mom” and qualifies for more federal aid.

What these patients need, what every patient should receive, is mercy, not judgment. Regardless of how emotionally frustrating they may be, everyone needs to be cared for. We are learning to heal and are called to bring health and wholeness to crippled and broken lives. We are taking a vow to serve humanity, to show compassion, to relieve suffering and pain in whatever form it presents itself.

Yes, diseases will inflict beautiful, innocent young babies and you will want to stay up with them and check on them constantly, and expend every effort and ounce of energy to cure their infirmity. But illness also comes to the bitter and neglectful, to the mean-spirited and the ungrateful. Heal them anyway. When you are taken for granted, serve them anyway. When you feel overworked and unappreciated, care for them anyway. When your patients sue you and belittle you, love them anyway. That is the call of a great physician; of a great person. It is not that you care only for those who care for you, but that you give yourself to all, from the least to the greatest. And that you do so without showing partiality or favoritism. Give not because your patients deserve it or earn it – serve out of mercy, rather than justice.

Third year is transformative. It will challenge your values, your goals, your morals, your self-image, your commitment, and your fortitude. You will inevitably have moments or days when you will be overwhelmed, sleep-deprived, insecure, and frankly scared to death. Those are the definitive moments, the ones that reveal and develop true character.

As my roommate, Elizabeth Fernandez, likes to remind me, “If you wanted to judge people, you would have gone to law school.” Likewise, my mom not infrequently tells me, “Your name is A-n-n-a. Not G-o-d. There are
good things you can do, but you are not God and you cannot do everything and cure everyone. Do your job
the best you can and trust He will do His.”

Best wishes for a merciful year,

Anna Diller

What is your calling in life? Is it not “to loose the chains of injustice and untie the cords of the yoke, to set the
oppressed free and break every yoke? Is it not to share your food with the hungry and to provide the poor
wanderer with shelter – when you see the naked, to clothe him, and not to turn away from your own flesh and
blood? Then your light will break forth like the dawn, and your healing will quickly appear.” Isaiah 58: 6-8
Congratulations, Student Clinicians!

In this book, you will find a diverse and plentiful array of advice and anecdotes about being a third year medical student. Third year is a turning point, from the academic arena in which the majority of us are most familiar, to the clinical setting that, up to this point, is unfamiliar territory to most of us, mostly abstract and conceptual.

For one thing, you might notice it’s funny, and kind of fun, to see some random oddity on the wards that you had previously only read about. It’s almost as if we practice a temporary suspension of disbelief when we see the text; we can’t really believe it until we see it. This is the only rationale I can make of the surprising, and rather exciting experience when seeing it for the first time in the flesh. This experience may take you off guard; you may recognize this experience in another fresh, new student clinician, who emits a sudden ostensibly jovial squeal at the discovery of an anatomic pathology. Mine was first at a splenomegaly in a cirrhotic patient, and then at a murmur with CHF; you can probably understand how this display might appear to others! My advice: be prepared to suppress the “wow”s and “oh”s that might otherwise surprise both your patient and yourself. This is the beginning of the bridging between detached, abstract academia, and the pathos of the human medical predicament. The gap will be bridged quickly, but it’s a unique experience while being formed. By now you might sense my tendency for the verbose, so I will try to pare down my thoughts to some of the emotional challenges and gains I have experienced through third year.

Third year is both scary and exciting; it’s integrative learning, recognizing learned, idealized concepts in real people. But it is both a more effective and longer lived learning. Not only do we get to learn medicine in practice, but we learn the subtleties of the art of human interaction in a uniquely significant and sometimes grave niche. We peer through a small window into a person’s life, assessing them based on a 5-15 minute encounter, which mostly seems impossible! But we all learn to manage this, reminding ourselves that our best is all we can do, and, in the end, we are no less human than the patients we counsel. It’s a huge learning curve, with many dimensions of medical practice and theory to learn; but it is immensely rewarding.

Overall, the biggest lesson that I’ve learned so far is how to be ok with feeling completely incompetent, awkward, and utterly lost. So many times I cringed inside, walking up and down the halls of the hospital, incapable of even navigating my way around the hospital, feeling like an idiot. This is unavoidable, and though they might not tell you, an experience all doctors go through. However, knowing that all your peers are feeling the same way, and even the attending that seems to know everything was once in your same shoes, makes it somehow tolerable and even unifying.

Third year clerkships take us on a whirlwind tour of the major specialties; from birth, to childhood, to adulthood, and finally, the end of life. Luck allows us to pass through all these stages of life, which are equally important and connected, yet distinct physiologically, anatomically, psychosocially, and intellectually. As such, each necessitates a gear shift in our approach.

In a sense, one could say that we come full-circle, starting and ending life on the platform to and from earthly existence, with birth and death topping all else as the most emotionally charged events. While birth is celebrated and often publically proclaimed, for most death is a covert and impersonal concept; but it is a part of life that desperately needs attention, which I learned first-hand in a brief yet transformative lesson learned from a woman who taught me on the wards who I will call Ms. X.

Making rounds in the hospital, I met a lovely elderly woman, Ms. X., who first struck me with her gentle, kind, and vibrantly expressive eyes. She was 87, and her hospital stay gave her a rare outing from her nursing home. I visited her for several days, keeping tabs on her recovery from a urinary tract infection, and remaining on her care until she was discharged in a stable condition back to her assisted living facility. Less than a week later, she was readmitted for pneumonia; this time, her status was more critical. When I saw her name on the census, I looked forward to greeting her, and I walked into her room with a cheerful hello. With that greeting I gathered more information on her status than what I had just gleaned from her charts.
In her eyes there first appeared a glint of recognition of me; then, an unexpected expression of panic. They say that there is a lot to intuition, our unconscious assessment of a situation as a whole, and that nonverbal communication has 4.3 times the effect of verbal communication. Likewise, in medicine there are many widely utilized techniques for analyzing and diagnosing conditions based on “facies,” posturing, and movements. This is especially important on occasions when the nonverbal is all we have to work with in clinical assessments. Ms. X was no exception. For years she suffered from expressive aphasia; a prior stroke had left her without capacity for verbal communication. Just as they say when one sense is lost, others increase in compensatory acuity, Ms. X’s eyes conveyed a striking message. I got the sense that she was in trouble, or at least scared, and eager for a familiar face. She held tightly onto my hand and stared into my eyes. It was hard to leave her to continue my rounds, but every morning I visited her, told her how beautiful she looked and how nice it was to see her, through her transition from the general floor, to ICU, and to her passing. The morning after her daughter paid a long awaited and extended visit to her, she expired.

I try not to sentimentalize this experience; obviously I’m not very successful! But I think above all, I recognized the importance of simple kind gestures, which are often all we have to offer, in honoring individuals, but even more, in my own sense of providing humanistic care. I realized there are two components of healthcare; that which can be analyzed and that which is experienced. Experientially, time is malleable; when its end becomes palpable, it expands, and events hold more significance and beauty.

We all have experiences in third year that are unique and varied, sometimes with irreconcilable experiential and scientific lessons. But our discipline is not exclusive; it is a practice that encompasses both science and art. Finally, remember that time flies during third year! It will be over before you know it, and you may not realize it now, or during times of exhaustion, but you will miss it.

Once again, Congratulations, student clinicians! Enjoy your third year!

**Stephanie Ericson, MSIII, UTHSCSA**
Dear Third-Year Medical Student,

Congratulations!! You’ve got the dull years behind you and the best years before you!! So congratulations are definitely in order for having made it this far. :-) 

I had been planning to write a very practical letter-to-a-third year, hoping that it would serve as a guide of what the difference is between “pre-rounds” and “grand rounds” and other such practical tips. But the fact of the matter is that you all will very soon learn the ropes of what it means to be an MS3. Yet what is sadly less certain is whether or not your efforts to survive third year (and later, to survive residency) will drown any idealistic aspirations that you may have had when you started medical school. The more I reflected on how medical school can easily cause students to lose their compassion, the more I resolved to write a letter about one of my patients in the hopes that it would encourage you to soon have similar patient encounters.

He was quiet and polite. Let’s call him Jose Garza. In his early fifties, he was only a couple of years younger than my father. Maybe that’s why I was drawn to him, because he reminded me of my father. Both immigrated to this country from very impoverished backgrounds. But unlike my father, Jose Garza had to leave his family behind. He has been working legally in the United States for the past 15 years to be able to support his family back in Asia. He just moved to Texas about six months ago because he was offered a job as a truck driver and the pay was going to be better than the job he had had in California, where he lived previously.

Jose was sent from clinic for progressive weakness, fatigue, weight loss, and RUQ pain with sonographic evidence of cholangiocarcinoma. (This cancer has a poor prognosis.) My team was admitting him to have an inpatient biopsy to confirm the diagnosis. After the rest of my team asked all the questions they needed to write their admission notes and orders, I stayed to ask a few more questions. It was then that I learned more about Jose’s family and work situation. Jose has a wife and three kids in his homeland. He sees them once a year for 2-3 weeks. During the course of the conversation, we discovered we are both of the same faith background, and we began the practice of praying together. This continued each time I went to check on him during his hospital stay.

Like many patients with a serious diagnosis, Jose was very aware that something bad was happening in his body. Even though we did not yet have the biopsy report, Jose knew that cancer was very likely. One morning when I was pre-rounding, I prayed for Jose as was our custom. When I finished praying, he looked at me through tears and said, “This is very hard for me because my family is far away. You are my family now.”

At that moment, I felt that Jose succeeded in placing a burden on me. And it was a burden I didn’t know how to carry. I wanted to be family to him, but in my mind that meant I should spend more time with him – like a real family member would. But this seemed neither possible nor practical, as I had other patients, other duties and needed to use free time for studies. So, how could I be family to this man? Or should I even attempt it?

During one patient encounter, Jose gave me the name and phone number of his wife overseas and asked me to call her. He repeated this request several times throughout his hospital stay. Finally, I bought a skype account and dialed the international number. She knew exactly who I was; Jose had told her about me. She thanked me for the encouragement I had given to her husband and told me how much she missed him and wanted to be with him. Her daughter, who is only four years younger than I, was there and I talked with her as well. She told me, “Take care of my dad, please! Okay?” What could I say? I didn’t want to give her false hope.

“Your father is very sick,” I said. “The doctors will do everything they can. But there is no medicine we can give him to make him better. If he gets better, it will be a miracle from God.”

“Then we will just have to keep praying for him,” was her response.

“Okay, I will keep praying for him,” I said.

Did I paint too bleak a picture? Dear God, did I say the right thing or the wrong thing? Was it wrong for me to even call in the first place? I didn’t know the answer then, and I still don’t know the answer now. You will soon learn that many healthcare professionals do not allow themselves to become attached to patients. This is so that they can maintain some sanity and not become depressed or weighed down by the many tragedies that fill a county hospital. But if there is one thing that my encounters with Jose Garza taught me, it’s that God is big enough to supply the strength to care about your patients when you are too tired and weary. God is big enough to supply compassion when yours runs out. God is big enough to bear the burden of incurable disease.
when you cannot bear it. Therefore, I have resolved to err on the side of loving my patients. I challenge you to do the same.

Many blessings to you as you begin this amazing year!!

Elizabeth Fernandez
Your third-year of medical school is fantastic, probably because there are some things that are difficult to do and you are able to overcome them. You will learn a lot about yourself, about your goals, about your future, and most importantly all that you don’t know. I think if you can accept that you don’t know it all, you are on the right track. What Dr. Keeton said is true, “Be early, be happy, work hard, never complain, and always ask for more to do.” Those words of advice will take you a long way. Lastly, make this experience an enjoyable time by being part of the team, try to build others up, not tear them down, or make them look bad. Keep an open mind and you will figure it out, millions have, and so will you.

Ben Francisco
Welcome to the year that will literally feel like it passed in the blink of an eye.

I, like several of my other classmates, decided to continue my education at the RAHC in Harlingen, Texas. Little did I know when I signed up last year in the dean’s office that my experience would entail traveling all over the Valley from Brownsville to Raymondville and even Rio Grande City. This by far has been one of the best decisions I have made during my career. Here at the RAHC we were welcomed with open arms, warm tacos and never ending smiles. You will become a master of finding the best place to sit during the many V-Tel sessions you will have with San Antonio, while you many times cannot see all of your classmates in San Antonio.

As I am sure you may have heard or read in this book by now, Dr. Keeton was right, follow his points he made in class about how to approach your third year. Dr. Clare was right start studying “something” from day one, it could be Case Files, Blueprints, UpToDate, your old notes from lectures, something from the Google Groups or USMLE World questions, just start reading, trust me not only will your attendings and residents notice but you will be better prepared for the upcoming shelf exams.

Didactics:

At the RAHC be prepared to do some sessions twice; the San Antonio way in the morning and then the RAHC way in the afternoon. In your cardiology lecture you will most likely be counting boxes with Dr. Moody bright and early in the morning and then "Boxitas" with Dr. Hilmy in the afternoon. During this time go out and explore the Valley with your fellow RAHC’ers because it might be the only time you ALL have some free time together, because during the year some people will be on more intense rotations then others. Go to the island and take in some sun or head on over to Baloos for a drink after studying.

Medicine:

This clerkship was my rude awaking to the NON-TEXTBOOK patient and really helped set the tone for the rest of my year. I luckily started the year with the fresh Internal Medicine PGY1’s, this was great because together were able to learn the “system” of how to find out information and get things done.

Day 1: “Hi I am Toby the new MS3, today is my first day and I am on overnight call, what can I do?” Little did I know I was going to start my “real” first day as a MS3 with 4 overnight admissions, one drunk man, a pen, paper, my handy dandy iPhone (peripheral brain) and NO SLEEP. Of course all of this was happening as I was doing the one big thing my attending asked me to do. “Good to hear Toby, I want you read up on DKA and help the intern manage our patient, keep a close eye on his anion gap and inform her of any changes.” To keep this short I simply said “yes sir,” not knowing about the ARF about to happen, pain in the RLQ and left flank and asthma attack he would be having that night. As you can tell my first day as an MS3 is when I memorized my resident’s cell phone number. This was also the day I learned to just take a step back and take a breath, if you don’t know something, find out any way you can.

Week 10: “Please I am tired of all these tests, I am too old and can’t be poked by needles anymore.” This was my 86 year old female patient who always smiled and was actually awake waiting for me in the mornings to ask her about her night. During her long hospital stay we performed test after test to find out what was causing her symptoms. Remember in the beginning I told you many of your patients this year will not be “textbook,” this patient was one of them. My patient found herself at an advantage because she was a nurse and knew how the ward worked. One day while listening to the crackles in her lungs she finally told me she had enough and could not take another test or talking to another doctor. I was in shock and really did not know how to answer her at the time. I told her what I always told patients when I did not know what to say, “I will talk with my attending and let you know as soon as possible.” After a lengthy discussion with my team, the patient and her family, my patient turned to my attending and said, “He’s a good boy, always nice and willing to talk with me, I think he will make a good doctor.” It is times like this that help you remember why you chose to take a road full of hard work and late nights studying.

During this rotation take advantage of any free time you may have to study and go through the USMLE World questions. If you don’t already know: of the 2000+ questions available, 1200+ are from medicine.
Psychiatry:

It will never be a dull day during this rotation so start it with an open mind and heart. Thanks to “false, news-like” commercial for the movie 2012, I was able to meet a teenager who was convinced the world would soon end and he had a mission to play a part in saving it. In the morning I would meet the devil during an outpatient clinic visit and an angel in the afternoon doing a hospital consultation. If you do part of your rotation at the state center be prepared to dictate. This was a good experience that helped me realize how to cut out what was important from what was not in my clinic notes. Many times people will share private aspects of their lives with you, so remember: you are not there to judge, but to help. Psychiatry patients are really good at reading your body language, tone and facial expressions. During one hospital consult my attending asked me to see three patients and report back to her when I was done. That day my first one was mad that I was working with psychiatry and was very adamant he did not have an alcohol problem. My second patient, I caught rolling herself in a wheel chair out the hospital and the third stopped talking in mid-sentence to me because she saw in my face I did not believe her. This rotation will give you a new appreciation for the art of approaching patients and helped me in all my following rotations in gathering needed information for HPIs. (Don’t worry, I called my attending, followed and waited with my patient in the wheel chair till help arrived)

As for the exam review first aid for psychiatry, pay attention in lectures and review the World questions.

Family Medicine:

Before you start Family Medicine do yourself a huge favor and know what one of my attendings called, “The Valley Special” like the back of your hand. This includes Diabetes, Hypertension and dyslipidemia. Trust me you will be seeing case upon case of this trio with a hint of allergic rhinitis or arthritis. Check all prescription bottles and look at the amount of pills in them to see how much your patients are actually taking. I know, as a fresh new MS3 you are thinking, “what happened to the trust” but in the words of another attending, “trust but verify.”

Me: “Hello, my name is Toby I am a student doctor working with Dr. _________ I see when you were last here you were started on _____ for your HTN and today your blood pressure is still a little high, are you taking medication and are you experiencing any side effects?”

Patient: “Yes with no side effects”

Doctor: “Mr. Martinez, did you look at the medication bottles”

Me: “Yes”

Doctor: “Did you look at the date?”

Me: “No”

Doctor: “This bottle is the correct medication, but the 30 day supply was last filled two months ago”

She then explained to me how important it is to trust all of our patients we treat but at the same time make sure they are safe. For the past several visits my patient’s HTN was not under control and if we followed my plan on increasing her dose of medication my attending explained to me that there would be a possibility of the her blood pressure dropping to low. From then on, with all my patients, I always read their bottles of medications and checked all dates.

For the shelf exam remember to go over OB and Peds, during my rotation a majority of my patients were adults and geriatrics.

Surgery:

During surgery you will soon find out how to give a complete H&P report in a quarter of the time it took you during medicine.

During this rotation I quickly learned to have a great appreciation for sleep and time to study. Day in and day out you will find yourself meeting new patients scared about their upcoming operation, and talking with their family about how the operation went. One of the most difficult discussions you may have the opportunity to witness is a surgical consult on a non-operable patient. During the first week of my rotation on CT surgery, an elderly woman with a PMH of PVD, DM2, HTN, GERD came into the ER with chest pain. I presented my patient to my attending physician and we went over all of her labs and exams. He was excellent in explaining all of the pathophysiology behind her symptoms and then he stopped and asked me, “So, you are the doctor now, what do you think we should do.” For our patient, surgery was not an option and she would have to be
medically managed. I watched as he drew diagrams, held our patient’s hand and explained to a MICU room full of crying family members the severity of her condition and the risks of an operation. I remember thinking in the back of my mind that one day I might have to be the one delivering this news.

Day 8: Finally I had gotten myself used to waking up 30 mins earlier to have time to drive to Brownsville to round on my patients before surgery in the morning. As luck would have it that day, thick early-morning fog would make my drive that much more exciting. Slowly and safely I made it with enough time to round on all my patients, round with my attending and prep for the OR. During your third year always try to prepare for any situation Mother Nature, a patient, nurse, or attending might place you in, you will thank yourself later.

In this rotation studying for the weekly quizzes helps better prepare you for the shelf exam because like Medicine there are many subjects to cover during your 12 weeks with little time to study.

OB/Gyn:
Doctor: “Ok Toby, hold the bladder blade and suction”
Me: “yes sir,” as he and the resident are cutting away at the tissue trying to get to our patient’s uterus. Within seconds he was making an incision on the uterus working his way to deliver the baby then all of the sudden… SPLAT.
Doctor: “Suction...Suction...TOBY, SUCTION!”
Toby: “Sorry sir, I am trying but I can’t see.”
As he and the resident turned to look at me they saw my safety glasses and face had blood blocking my view.
Doctor: “Well why didn’t you say something”
Me: “I didn’t want to interrupt sir”
Doctor: “Its ok, take a step back and a nurse will clean you up. Then jump back in here”

I could not believe it, during all 12 week of surgery not once did I have anything in the face and then on my first day in OB/GYN, blood in the face. I finally realized why everyone always told me to protect my eyes. I recently started this rotation but felt this story was worth including in my letter as a reminder that you never know what to expect.

Final notes:
- Your third year experience will be your own, so make the most you can out of it.
- Your third year experience will be highly attending/resident dependent keep them happy, work hard and never be late.
- Be nice to every nurse/tech/officer/transporter you meet. You never know who they talk to, what they know or if they can help you later.
- Also try to step up, take initiative and be interested. Try to do more, never less. Believe it or not your attendings do ask the people you worked with how you did and if you showed interest in placing/removing Foleys, prepping patients in the OR, placing wound vacs during wound care days, changing dressings, etc...
- Always be careful of what you say to everyone during your rotations. If you don’t want it to end up in your evaluation or Dean’s letter then keep it to yourself.
- If you choose to do all or most of your third year here at the RAHC don’t be surprised if patients start to recognize you. Throughout the year there were several occasions where I saw the same patient for a hospital consult during medicine, a doctor’s appointment during family medicine and then end up seeing them in the OR during surgery. I actually had one patient who I treated in the ER several months ago see me on the wards and ask when I was going to talk to her brother who was on the hospital ward. This is a small community and every one goes to HEB or Wal-Mart to buy their groceries, including your patients.
- Always wear protection in the OR. I would recommend going to Home Depot and buying a cheap (less than $5) pair of safety goggles. You never know when they might come in handy. They do have some in the OR but those usually fall off or fog up really fast.
- Remember one of the great things about being at the RAHC is the lack of residents so take advantage of every opportunity you can and your attending will let you do pretty much everything.
See one, do one, teach one. This goes for all procedures and skills.

Don’t forget about your friends, family and loved ones. Take some time during every rotation and let them know that you are alive, that you miss them and can’t wait to see them during the little breaks we have during the year.

So as you can tell your 3rd year will be filled with many mishaps, adventures, and learning experiences, make the most of your time, do your best, and always do more than asked. You won’t go wrong if you follow those tips in all your rotations.

A message from my girlfriend…
Future loved one of an MS3,
The first words that come to mind are PATIENCE and UNDERSTANDING.
You will definitely need both of these if you plan to make it past their 3rd year and beyond.
Many times throughout this year my patience has been tested. While I am thankful that he is getting a great hands-on experience and learning so much, I also have to understand that with that comes the late nights, missed dinners, cancelled plans, and some lonely nights spent with the T.V. or a good book.
I’ve learned that sometimes just listening can make all the difference in the world. Taking a step back and letting them vent to you sometimes helps to make their stress melt away and just being there at the end of a long day helps them make it through the next long day. In return he too would take time to listen to me and my day at work/school/life.
But I think the most important thing that I have learned during this 3rd year is that we are on an adventure together and we both need to be supportive and understanding of each other. There will be good days and there will be bad days, but as long as you stay together and united, you will make it through any day!
Good luck on surviving the MS3 year with your loved one!!

**Jesse "Tobias" Martinez**
A putrid stench fills the exam room as I slice open a boil; a kid with suspected strep throat coughs in my face as I look into his mouth; a belligerent psych patient shouts multiple obscenities at me as I attempt to ask her a few questions—these are all things I might have anticipated out of my 3rd year experience. What I did not anticipate was that I would also get to visit a juvenile detention center each week to give presentations on substance abuse and addiction, or get to go with local promotoras (health promoters) to teach small group health classes each week in a small border town community.

As 3rd year students at the RAHC, those on their Family and Peds rotations are given the option to take off a half day each week from their clinical duties to do a Community Service Learning (CSL) Project. This is a chance to do something that I’m sure few med students in the country ever even get to think about doing during their clinical years.

Surprisingly, not all students who spend their family/peds rotation at the RAHC take the opportunity to do a CSL project. If you don’t plan ahead it’s easy to get swept up into the rotation and before you know it, and it’s too late to get a project going. I suggest you plan in advance and get your project arranged the week before the rotation begins so that you can begin your project during week 1.

When it comes to choosing a CSL project the sky is the limit. Take a look at the list of projects that former RAHC students have done to gather some ideas (the RAHC academic coordinators Janie, Angie, and Elsa can get you this list). You can do anything from spending time at a birthing center to helping out at the family crisis center to volunteering with the school district. Whatever it is, set it up early. Looking back now, I consider my CSL projects to be among my most valuable educational experiences of med school. Don’t miss out!
Welcome to Third Year! Your feelings probably range in an area between extreme excitement and nervousness that ativan and metoprolol will have little effect on. This is normal, take a deep breath and enjoy the ride. Be excited, this is the part of school that really makes you love medicine.

The most common cause of anxiety is a fear that you don’t know enough. Try to put this out of your mind, the simple fact is you don’t and no reasonable person will expect that you will. (Most everyone you work with in the valley is a reasonable person). This is why we have two more years of school then years of residency. Your first day you will go to an orientation with one of the ladies; they will cover what you need to know about the rotation including schedules and contact sheet. Ask any question that comes to mind, they have heard them all and have answers to them all. The Internal Medicine clerkship has residents, so call the Resident, otherwise call the office first, then the attending last. Introduce yourself, let them know where you are from, and let them know it is your first rotation. They will understand. Ask them about their expectations of you, this is not weird, some will be pleased that you have the foresight to inquire. Enjoy the day, keep a list of cases you saw that day. If you saw a CHF patient read about CHF that night. New England Journal of Medicine ‘In The Clinic’ articles are great reviews in addition to textbooks and review books.

A word about Dr. Keeton’s advice: Be on time, Be Happy, Don’t Complain, Ask for More. He is right, it seems simple at first but the reality is that as the year progresses we become comfortable, we become fatigued, we become complacent, we become lazy. Watch out for this, I’ve seen it, my class mates have seen it and the attending and residents see it. They may not say anything, but they notice, and it will show on evaluations.

You will reach a point during third year where you feel as if ‘I got this.’ You’ve already had your Medicine clerkship, you learned more than you thought possible and you might even tell yourself it is all downhill from here. It isn’t, if it were that easy residency programs wouldn’t exist. Stay disciplined, keep expanding. If you follow Dr. Keeton’s mantra, you should have an easy time.

Studying: Always have a book with you, never surf the internet or sit around during the day, read…. But remember: never read in front of a patient, you lose credibility with the patient and because you are viewed as an extension of the attending, they too look bad. The next question that inevitably arises is on selection of review books. The simple answer is that they all work. If you are an ‘A’ student who puts forth an ‘A’ effort, that is what you will get. Occasionally there is one source that is better than others, ask around for the right answer, if you are out of people to ask, send me an email.

The first draft of this had a section entitled Life in H-Town, it was dropped because it exceeded 3 pages of tips and tricks. You can contact me if you still have questions; instead I’ll address an important topic that undoubtedly exists in the back of your mind:

“Did I make the right decision coming to Harlingen?” & “What is so special about Harlingen”

I believe it has nothing to do with the plethora of patients or diverse array of diseases. You will get that at a University Center as well. The uniqueness of the RAHC experience derives from the student population it attracts. The student that is not afraid to be put on the spot, is hands on and always wants to be the first in line to do everything. It is the student who is self motivated and doesn’t need to be pushed. When the group is asked a question by an attending who will you hide behind? No one, you are the group. As with anything in life, the experience is what you make of it. The people attracted to the RAHC are those who have the ability to make the best of every situation. I’m sure you have heard stories of all the things students get to do down here. The reality is that those opportunities exist in San Antonio as well; you just have to be willing to seize them. The major advantage we have in the Valley is the lack of residents, they are great people and can teach us much but are usually ahead of us in line for procedures; but not in the valley. What it boils down to is that you have to be willing to learn, push your boundaries and always ask to do things. Do all of this and you will without a doubt have made the right decision for your third year.

You’re going to have the time of your life at the RAHC, don’t forget to take time to enjoy the culture, visit the island and enjoy the beverages at La Playa. Just remember that there is always more to learn, keep that discipline, always read, always enjoy what you do, always be happy. These few things will make your third year fulfilling and successful.

Robert Scranton
To those that will follow:

Let me first start by saying that when I read some of these letters from the class before us, it made things sound pretty rosy. I’ll tell one clinical story, which isn’t rosy but hopefully worth reading.

Surgery was my first rotation. About 4 weeks into it I was on my 1st week of anesthesiology when my attending caught me in the hallway and told me to go to OR 6 because there was a trauma coming in. Because at that point, I had very little exposure to trauma (or anything else for that matter), I was excited, as any of us would have been. Approximately 30 minutes later they came wheeling the ER bed up to the OR, transferring a 16 year-old girl involved in a motor vehicle accident. The story was, that in the ER she had been sitting up in a chair answering questions from the ER doc when the ultrasound revealed blood in the abdomen.

I made eye contact with her as they pushed her bed through the door of OR 6. She had an O2 mask on and wasn’t saying much but was responding with a head nod to all the questions the anesthesiologists were asking her. She seemed to be really lucid, and having overheard the nurses saying something about a possible ruptured spleen, I was thinking her prognosis could be critical but probably not terminal.

They put her under and began to open her abdomen. Blood began to pour out and onto the floor. There’s no way anyone could have known until that point that although she had no external signs of trauma, her inferior vena cava had been ruptured just above the liver. The cardiovascular surgeon was called to respond and upon arrival discovered a ruptured right atrium as well. How she lived as long as she did I’ll never know but I watched her vitals plummet over the next 15 to 30 minutes (what seemed like eternity) as they attempted to save her life. They were unsuccessful and I watched a 16 year-old mother of a 2 month old baby die on the operating table.

This story of course wasn’t rosy for this young woman with most of her life ahead of her. And the rest of that day was one I will clearly never forget as long as I live. I went home that night and more or less stared at the wall. When my fiancée came over that night it took me a while to say anything at all, much less offer an explanation for why I wasn’t talking. Eventually I got over the initial shock and sadness of it but it has left me with the sober reality that life is extremely short, not just for that young woman but for all of us. In the big scheme of time, history, and eternity all of us live for but a breath. We don’t know how long we have on this earth so when we are given a sober reminder of how short life is, this is the perfect opportunity to think about what gives life meaning. Will I have lived a life of meaning if at the end of the day I can say that I made people’s physical lives better? The fact that ‘physician’ is 1 of the 2 professions with the highest suicide rates should indicate that there’s much more to life than prescribing pills. While this undoubtedly is important we can at least say that for many, prescribing those pills or doing those surgeries didn’t scratch the itch they had inside to truly make a difference in this world and to live for what matters most.

If you watch the evening news and read articles about the epidemiology of preventable diseases (both physical and mental) you’ll note that in America much of the suffering we have is caused by us either harming ourselves or others. What kind of brokenness must be intrinsic to the human condition that people basically know what they should do but instead don’t do it? If I can answer that question (the problem) and devote my life to the solution I think my life will find meaning. And devoting my life to this solution ultimately involves me being willing to invest in the lives of others, of course physically (through medicine), but perhaps more importantly, emotionally, mentally, and spiritually. If I can look back on my life and see that I helped those around me have stability in these areas then I will consider my medical career to be the cherry on top of this. I have much more to say but these are my basic thoughts and reflections from a 2nd hand experience with death.

Ben Wilson
Congratulations to you, class of 2012!
You are about to embark on the reason why many of you came to medical school—to get to 3rd year and into the hospital and to finally have your very own patients!
I always thought that I would be a third year person, and it turns out that I have LOVED third year, and it has been my favorite year of medical school. At the beginning, I thought that my first 2 years of basic sciences would be the sacrifice I would make before I could finally get to the clinical years and have tons of interactions with patients and medical staff alike. I envisioned myself locked away deep in some dungeon of a library with thick walls and poor lighting and books with no pictures and practically no human contact whatsoever, and I must say I was very pleasantly surprised at what a positive experience the basic sciences were at UTHSCSA. But I have loved third year the most.
That is not to say however that everything has been a bed of roses and that third year has not come without its challenges. I would like to briefly touch on those, so that if you find that you experience similar things your third year, you will know that you were not the first and hopefully you will be encouraged that those things will pass and there will be brighter things ahead.
1) While on teams with other 3rd year medical students, most of the time I had a blast and it was both a pleasure and a privilege to work alongside some of my colleagues and friends who are going to be such outstanding physicians. However, for the first two weeks of my first rotation I came home very discouraged and occasionally in tears because my classmate on my team was already pretty much acting as an intern, and I was still trying to figure out how to print a patient census and was still trying to navigate my way around the hospital without getting lost. At other points in the year, I would find myself getting discouraged because this other awesome medical student I am working with is so much more concise in his presentations and his notes, and I am still giving too much information and taking forever to write my notes, or whatever else. I eventually learned that instead of feeling inferior every time I ran into a medical student that did something better than I did, I should feel grateful. I started to really appreciate those experiences for what they are, which is a great opportunity to sharpen my own skills as a budding clinician and learn from my colleagues. My evaluations improved markedly after my first month of my first rotation, and I am so grateful that throughout the year I have been able to pick up great traits that my classmates exhibit on the wards, and become a better med student.
2) I think one of the ways you can be a great asset to the service you are on is to try to be constantly anticipating the needs of those around you, whether they are the needs of your patient or the needs of your team. Whether it is to go find a tongue depressor before it is asked for, or whether it is asking one of the patients in your care more information before being asked to, I found many times over that you can be a lot of help to your team or your attending by doing this. Also, many times I found that by virtue of the fact that I was a student and had fewer number of patients to follow than the interns, I had more time with the patients and was able to chat more with them and find out more information. For instance, one of my most memorable experiences this year was with Mr. RJ. My patient was a 72 year old WM with a PMH of hypertension, BPH, and renal cyst recently found on CT that presented to the hospital with severe abdominal pain and hyponatremia. Mr. RJ was a very nice man, and I very much enjoyed our interactions in the morning when I would go to pre-round on him and monitor his progress. Over the course of his 4 day stay in the hospital, we ascertained that he had not had a bowel movement over the past week and was severely constipated and also was in tremendous discomfort due to his BPH. After adjusting his medications and ensuring he was having regular bowel movements, was urinating on his own without a catheter in place and was ambulating, we were ready to send him home. The attending sent the intern and me to go check on him one more time before we discharged him, and in fact he was urinating on his own and his other symptoms were much improved. So I was surprised when he said, “If you folks send me home, I don’t know if I’m gonna make it.” I laughed a bit and playfully asked my patient, “Sir, what do you mean, it seems like you’re doing great?” He then responded, “I think if you folks let me go, I’ll commit suicide.” And then for the next few seconds, you could hear a pin drop…and immediately, I offered to stay with the patient and do a mental status exam, depression screen, and suicide risk assessment while the intern went to notify our attending. It turns out the patient had previously had 2 stays in a psychiatric facility up north for suicidal ideation and depression, and had been struggling with depression for several decades. We ordered a psych consult
and eventually the patient was discharged to a psychiatric facility. During the rest of his stay on the medical floor, I spent some time with him in the morning and afternoon. I will never forget this patient, I am grateful for the many lessons I learned from him, one of which was certainly ALWAYS ask if you are not sure what a patient’s statement means. And also, to be aware that you can make a big difference to the care of a patient by trying to stay attentive to the needs of the patient and the team you work with.

3) More than any other year of medical school, 3rd year is a balancing act of all the things that are important to you and that demand your attention. I found that I was in a constant state of trying to balance my relationships, studies, hobbies, health, etc. And because your work in the hospital can be so consuming, you have to make very good use of the time you have left over. Life doesn’t stop around you because you are in your third year of medical school. I got married over Christmas break this year to the best man I know who also happens to be in his 3rd year of medical school down here at the RAHC. Another one of our classmates down here had his first child. There was a lot of time at the beginning of the year where I missed family and friends a lot and wished I could connect more over the phone, but I learned that just texting or emailing every now and then just to say hi and I’m thinking about you and we’ll schedule a phone date is good for now.

So those are some of the main things I learned in my third year of medical school that were not on the shelf exams. I wish you all the best of luck in the beginning of your clinical years. Not everything about third year is great, but to me it has been the best one of all.

Sincerely,

Becky Wilson