Letters to a Third Year Student

From The Class of 2013
School of Medicine
The University of Texas
Health Science Center at San Antonio

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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
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Dear Students,

Congratulations on attaining another milestone in your life: Beginning Third Year! Thank you for the opportunity to share a few thoughts with you at this important time. I am sure you feel relieved that your pre-clinical years are behind you, and that you will spend the rest of your career caring for and learning from real patients on the wards and in the clinics.

Third Year is an exciting milestone that physicians always remember! It is like the first time we rode our bicycle without the training wheels. While writing this letter I thought about my own third year. It was thrilling and, at the same time, quite anxiety provoking. I recall asking fourth year students what kind of stethoscope to buy and what kind of reflex hammer and penlight I needed to perform a thorough clinical exam. I still remember the first patient I interviewed: An elderly lady with mitral stenosis.

Soon you will take care of real patients for the first time under your teachers’ supervision. You will spend much more time with your patients than your residents or faculty. This time with patients will give you a unique opportunity to establish rapport with them. They will divulge information to you that they may not share with their spouse, mother, father, or other relatives. During the clerkships you will lay the foundation for becoming a competent, caring and compassionate physician.

Now that you have earned the privilege of caring for patients, it is essential that you hone your communication skills. You must learn to understand verbal and nonverbal (i.e., body language) cues. Though it is difficult at first, allow your patients to talk and listen to what they say so you can understand and establish trusting relationships with them. These trusting relationships help produce therapeutic miracles because patients in a trusting relationship with their doctor do what their doctor asks them to do. This doctor-patient relationship is sacred, and you always protect it.

I want each of you to become a great physician! You can achieve this goal because you are intelligent, motivated, and ready to serve your patients and community. The foundation for becoming a great clinician begins in the Third Year as you interact with patients. Here are some things I encourage you to remember as you advance in your career.

Patients come to you in their most vulnerable times, and they trust you even if they have just met you. In these circumstances, respect and care for them with the utmost care and compassion. Remember: Patients deserve dignity and respect at all times.

“Professionalism” is one of the most important attributes of a great physician. Professionalism is challenging to define, but it includes behaviors like showing up on time, being courteous to colleagues, protecting patient confidentiality, being honest and sincere, and advocating for patients.

It is important for physicians to give our patients “hope” so that they can fight their diseases, both of the mind and the body.

Physicians are not just mechanics who repair patients’ bodies–We are entrusted with the duty and responsibility of caring for people. Each patient is unique with his/her own personality, belief system, customs, and culture. We must individualize each patient’s treatment plan to meet his/her needs and respect patient’s values at all times.

These are important tenets of our profession you need to instill in to your daily activity as a third year student to enrich your experiences. I hope your Third Year will be as memorable and special as mine is to me.

Sincerely,

K. Ashok Kumar, MD, FRCS, FAAFP
Distinguished Teaching Professor, and
Vice-Chair for Medical Student Education
The Department of Family and Community Medicine
At the end of my second year of medical school, like all of my other eager classmates I attended Dr. Keeton’s informative lecture on how to succeed on the wards. Most of the information he gave were pearls that any intelligent person would know, without having to be told. Things like, being early, being happy and working hard never go unnoticed if you are consistently doing those things throughout the entire clerkship. But how is it possible to stay like that throughout the entire 2, 4, 6, or 12 weeks? Well during my initial clerkships, the first week of the clerkship I was on top of my game, but as the weeks passed I started to feel the wear of the working world. As a person, coming straight from college to medical school, with no formal work experience, this daily grind was something that took getting used to and I was surprised to find that I didn’t have the endurance that I thought I had to manage this clerkship. This was very unsettling and I was at a point where I felt as though there was nothing I could do to change how my mindset about getting the job done with a positive attitude all the time. I didn’t understand why I would feel so tired at the end of the day, or why it took an increasing amount of snooze buttons hits before I woke up in the morning. I tried getting more sleep, exercising, venting to other people and anything ease my mind of the stressors of 3rd year. These all helped a little bit for a short period of time and were things that I needed to carve time out for to accomplish with time to study. One day I really connected with one of my patients on the wards, I got to know more about this patient and how he came to the hospital, not just about his illness but about his family, but also about his work life, his hobbies, his life’s victories and even his struggles. After that encounter, it became easier for me get to work early, to present this patient on the wards, with a legitimate plan. That is when I remembered the very last thing that Dr. Keeton said to us during out final days of second year. According to Dr. Keeton, “3rd year is a chance to learn and payback all the people who are subsidizing the education you’re getting so its not about you, its about them.” It was so easy to forget how much I’d been given, .... It is the very last nugget of wisdom that Dr. Keeton gave us that was the key to out and I didn’t realize it until mid way through the year, but finding that internal motivation despite all the hustle and bustle, despite your attending bombarding you with questions that you could have never prepared for, your resident hounding you for presenting a plan that you thought you had discussed with them, despite that other medical students that tries to outshine you by answering questions on 7am rounds .05 seconds faster than you, is something that can’t really be tempered by external factors, but only by really caring for the person you are taking care of. Staying motivated day-in and day-out doesn’t require you to become robotic, but actually the exact opposite. Find compassion for your patients, and you will find motivation to be a great third year medical student.

Imma Achilike
Dear Third Year Student to Be,

Here's a secret: third year is not hard. At all. You’re going to be scared out of your mind your first day of your first service. You’re going to be scared out of your mind your first shelf exam. Don’t worry, you’ll get through it. Doing these things will get you at least good reviews on every service. It will be up to you to study and do the rest.

1. Be On Time
Your attending might not remember your name, but he/she will definitely remember that one day you were late to pre-op conference. This is going to be one of the biggest things that you actually have to do. Really. It sounds so simple, but you’ll be surprised how many of your classmates will simply…not. Seriously, just set seven alarms if you have to, wear a watch, whatever. Just do it.

2. Be friendly and decent to everyone
Sounds completely obvious, but apparently it isn’t. I can think of multiple occasions where I’ve seen classmates berate or talk down to housestaff, argue with residents, and just be in generally a bad mood because they didn’t like the rotation. You’re probably not going to like every service you’re on. You’re probably going to have to deal with arrogant residents or attendings. You’re probably going to deal with incompetent techs or staff. Even if you can’t stand someone, just get on your best acting face and put up with it. Remember that these rotations are basically a way for your evaluators to let future residency directors know if you’re someone they would want to work with. More importantly, don’t be rude to your classmates on the service with you. They can help make or break you every single time.

3. Do what you’re told
Yes, you’re going to have scut work. Yes, it will probably annoy the hell out of you sometimes. Put up with it. Almost all services I have been on, the attending and residents try and keep this to a minimum but sometimes there’s just too much to be done and not enough people to do it. Everyone on the team knows why you’re there in the first place: to learn. But in order to get anything done, you’re probably going to have to spend time making copies, sending faxes, gathering patient information and the like. Don’t be insulted or think you’re above any of this. Don’t argue that you shouldn’t have to do any scut work because you’re paying to be there. Just help the team get things done. It’s easy.

4. Work hard
Duh.

Easy, right? Don’t work too hard, don’t get too stressed out, and most of all, learn.

Love,

Part of the Class of 2013

P.S. Don’t be a gunner. Everyone will hate you, including your residents and attending.
Dear new MSIIIs,

First off, congratulations on finishing up the first two years and getting through STEP I. It isn't an easy accomplishment and something to be really proud of. You’re finally ready to get into the hospital and start taking care of patients. While it may not seem so during the first two years, the information you have learned is going to be put to use in a real setting. I still remember that first day of rotations on Surgery at PPGS Methodist. I rode numerous emotions that day, never thinking the roller coaster would end.

I’m not afraid to admit this now, but I think I overwhelming felt fear more than anything else. On that day, I remember trying to tell myself to show confidence so no one else (especially the attending) could tell I was shaking in my knees. I started the first day at a clinic with my attending. It was a great way to start and really helped me relax and ease into things. He allowed me to just shadow him the first day, making it very stress-free. The day started winding down, and I was ready to go back home, recuperate, and start again tomorrow. However, right before taking off, the attending received a call about an emergent surgery that needed to be done. Before I knew it, we were on our way to the hospital OR. The fear that went away as the day went on quickly returned. Not only did I not know how to scrub in, I had never seen a surgery in the first place. Luckily, when I got there, the scrub tech took me under her wing, and patiently taught me everything. I spent most of the surgery just trying not to contaminate anything, but I was in awe at the same time. The surgery finally ended that night around 9:30. I had never been so happy to make it home that night, but at the same time, I couldn’t wait for the next day.

Considering how my first day went, I had hoped it wouldn’t be that kind of roller coaster on a daily basis. However, things stabilized. The more time that went on, the more comfortable I felt in my role as part of the team. I will admit, the beginning of every rotation is stressful. There really isn’t a way around it. It usually took me about a week to understand how everything worked. There are some rotations where you will switch rapidly from one thing to another, but as long as you work hard, engage yourself, and show curiosity, you can never really go wrong.

Here are just a few words of advice for each rotation:

Surgery: Widely variable in the hours that you work. You will have lectures every week with an associated packet of notes. Those packets by itself are more than enough for the midterm. The final may be one of the hardest during third year only because there are a lot of general medicine questions. With that being said, I managed to do well with mainly reading just those packets with Casefiles.

OB/GYN: I really liked this rotation more than I thought I would. The hours aren’t great, but you definitely have the opportunity to do a lot. Pick one book for this rotation (either Casefiles or Blueprints) and stick with it. Also, make sure you do the ACOG questions- they are indicative of questions you will find on the shelf.

Psychiatry: Definitely a great rotation time-wise. First aid is helpful, but I thought questions from Lange Q&A were better for preparing for the shelf. Just as an aside, the UWorld questions are too easy.

Medicine: UWorld and reading about your patients should be your mainstay. I thought that Step-Up wasn’t as beneficial as questions. I didn’t read the whole thing, just the sections I thought needed help on.

Family/Peds: Pending. I haven’t finished these rotations at this point.

Good luck and enjoy the year,

Balaji Ayyar
I had the pleasure of taking care of one of nicest patients that I have ever worked with during my internal medicine rotation. She was 72 years old with metastatic adenocarcinoma of unknown etiology causing her pericardial and pleural effusions. She only spoke Spanish. She was admitted to the CCU with a cardiac tamponade from her malignant pericardial effusion. After she was stabilized, she was transferred to our team for management. Unfortunately, her prognosis was dyer. The spread of the cancer had made any hope of curative treatment impossible. There was a significant language barrier, but we were always able to communicate effectively through broken Spanish/English, body language, and touch. I noticed how much she appreciated my effort to speak to her in her own language, and how much a simple grasping of her hand every morning comforted her. She was always incredibly nice and happy to see me, even though I would wake her up at 6am every day usually with bad news. I did my best to explain to her, the implications of her diagnosis and her options for palliative treatment. I would always grasp her hand in between my own every morning when I spoke to her, which seemed to create a rapport between us, and just make her feel better. We did our best to get her into charity hospice so her final few months could be lived at home, in peace, and without pain. I will always remember the last day of her admission, when I took out her PICC line and had my final interaction with her. She said a bunch of stuff in Spanish that I could barely understand, and then she started crying and thanking me for supporting her while she was in the hospital. I'm convinced that it wasn't anything that I told her or did for her medically that affected her so profoundly. It was simply someone trying to be empathetic, caring, and supportive that made her so grateful to me. I was also overcome by emotion, and wished her the best of luck and thanked her for being so nice and gracious to me. I will always remember her.

As a medical student, there are many ways that you can profoundly affect a patient during their stay in the hospital. One that might be overlooked, has nothing to do with our medical knowledge or procedural skills, but involves the ability to express empathy and compassion towards our patients. Even something as simple as grasping a patient's hand every morning and smiling can go a long way with sick patients in the hospital. The ability to empathize and express compassion is an important skill that must be worked at, similar to studying for a test or practicing tying sutures. There is no better time to practice this skill than the 3rd year of medical school, when we have fewer responsibilities and a lower patient load than we will ever have again. Take advantage of this opportunity and enjoy the feeling of fulfillment that comes with showing your patient how much you care.

Robert Bagwell
Third-year is challenging, rewarding, frustrating, tiring, and memorable all at the same time. It’s up a 4:30, in bed at 1:00 and praying you’ll be noticed and invisible at the same time. It’s remembering why you want to be a doctor and figuring out what characteristics in other physicians you want to emulate. In my letter to you all I wanted to share some suggestions that have helped me through third year, and a story that will help you remember that you can make a difference this year too.

1. It’s not really about you.
2. Smile. It makes life easier.
3. Say please. And thank you. Again.
4. Think before you speak.
5. Ask the patient if you forgot to do anything... they may give you a pointer to two to impress the resident.
6. Look forward to your white coat feeling natural, but don’t put too much in the pockets- it’ll give you kyphosis.
7. The hospital is kind of like high school- stereotypes galore. Be cognoscente of your own.
8. When the right answer just comes out of mouth out of nowhere, remember that Dr. Keeton is right: you’ll remember more from the two years of classes than you think.
9. When people say mean things to you, come home and watch You Tube videos- that’s when they are the funniest!
10. Remember that you may never do these specialties again – enjoy them!
11. You know the students in class you don’t really know? They’re fun to work with. Even though you never see the whole class together- you’ll know them much better.
12. Easy on the UH breakfast tacos.
13. On surgery: roll the bed out, get gloves, don’t touch Mayo stand, roll the bed in, repeat. These steps are critical.
14. When the woman with pancreatic cancer asks you to wait to take out her staples until the pain medicine kicks in, sit down and talk. I learned how to live from a patient who was dying.
15. When the man with chronic lymphocytic lymphoma doesn’t think you can help him, show him you can.

Mr. A is an older man with CLL who came to the hospital because he had not been getting all the insulin he needed. He came to the ER with a blood sugar higher than I have ever seen as a 3rd year med student. When I first talked to him he was so hungry he would barely speak to me, and when he did he was short with his words (like I was aggravating him). He didn’t want to answer my questions, and I don’t think he believed that I could help him. He moved to San Antonio a while ago, but all of his family is far away. When I asked if there was anyone I could call to let them know he was here he said no. I felt lonely for him. He was a Jehovah’s Witness so he refused the necessary treatment for his leukemia. Even before we had gone to meet him while we were looking at his lab results, my Intern didn’t think that he would live through the night. His WBC count was in the 160,000s. She said, “Blast crisis, he probably won’t make it.”

After we interviewed him, we planned to give him insulin, but I didn’t think I could really help his social situation at all. Over the next 2 or 3 days Mr. A slowly became friendlier. I came to see him every morning and continued to ask him questions. He would answer my questions sometimes with “are you going to feed me” and “O, I’ve heard that before...” I was pretty sure I annoyed him. One morning I heard the social worker tell him there was very little money left in his bank account. I don’t know how he paid for all the care he needs. He needed someone to change him and administer his insulin, but I think what he really needed was someone to look out for him – someone that cared about how he was doing.

One morning when I read the Heme note and saw they had suggested a Psych consult because he was feeling depressed overnight. When I went to examine him he was glad to see me, and boy was I surprised! He had been eating so he wasn’t asking about food, but when I made a point to ask him if there was anything else I could do for him he pulled out a little red satchel that he kept on his wrist. In it he had all of his money and credit cards, business cards and important papers. He said he believed his glasses had been stolen and he had paid for them but they had never been delivered. As he said this he handed me two receipts and business
card in a little Ziploc bag. He said, “Here. I paid for them but I never got them.” Instantly I was glad he trusted me with his important papers, I told him I would try to find them for him.

On rounds that morning I mentioned to my team that I was going to try to find his glasses. They were not as concerned as I, thinking I should maybe mention it to the social worker, but for some reason I thought that I should do it myself. After writing my first note I made several phone calls. I called the optical center many times before I finally got to talk to someone. The glasses had been shipped to his old nursing home. So I found the contact information for a place Mr. A used to live- not the place where he had just come from. I found a lady there who almost hung up the phone saying, “He’s no longer with us.” I said, “I know but I’m calling about a pair of glasses”—she handed the phone to someone else. “Hello? I used to take care of Mr. A, and yes I’ve been saving his glasses but I don’t know where he went. I haven’t been able to call him because his cell phone has been turned off and when I go to visit him or call him at a new facility they won’t let me see him. Please give him my personal cell number and have him call me so that I can talk to him. We got really close and I think what someone in his position really needs is a friend to come by and talk every once in awhile.” She said that she would deliver his glasses, I was so excited! So I went back to Mr. R’s room, woke him up from his nap, and told him I had found his glasses. He said that was fabulous and was very surprised saying, “Thank you so much, Darling.” I also helped him call his friend from his hospital bed phone and they talked about old things instantly. I tapped his hand and told him goodbye while he was on the phone. I left him with his friend’s telephone number, hoping that he would have it when he left the hospital.

When I turned to leave, the Admission Director from a new facility came and said she had reviewed his financial information and he was all set to go live at a new place. Hopefully he will get the care he needs there so that how ever many days Mr. R has left will be peaceful. And I hope he gets to not only talk to his old friend often, but can see her well when she comes to visit him.

Goodbye Mr. A, take your time Mr. A, enjoy the view Mr. A. I checked back one more time to his room today and he had a business card in his hand while taking a nap in his bed. I didn’t wake him.

Katie Bartush
Based on what I have gathered, a ton of you are nervous. Don’t be. Third year is easy and can be passed if not aced by following basic adult job rules (like Dr. Keeton says). I also know that everyone of you that I have met is brilliant and more than capable! These are my pointers I wish I had when I was in your shoes.

First, you all probably want to know what to study, so here is what I attempted with, for the most part, quite a bit of success. I split book buying with a classmate and tried to use more up to date copies. For surgery, I used NMS cases, pre-test and case files. I also referenced other books depending. Case files is free on the access surgery site, as well as other great resources. I read through NMS and other surgeries on access surgery prior to scrubbing in- this got me quite a few pointers. With the exception of Urology/Anaesthesia and CT, case files+ notes from lecture+ nms +Pestano (a free gift) will get you your grade on the quizzes. Fun fact: the pictures on the quizzes are labeled if you run your mouse over them, which can lead to a free answer! For OB/GYN, I used blueprints, the OBGYN online questions and case files. I rate all of those highly. For psych, I used first aid and a question book (lange I think). I didn’t find them as helpful, but this may be because the psych shelf is duplicitious- study more than you think you should. Pediatrics is covered well with blueprints, case files and pretest. I didn’t feel surprised by the shelf in the least. I am sorry…soo soo sorry…that you have to take the family shelf. It was the most disorganized thing I've ever laid eyes on. Blueprints is awful for this (biggest buyers remorse of 3rd year) but the AAFP question bank is helpful. For quizzes, some of the questions are straight out of case files and pretest, so that makes them easy. In regards to everything else in family, I suggest doing all of the required mumbo jumbo early because you have to study quite a bit and it is all very cumbersome. I am in neuro now, so I can’t give advice on internal medicine, but I am finding Casefiles and step up to medicine to be awesome. Most people used those and the qbank. I didn’t find qbank helpful for the rest of my rotations and I wish I had not bought a year of it.

In regards to wards, there are a few basic rules to follow: independently read, be polite and excited (but within who you actually are), don’t lie, validate people and stick together. I found that reading up on something I knew I would see to be helpful and awesome in regards to attendings. I also volunteered to read up and find evidence based answers. Some attendings will make you do this a lot if you are like this, but it always levels out in your favor. I am a typically happy person. I get excited about shiny things and that weird abscess. I did not have a rotation that didn’t give me approval on evaluations for being like that. You are who you are and if you show an inch of interest and awe (because medicine is really awesome), even if you have to dig within a subject as to why you feel that, you will get great evals. I am not the smartest person. In plenty of rotations I looked the attending in the eye and admitted to being at a complete loss. This has yet to haunt me. Honesty helps the residents and attending help you to learn. A lot even love to teach. Even if you tell them you don’t want to be in their shoes (I admitted to this, often, on surgery) they won’t hold it against you. The most important item in third year is to help each other and to fight together to succeed. We medical students are sometimes up against mercurial attendings, agitated residents and passive aggressive nurses and the best way to survive is to stand by each other. It has never hurt me to not answer a question i knew that someone else did not or to warn/give information I worked hard for to another medical student. If the whole team looks smart and operates smoothly, your grade will reflect it. That being said, if another medical student throws you under the bus, confront them (albeit politely). The best remedy to a problem is to deal with it before it becomes a problem.

Don’t be worried about third year. You are prepared by the first two. This comes from someone who honestly fumbled with little success through the first two years. I started third year beaten down by both struggling through the anxiety of the first two years and watching my father slowly and inevitably die from pancreatic cancer. Despite the lack of faith, despite the emotional depletion, I survived and so will you. I have loved third year, even with the lows. It is worth every crappy moment. I hope you feel the same.

Abbie Bauer
I could write to you about my 3rd year firsts, like the first time I had a patient die, caught a baby, sutured a person up, had a code, etc. But this here’s plain advice I’ve collected from observation and experience.

1. If you’re ever feeling uncomfortable about how to deal with a patient, forget the patient part and just talk to them as a regular person. I’ve included some good and bad examples below. (They’re mostly from surgery, as that was the service I most recently completed.)
   a. Good
      i. The parents of a 14-year-old stabbing victim weren’t able to accompany her to the CT scanner due to health issues. Dr. Scherer, the pit boss that night, walked the girl through exactly what was going on and why and then put on the lead vest and stayed with her until she was able to get back to her family.
      ii. Dr. Oliver sits down with each of his patients and talks on their level.
   b. Bad
      i. Dr. J, no relation to the rapper, often uses technical abbreviations and statistics with patients. You can literally feel the confusion build in the room.
      ii. I’ve seen many doctors leave crying patients still crying. True, the docs are busy, but it only takes a minute or two to offer a tissue and a hand.

2. On that note, when a patient is in distress, comfort them! It doesn’t matter if you’re a guy or a girl, a parent or not, a student or a doctor, a future orthopod or pediatrician—it’s part of the job. Do it in a way you’re comfortable—words, a kind touch, offering a cool washcloth. And if you’re not comfortable, do it anyway; practice is the only way you’ll become more at ease.

3. When explaining something to a patient, talk as if you were talking to a middle-schooler (or younger if you’re talking to kids), because most people, including well-educated people, have huge gaps in their health knowledge. Speaking plainly allows you to fill those gaps. Ask them to explain what they understand about what you’ve just told them, and fill in any remaining gaps.

4. We all vent about patients/residents/nurses, just be careful where you do it. In the team room? Okay. In the cafeteria? Not so much.

5. At this point in our careers, it’s much better to bite your tongue than to retort, so choose your battles.

6. Ask for feedback at least once a week, because some passive-aggressive residents might not give it to you, and your evals are not the place to find out they thought you were a below-average student.

7. Give every specialty a chance, even if you KNOW that you’re going into emergency/urology/peds, etc. And don’t buy into any of the stereotypes. For one, every specialty has @ssh0les, b1tches, and d1cks. Two, our residency programs are just that—ours. Just because our program has a particular reputation doesn’t mean that the specialty has that same reputation everywhere.

8. This is obvious, but study from the beginning of the rotation; it makes the rest of the rotation MUCH easier.

9. If you’re not sure about something, ask! And travel up the hierarchy sequentially. Ask the 4th year before you ask the intern. Ask the intern before you ask the resident (this one’s a little soft since the interns are insanely busy). And definitely ask the resident before you ask the chief or the attending.

10. Work hard, be polite, and keep your mind open.
I guess that didn’t end up being very concise, but that’s the information I’ve culled over the last 9 months. No matter how much you liked/didn’t like the first two years of med school, this year is fun and exciting and way less scary than I thought it would be. I hope this advice serves you well, and best of luck!

**Melissa Beally**
MD/MPH candidate
UTHSCSA/UTHSCH
Class of 2013
Dear Third-Year Student,

You are well on your way. Third year is an exciting time and, for the sake of full disclosure, also a stressful and uncertain time.

It is your first chance to be actively involved with patients. They will shape your fund of knowledge, your attitudes towards illness and death, and many of your previous thoughts about medicine. Some patients will inspire, others will highlight the most discouraging aspects of our lives and country. Some mornings will be bittersweet: I remember talking with a vet intermittently as he coughed up bright red chunks of lung—he wanted to go downtown for a beer afterwards. Some will be saddening: I remember a two-month-old victim of child abuse. Some patients will confuse and confound: I remember talking with a sixteen-year-old girl due to deliver her second child. Still others will challenge your moral and ethical beliefs: I remember a woman put on a heart-lung machine after suffering severe anoxic brain injury—it was her family’s burden to withdrawal support. Patients may remind you of those people you know and love or, perhaps, those you dislike. Resist the temptation to become cynical. Do not be stubborn. Stay objective. Seek out something positive and intriguing in each of your patients—they will surprise you.

Learning. You will want to learn more than time will allow. Read for your own edification, not with the goal of answering questions—you will get frustrated. Learn to be wrong gracefully. Learn to accept constructive and not-so-constructive criticism—do not let third year be an ego-destructive experience. Learn to anticipate the needs of your team. Learn to live in a state of controlled chaos—third year is designed to expose students to very broad group of clinical experiences, and if you start to feel comfortable on a rotation, you most likely are not learning as much as you could.

Sleep hygiene. It sounds silly, but it can be the difference between happiness and despair. Really. The saying, ‘early to bed, early to rise…’ has lasted for a reason. It is a long year. Get some sleep.

Last things for the wards:

If you are not actively doing something, start.

If you do not know what to do, ask.

Third year is an opportunity; take full advantage of it.

Take care. Good luck.

Sincerely,

Michael Bevilacqua
Dear MS3,

Despite the anticipation and anxiety that many will have in the first few days of third year, I know that everyone of you is ready for a change. I remember how nervous yet excited I was before my first day of medicine and how many silly notions I had of the interactions students would have with attendings. The truth is you are about to start the busiest year of your life, but you will be amazed at how much fun you will be having.

There were a few things I learned in my third year. The first is do not worry about the little things. No intern/resident/attending is judging your every movement. Relax when you can, never stand when you can sit, eat when you get a chance and do not force yourself to be serious all the time. There is no need to increase the tension of third year by making the handful of relaxed moments you have in a rotation tense and serious trying to one up your colleague on the number of research papers you have read. It is okay to talk about things other than medicine when patient care is not taking place.

Do not take being wrong personally. Certain attendings will be very critical of every word that comes out of your mouth when you present to them or when they pimp you in the OR. This is intended only to help you by finding your weak points and reinforcing them. The attendings understand that you are only a third year and you will not know the answer to all, or even a majority, of their questions. Answer when you know the answer and do not be afraid to say I do not know. Always, however, spend 5-10 minutes researching the topic discussed so that you are able to give them a more detailed answer if asked the next day (especially if you are taking the CT rotation.)

The final message I have is to take care of your colleagues. As self explanatory as this may sound, you will be surprised at the things some of your colleagues will say or do. Take these actions with a grain of salt. For the most part, the interns/residents will recognize this immediately and it will have not effect on your evaluation whatsoever.

Good luck next year. You are about to learn how to actually do things with the knowledge base you have gained in the first two years, a very gratifying thing.

Dave Bittenbinder
Dear MS3s,

Third year will be a unique experience for everyone. In my experience, there was not a big defining event that changed everything; it would better be described as a sequence of many defining little moments. These memorable encounters contributed to enabling me to grow as a future physician and also a human being. Some of these moments included my first successful intubation, getting to suture incisions, and high fives from children. Other memorable events included tearful interviews with patients while unearthing a hidden depression, performing chest compressions in the ER, having a patient say that you were the first person they ever told about a medical symptom, delivering a baby, spending time with faculty who love to teach and the many compliments and encouraging words from patients. Having a patient thank you for talking to them, making them comfortable and at ease so that they can be better helped is extremely rewarding. Each day is a novelty, take every opportunity to participate, learn and grow. It is also important to understand that less positive moments will also occur. These can range from only getting four hours of sleep, encountering difficult patients and just feeling overwhelmed.

Both the positive and negative moments are necessary to becoming the best physician you can be. Learning is a continuous process and we are always discovering what works and what does not. Most of the experiences in third year will serve as reminders for why you chose this path and will motivate you to continue growing and learning. Have fun a third year, take care of yourself and spend time with patients. Appreciate the little moments and take full advantage of this wonderful opportunity you have been given.

Wishing you the best,

Erika Brito
Dear Third Year Medical Students,

Congratulations! You have survived two years of seemingly endless lectures and you now get to apply what you have learned to the care of actual patients. I am confident that you will find this year to be more fun and certainly more rewarding than the first two years of medical school. You have probably already heard some of the negative things about third year, so instead I will focus on the positives. You really have a lot to look forward to.

1. Scrubs: Have you missed these like I did? You, unfortunately, cannot wear them every day, but they will make your call days on Medicine a little bit more exciting. Tip: Leave at least one pair available in the scrub machine at all times. You never know what might end up splattered all over your scrubs and you probably will not have time to run home and grab a clean pair.

2. Occasional free food: On one rotation, I got free breakfast, lunch, and coffee every day for 3 weeks. You may not be so lucky, but you can at least expect free food and coffee at most conferences and grand rounds. Free breakfast + scrubs = you can wake up and be out the door in 5 minutes = more time for sleep.

3. Meeting new people: There are over 200 people in your class. Chances are you have not formed meaningful relationships with or even met many of them. That person with whom you previously shared the “Yes, we are in the same class” head nod while crossing paths in the parking lot may become a great friend.

4. Surprise early days: “It’s one o’clock and we really don’t have much going on today. Why don’t you just take off and enjoy your day.” This happens occasionally. You will be excited.

5. Knowing the answer: Correctly answering your attending’s question in front of ten people on rounds feels really good. You will not get every question right, but you will be surprised at how much you remember from Dr. Keeton’s lectures. Tip: Learn how to anticipate the questions you will be asked. For example, if you are going to do a thoracentesis, know Light’s criteria and where you insert the needle. Many times, I have looked much smarter than I am because I did a quick search in the Medscape app ten minutes before a surgery or procedure.

6. Feeling important: If you work hard, you can be a huge help to your team and make a significant contribution to patient care. Residents are busy, so they will appreciate your help writing discharge summaries and keeping track of labs. If you are enthusiastic and proactive, there will usually be something you can help out with. This will make you feel like an important part of the team and will also lead to a good evaluation.

7. Free time: Despite what you may have heard, you will actually have free time during third year. The amount will vary significantly depending on the rotation you are on, but, throughout most of the year, you will have time to exercise and hang out with friends on the weekends. You can maintain your life outside of med school. I promise.

8. Working with your hands: Even if you do not want to be a surgeon, most of you will think procedures are a lot of fun. You will get to do thoracentesis and place IVs on Medicine, close surgical incisions and drain abscesses on Surgery, and do Pap smears and deliver babies on OB/Gyn. If you want to do more, let your team know.

9. Satisfaction and pride in your work: You will find yourself checking on your trauma patient more than you need to just to see the beautiful (at least to you) laceration you just sewed up. It will make your day when your resident says, “Yeah, I do hear that S4. Good job!”

I hope this makes you a little bit more excited and less nervous about third year. Work hard and be a good team member and you will have a great year. Good luck!

Raymond Brown
To the upcoming third year class:

There are many stories of third year to tell and many ways to tell them. Below is a letter that I wrote to myself, as if I were starting third year again. This is the best way to tell you about my experience this year and all of the “coulda-woulda-shoulda” advice I have to give.

Dear Margaret Burks,

It’s hard to believe that after two seemingly long years, you have two more left. It’s hard to think that you’re truly only half way there. Take a look back now and be proud of those years because lots of work has gotten you to this point, and it’s worth looking back before you look forward. This coming year will be wonderful and new, as it is unlike any year of school you have had in the past. In fact, I often forgot during this year that this was still “medical school,” as the years of formal teaching have somewhat ended. There are a couple of things that I wish I had known before that first day of third year that I want to share with you.

First, this year you will get to be a part of many lives. This is a privilege that is easy to forget about. Always keep your patient and their family as your number one priority when you wake up and go to work every morning. When you concentrate on your patient, you forget about any negatives in your life or in your mind. It’s much easier to get up in the mornings when you know that you are not just working for a good evaluation or a stellar shelf exam score.

Don’t worry about the small things. There will be plenty to worry about this year: studying for the shelf exams, impressing the attending and residents, finding a specialty, and on and on and on…..These are too many worries for one day, and even for one year. Concentrate on the day to day. Concentrate on getting up each morning only focusing on that day. I think that the best way to take on third year is to have a “one day” mind set, otherwise it is easy to become somewhat debilitated when you look too far ahead. I think you will be amazed at how things will work out, and how your worries will not help.

Attitude is everything. As cliché as that sounds, it has never been more true than during this year. During one rotation this year, I literally missed every single “pimp” question that was posed to me. I left each day frustrated and not knowing how to improve for the next day. I tried to read and read, show up extra early, and pay attention to all there was to learn around me. I continued to miss questions…..it was so frustrating. Needless to say, I was very worried about my evaluation, but like I said, attitude is everything. I ended up with the best evaluation I had received all year. My high marks were definitely not due to my intellect, but rather because the attending could see that I cared. He could see that I wanted to be there and wanted to learn about what he had to say. That little bit of attitude can, and did, make all the difference.

Finally, the most important thing is to always remember what is most important to you. Truly, the hours this year will be long, and the work hard, and that feeling of always “feeling like you need to be doing something” will not go away. But remember to be proud of yourself for even the little things. Remember to focus on the things in your life that a bad day or a rough evaluation can’t take away. It’s those things that are important.
Dear third years,

As I was beginning third year, I was overwhelmed by how different third year is from the first two years of medical school. First, the schedule is much different since you are actually required to be somewhere every day, usually pretty early in the morning. Also, I was worried about how unstructured the learning opportunities during third year seemed. I was accustomed to receiving a syllabus with information I would need to know for a test. There’s no syllabus during third year, and juggling my patient care responsibilities with studying for a test seemed daunting. As I have progressed through third year, however, I have realized that third year offers students a variety of ways to learn, and most of these ways are much, much better than reading a syllabus.

My most important advice about third year is to learn about your patients. Spend as much time as possible talking to them about their HPI and past medical history, then read through their chart to learn more about their story. Then read about their disease process. Try to understand all of the decisions the team makes, and then test yourself by explaining these decisions to the patient. This process helps you build a personal relationship with your patients. Often, you are the only member of a busy team who has time to discuss the plan in detail. Also, this makes you a valuable team member, as all of the residents and interns are responsible for many more patients than you are, and your ability to keep up with details about your patient will help the team run more smoothly. And finally, learning about your patients is the best way to learn about disease processes. I have learned more this year from reading about patients than I have from reading any single textbook or syllabus throughout medical school.

Aside from reading about your patients, there are plenty of opportunities to expand your knowledge base during each rotation. Attendings and residents are wonderful resources to learn how to think about medical problems so ask them questions whenever you have the chance. Attend conferences and lectures even if they are directed towards residents. Clinically oriented lectures tend to be much more useful than the lectures during the first two years of medical school. Also, take advantage of the opportunity to do presentations. Although they might seem time consuming when you are really busy, it gives you a chance to learn about a topic in such great detail that you probably won’t have to study it again.

Overall, I think that the most important part of third year is learning as much as you possibly can. Interestingly, I think that residents and attendings are also looking at how much you learn when they are evaluating you. As Dr. Keeton says during second year, third year is the year that hard work can make up for a lack of knowledge. It is difficult to know the answer to every question you are asked during rounds, but everyone on the team knows when you are doing your best to learn from your experiences. Also, it is often difficult to figure out exactly what your team’s expectations of you are on any given rotation, but focusing on learning about your patients is important on all of them. Best of luck, and have fun!

Sita Bushan
Dear Third Years,

It is important to remember that every third year student will have their own experiences. Just enjoy your experiences the best you can. The best advice I can give you from my experiences is this:

The first week of every rotation is a learning curve. It is stressful, frustrating, scary, and confusing. Do your best the first week. Just keep it together, learn the ropes...and try not to run screaming from the ward. Show up on time and work hard and everything will be fine.

It is great if your residents like you. It feels good to know that your teammates appreciate you and think you are doing a great job. However, always keep in mind that most of the residents don’t evaluate you... so do your best to always shine in front of your attending!

Remember that your classmates are in this with you, if you work with them as a team instead of throwing them under the bus to make yourself look better you will all rock out on your evaluations (plus attending love good teams). And you may make some awesome friends along the way.

Coffee is your friend, but don’t overdo it. Nothing makes the attendings question your confidence like bulging eyes and shaking hands.

Please remember that you still have family and friends that love you and want to spend time with you. You don’t have to spend every minute studying outside of work. Make time for yourself and your loved ones.

Trade books and study material with your friends. It will save you all tons of money, so who cares if the book has been highlighted 3 times!

Remember to learn from your patients, and I don’t just mean learn from their diseases. Patients are more than just their diseases. Talk to them like they are people. Take the time to listen to their answers. And please, don’t just look at the computer or the notebook paper in front of you when you talk to them, but have the decency to look your patients’ in the eyes. They are trusting you with very personal information, don’t take that for granted.

Don’t worry too much! YOU WILL SURVIVE THIS!

Good Luck,

Krystine Byrd
Dear Third-Year Student,

First of all, congratulations on getting through the classroom years and finishing Step! This is an exciting time. You will soon be immersed in the clinical world of medicine—suturing up a body part during trauma call to possibly holding a baby during pediatric rounds. Many of you will be figuring out the field that you would like to pursue. And for those that think they may have selected a career prior to third year, keep your eyes open. You will be surprised at the fields of medicine that you might enjoy.

You will soon be working with individuals that you may have never interacted with before. Enjoy the time to get to know new people; they may become some of your good friends. You will also be working with many different personalities, some that you will click with from the start, and others that you may never click with. Work hard, and try to help your teammates. The better the team looks, the better you look. Be nice to the nursing staff, maintenance staff, and front office staff, for they can be your biggest assets during a rotation. Make sure to introduce yourself when you get the chance.

As Dr. Keeton states, regardless if you do not intend to go into a certain field, be excited to be there. It makes the work a whole lot more enjoyable for you and for the people around you. It may be the last time that you ever work in that field, so take advantage of it. Try to learn as much as you can while you are there. It will make your time third year a lot more meaningful.

Being a part of a patient’s care is a privilege. Make sure you remember that in the most challenging times of third year. It is easy to get “burnt out,” but remember that you made the choice to be here, the patient did not. Make sure you save time for yourself and for your loved ones. You will be spending a significant amount of time in the hospital/clinic, and trying to find time to study after that. Remember to set aside time to spend with your family.

Don’t be afraid to say “I don’t know.” Most attendings know that you are here to learn and that you won’t know everything. Work hard, and read about the subjects that you don’t know anything about. Read about your patients, and try to spend an hour a day studying for the subject you’re on.

Lastly, make it your goal to learn as much as you can each day. I once heard that we pay roughly $100 per day to be here. Try to get $100 out of your education each day. For example, if it is a slow day in the Emergency Department, volunteer to do all of the arterial lines or volunteer to help place IVs. It will make third year significantly more fulfilling.

Best wishes,

John Byrne
In my short time working in the hospital as a third year medical student, I have been included on the secret language of doctors. It’s not that we make up our own words, but rather we create our own meanings to preexisting words. For example, the term “bomb” when used in reference to a patient, is meant to imply that this patient will have many issues that will create a lot of complications, both medically and usually psychosocially. It’s every team’s nightmare to get a “bomb” because these patients tend to be “round-stoppers” as well; in short, much of the day is spent writing about this patient, consulting or talking about this patient, and comforting this patient. An entire month can be dedicated to one individual, while this patient may seem completely oblivious to the mountains being moved around them, they will continue to insist that enough is not being done. Mrs. Bolwell was my first “bomb”.

She was a 44 yo with a very aggressive form of autoimmune hepatitis with cirrhosis; over the past year, she frequented the hospital monthly primarily to get paracentesis done, however other issues inevitably came up within the weeks between admissions and she soon became a biweekly admit. Mrs. Bolwell, a devout Jehovah’s witness, also had a PHM of anxiety, esophageal varicis, lower GI bleed, chronic anemia, chronic leg wound, recurrent DVT and gastritis. Her lower extremity edema and ascites was so severe that she was unable to sit up in bed or walk without a significant amount of assistance. When I met her, she had just been tapped and her ascites fluid was leaking from the site of entry. I was given the task of retrieving what I’d like to call, liquid gold, AKA dermabond, to repair this leak. So, after 20 minutes spent acquiring the correct form, filling it out, and getting the proper signatures, I made my way down to central supply. It was 4 o’clock in the afternoon, I hadn’t finished my notes and the elevators were extremely slow that day. In order meet the needs of the patient in a timely manner, I decided to take 9 flights of stairs each way. Out of breathe, but prepared, I entered her room to reveal my miracle glue in hopes of ending any fears she had of the leakage continuing though the night. She took one second to glance at the dermabond and said “I don’t want that! They used it on me last time and it never worked. Last time they had to uses stitches - can’t you just stitch me up?” Discouraged but not yet defeated, I convinced her to allow me to apply it on the site and assured her we would retrieve a suture kit in the morning if this didn’t work over night. As I applied the glue, I knew immediately that the patient was right; the ascites fluid was at a constant flow and was not going to allow a bond to form. When I relayed this information to the resident Lylia, she thought a suture was a ridiculous request and was not going to give the idea a second thought. She also thought that Mrs. Bolwell being too difficult and just needed to be discharged. My resident was a hard hitter, she came onto the team with a full board and wanted to clean house; her goal was to get all of the “bombs” disarmed and discharge all of the “rocks” the second they were stable. Many times during pre-rounds Lylia didn’t want to hear anything at all about Mrs. Bolwell, and she certainly was not into the idea of spending time applying sutures to a 1 mm puncture site.

The next morning, the resident begrudgingly applied a stitch and Mrs. Bolwell was discharged home. Two days later, she came in due to hemotemesis; when she arrived, she was hypotensive and tachycardic. Since she does not accept blood products, she was given fluid; after 2 days of fluid she remained hypotensive and her edema worsened. Things didn’t look good, but amazingly Mrs. Bogwell remained asymptomatic from her UGIB. On this admission, it was all of the other chronic issues that were the center of her attention and each day it seems her list of complaints would continue to grow. I would do what I could to calm her concerns, but it seemed impossible to meet all of her requests; it was as if as soon as I would accommodate one request, she would express another concern as I was walking out.

She was eventually discharged, only to return after 4 short days; this time she had hepatorenal syndrome and accepted comfort care only. It had been one year since any of these problems manifested themselves as a daily struggle in the life of Mrs. Bogwell; in retrospect, the way she had behaved suddenly seemed to fall into place and make sense. She also has a 13 yo daughter who I’ve often witnessed share many fears and tears with her mother, over the phone and in person. When a patient like Mrs. Bogwell presents herself, it seems like an automatic assumption is made by most health care professionals; generally most would assume that she’s had some of these problems for a long time; therefore she’s seemingly had some time to accept her condition and adopt calmer position on her situation. Contrary to popular belief, a patient with a long list of problems isn’t indicative of the length of time of diagnosis; no matter how long of a list of problems, not every patient has had enough time to let their physical condition register with their mind. It’s easy to get irritated with a needy patient, but it’s a challenge to empathize with a patient’s individual situation while trying to meet their endless list of needs, all while maintaining a warm comforting smile.

Mrs. Bogwell is a patient that will serve as a reminder of a lesson I learned years ago: anything worth doing is usually never easy, and anything that’s easily done will never be worth much. I stayed late many evenings dressing her wound, making sure she had clean towels, talking to her about her illnesses and answering her questions about why we haven’t been able to “fix” her during any of
her hospital visits. She inadvertently enlightened me on the topic of “bombs” and what it can take to provide care to a patient of this caliber. I surprised myself with the ability to maintain my own outlook even in the face of upper level co-workers discouraging extra attention; I didn’t know I could offer as much compassion and sympathy as I did. It’s unfortunate that the medical community looks at a patient like Mrs. Bogwell with eyes of disdain, however these are the patient’s that teach us the most about ourselves. It’s these patients that challenge our ability to search further in terms of why a patient may seem to be over bearing or conflicted with every detail imaginable. I was able to understand that when a patient like Mrs. Bolwell appears “needy,” it’s not always a desperate attempt to seek unnecessary care; occasionally it can be a genuine attempt to reach out for help. The duty of the physician is to decipher how that need could potentially be translated into a medical need, and provide the appropriate management if possible. In Mrs. Bolwell’s case, she merely wanted to understand more about her health problems, but didn’t know how to approach the topic. Although some patients may take a lot more time to care for, having patients who push us to be more considerate and kindhearted doctors are pushing our boundaries to a point of no return; if we can provide the genuine care and respect to a “bomb” then we can do the same for every other patient. Ultimately we are being forced to become a better doctor by being a better person. My new definition of a “bomb” is a patient who challenges you to remain focused on medical issues at hand while delivering sound advice with the utmost compassion and consideration for the patient’s unique situation. I look forward to disarming many “bombs” in the future, as I’ve been fortunate enough to have been taught by Mrs. Bolwell on how to persevere through even the bleakest of situations.

Myla Canales
A doctor was having an affair with his nurse. Shortly afterward, she told him that she was pregnant. Not wanting his wife to know, he gave the nurse a sum of money and asked her to go to Italy and have the baby there.

“But how will I let you know the baby is born?” she asked.

He replied, “Just send me a postcard and write “spaghetti” on the back. I'll take care of expenses.” Not knowing what else to do, the nurse took the money and flew to Italy.

Six months went by, and then one day the doctor’s wife called him at the office and said, “Dear, you received a very strange postcard in the mail today from Europe, and I don’t understand what it means.”

The doctor said, “Just wait until I get home and I will explain it to you.”

Later that evening the doctor came home, read the postcard, and fell to the floor with a heart attack. Paramedics rushed him to the hospital emergency room. The head medic stayed back to comfort the wife. He asked what trauma had precipitated the cardiac arrest.

So the wife picked up the card and read: “Spaghetti, Spaghetti, Spaghetti, Spaghetti - Two with sausage and meatballs; two without.”

The above joke was told to me at around 3am by a patient in an attempt to distract herself from thinking about the fact that I was sitting on a stool in-between her legs performing a pelvic exam… I tried to remain stoic, but I failed miserably. I laughed… and so did the patient.

There will be many instances throughout the year where a patient may make you smile, laugh, and even cry. Regardless of the situation that presents itself, do not be afraid to show emotion. By smiling and laughing and crying with the patient, you easily can change someone’s day and maybe even someone’s life.

Love your patients and love each and every day of the upcoming year. It will be a great one.

Warmest regards,

Joaquin Cigarroa
3rd years,

Congrats on finishing your first 2 years of med school and taking step 1! You are about to start your clerkship year, which seems daunting now, but is by far the best year of medical school. There are 5 important things I’ve learned in order to be successful on the wards:

1. Be confident. You are now a 3rd year. All of your hard work up until now has prepared you for this. If you’ve made it this far, you are ready. You will get pimped and you will not know all the answers; that is an inevitable part of being a 3rd year. So on a day when you are feeling frustrated because you feel like you are answering all of your attending’s questions wrong, remember that this is part of the learning curve and you are only getting smarter.

2. Go into every rotation with an open mind. You may already know you want to be a surgeon or an ob-gyn or whatever other specialty you think you are interested in, but on every rotation you start, go in with the attitude that you may fall in love with it. Having an open mind will help you work harder, learn more information, and truly help you decide if that specialty is right or not for you.

3. Be a team player. You are going to working with a lot of different classmates, interns, residents, attendings, nurses, medical assistants, etc. this year. Being a team player means that you are nice and respectful to everyone, do your share of the work, and help others if they need it. You can never ask, “Is there anything that you need help with?” too many times. Most importantly, you are a team. Don’t try to make yourself look good by making others look bad.

4. Work hard. Pretty self-explanatory. You’re going to have long hours, little free time, and you’re going to be exhausted all the time. At times it can be hard to motivate yourself, but hard work goes a long way. 3rd year is like training for residency. It helps you to develop your work ethic, which will better prepare you for the future.

5. Have fun! Despite all the hard work you put in this year, you will have a blast if you let yourself. You will meet tons of new people, make new friends in your class that you may never have talked to before, do cool procedures, take care of really sick patients, and feel more like a doctor. Enjoy this year!

Stephanie Clark
I would like to be the first to welcome you to Medical school. “Welcome me?” you might ask yourself, “didn’t I just finish two years of it?” Well yes and no, not really. Third year of medical school is so different than what you have been used, it is a whole different form of education. There are almost no lectures, the reading assignments aren’t provided for you, you are required to be there everyday, and you are tested on a whim, at any moment. Feeling a little out of your element? Well not to worry I’ve provided a succinct starter’s survival manual for when you get thrown into world where diabetes, heart disease and abscesses run wild.

1. Be on time- What I really mean is be there early. How early is early? Too early. Especially if you had trouble waking up for an 8am lecture. Expect to be there at 5:00am on some rotations. If that’s not enough of a challenge- plan ahead incase you take a wrong turn. Getting lost is common place in the halls of University Hospital. Worst case scenario you are there a little too early and the attending complements your enthusiasm!

2. Read- Again you may say, “I already do that!” well remember I said 3rd year is very different. On most days by the time you get home you might not even have the energy to brush your teeth let alone read about metabolic disorders. I urge you try and stay with it, not only will it help you look like a star on rounds the next day it will definitely pay off on that SHELF.

3. Keep a cool head- Be prepared to have bad days where you will want to quit, don’t worry its normal we all have been there. It’s hard not to think that way when you have your attending shouting at you, you’re sleep deprived and missing those people in your life. Remember even if you hate a rotation it’s only temporary and you can pull through.

4. Keep Life alive- You will almost constantly be busy (expect on “psych-cation”) but don’t forget those people, pets and activities in life that make you happy. Set time for you to be with friends, family and loved ones. You’ll be surprised how therapeutic it can be. On that same note continue your hobbies- never let medical school become your entire life.

5. Don’t take abuse- If you ever feel as though you are being misused, abused or disrespected report it to your clerkship director. Just because you are the bottom of the totem pole doesn’t mean anyone has the right to treat you like less than a person.

6. Be nice to the nurses- They will be frustrating, annoying or sometimes just straight mean. Just put up with it and fight them with kindness. I cannot stress this enough. Eventually even the most malicious of the RNs will be on your side if you just keep throwing smiles at them.

I’m sorry to be a bearer of bad news but there is a silver lining. You will never have felt closer to your goal of being a doctor than during third year. The amount you learn just by going to work everyday is astounding. Even though many days are tough there days where you go home walking on sunshine because of the experiences you lived that day. I wish you the best of luck and urge you to work hard because the amount you can accomplish is extraordinary and I wouldn’t expect any less from you.

Sincerely,
Greg Constantine
Dear Third Years,

Congratulations! You have survived the monotony of the 1st 2 years of medical school and completed the grueling Step 1. From here on out no more lecture hall aside from didactics about once a week--welcome to hospital life--the whole reason why we came to medical school in the first place. SP’s are no more, its time to see real patients on a daily basis. There is nothing that can really prepare you for this year other than being thrown into the thick of things, hitting the ground running.

One of the hardest parts about third year is the feeling of not knowing what you are doing initially. And it’s totally ok. I still have this feeling every time a new rotation begins—am I going to know what to do when they ask me something type deal. Then comes adjusting to whatever hospital you are at and their EMRs, paper charts etc. not to mention what the residents and attendings want from you. But no worries, you will adjust quickly, definitely within the 1st week. And then once you get the hang of everything by the 3rd or 6th week, the rotation ends and it all starts all over. It’s all a part of being a 3rd year and you will survive.

So here’s just a rundown of all the clerkships from my experience.

Surgery: my first rotation—No matter what you do for your general, know what surgeries you have that day and brush up on your anatomy—you will be pimped. It is better to be over prepared than not at all. You will take 12-24 hour trauma call in the pit (depending on weekday or weekend) during your general rotation: the beeper will keep you awake if you’re drifting at 3 am. You will see a lot and may even get to sew up some lacs if you’re proactive. Jump in when they bring a patient in and help assess—your resident will appreciate it. Working as a team on call makes it go by much faster and more smoothly. I used NMS casefiles, Pestana packet, Case files and weekly lecture materials to study.

Psych: I did my rotation at UH and learned A LOT. The attending was great and really pushed getting us to learn criteria to diagnose patients and the appropriate treatments. By the end I felt comfortable conducting interviews during rounds by myself. While some crazy stuff may go down from time to time there are techs around if you need them. Weekends you have off unless you are assigned call. You will also do one short night call down in the PES (psych ER). I used First Aid for psychiatry and Lange Q&A. I heard Pretest was good as well.

OB/GYN: Despite the hours, it is a pretty good rotation. Yes, you will adjust to being up at 4 am to be at work close to 5 but it is doable. You will be tired but coffee can and will become your best friend. You do 2 weeks of OB, 1 week of Gyn and 1 week of Gyn Onc, 1 week of night float (6:30 pm-7am) and 1 week of specials (8-5 working with faculty only). Each week has a mixture of clinic and surgeries/procedures. Night float is the time to get to see the most (babies can come at any hour!) and possibly do the most depending on resident quotas. I used blueprints and UWise questions to prepare for shelf. Case files is also a good resource.

Family: I liked family more than I thought I would coming in. You have 2 weeks of inpatient where you will work 1 weekend day a week and take a short call then 4 weeks outpatient. I did outpatient at the MARC and thought it was great. I was the only medical student working 1 on 1 with the faculty. You get good exposure to an array of medical problems and become proficient at performing HPIs and A/Ps in a clinical setting. I used case files, pretest and questions off the AAFP website to study.

Peds: This is what I am hoping to go into so it was an exciting rotation to go through. I did the 2-2-2 setup and started with nursery—you perform physicals on newborns (so cute) and follow patients in the NICU. Then you have 2 weeks of outpatient followed by 2 weeks of inpatient wards. I did my inpatient at Methodist where you work with hospitalists and loved it. Attendings can be tough but you will learn a great deal as a result. I used case files and pretest. Some of my classmates used blueprints or first aid for pediatrics. It all depends on what works for you.

Medicine: Just started today actually at the VA. I will be doing Neurology next followed by Team 6 HIV team at UH. If you’re interested in infectious disease, I recommend requesting this rotation. I heard it’s great to relearn your antibiotics. I plan on using Step up to Medicine and UWorld questions. We will see how it goes :)
So before I wrap this up, I’ll leave y’all with some general tidbits/words of wisdom:

- Depending on who you work with, you could be yelled at for not knowing something or scolded for making a mistake. And it’s ok. Critique is a huge part of 3rd year; it’s tough to hear but you build a harder shell because of it. It is all a gradual learning process.

- Be ready to have questions come from left field—take your best guess; if you don’t know then say it. Don’t be scared, if anything this serves as a teaching point and you will never forget it again.

- Ask questions! It never hurts to ask. Ask residents and attendings how they want their notes and presentations early on. Sometimes when asking a question you may be answered with another question--this means go read up on it and tell me later.

- As a follow up to that bullet—UptoDate and Epocrates are going to be life savers at times. If you are on your phone trying to look something up make sure the attending knows you’re not just texting or be extremely discrete about it.

- Chances are you will work with classmates you have never talked to before. Get to know them!! Working well together is huge and can make or break your team. If there’s tension, it can make for mistakes and discord that comes out in front of your residents or attending. Good teamwork will make your rotation go much more smoothly.

- Time management is crucial. If you are a procrastinator like me and thrive on cramming, don’t do it. It won’t work. You may think 6 or 12 weeks is plenty of time to study but considering the amount of info you have to cover in that time it isn’t; use your time wisely even if it’s just a few hours each day and maximize on weekends (if off)

- Shelf exams are tough. If you don’t ace them it is not the end of the world. Study, do what you can and hope for the best.

- Don’t be late to work, to rounds, to anything! Always be on time if not earlier. You do not want to lose points for professionalism on evaluations.

- Life outside the hospital is possible. Go to dinner with friends, see a movie, and go to the gym. Take the night off from studying if you need to. We all need a break from work. It will keep you sane and healthy.

- Get sleep! I used to be a night owl last year but 3rd year seems to turn you into a morning person. Trust me you are going to need the sleep to function all day in the hospital.

- Lastly, be nice to your patients. All they want is someone to listen to them. Never rush through an exam, take your time. They may love you enough to inform your attending or faculty you were just that awesome.

Good luck!! Y’all will do great.

**Lindsey Cortes**
Class of 2013
Dear 3rd yr,

You are undoubtedly ready and excited to begin what will be your first year (FINALLY) out of the classroom. I know because I felt the exact same way. There are many interesting stories that I could write to you about. They range from a patient almost being abducted to be taken to the Middle East...to a patient attempting to leave the hospital with a chest tube in so that he could ride on his scooter to Wendy’s while smoking....to a patient acting out their 7 different personas each time you saw them in the morning (not on Psych rotation, naturally). Needless to say, your patients will be interesting.

Throughout this year you will surely have many questions about what is expected of you. A great pharmacology professor once said that the key is to “be on time, show up with a smile on your face, and don’t complain.” These are things that I considered common sense when I heard them initially. You will be surprised how many people don’t follow those basic rules, however. Depending on the rotation, your duties can consist of anything from glorified data collector to first assist on a surgery. No matter what your role: If you have a good attitude, the experience will be infinitely better for everyone involved.

When it comes to studying for shelf exams, there are many different ways to go about it. These are a few tips I would like to mention (just my humble opinion).

1. The first shelf is always the hardest shelf so don’t get discouraged if you don’t ace it.

2. Question bank…use it! Different rotations have good books (NMS for Surgery, Blueprints for Obgyn etc.) but a good qbank (Usmleworld) is highly recommended.

3. Start studying day 1 of each rotation. The earlier you start the less you have to study daily. This becomes especially important when you run into schedules where you have call close to the exam.

4. Don’t underestimate the power of reading about/learning from your patients (more about this later).

5. Enjoy a break every now and then. Talking to you Mr/Ms. McGunner.

Another important aspect of 3rd yr is that every piece of advice must be taken with a huge grain of salt. You will hear horrible things about a rotation but end up having a great experience (vascular sx comes to mind). Other times you will see all your peers getting out a lot earlier than you, while your team seems to be the only one that stays late. These are simply things that you cannot really control. You CAN, however, control the quality of the work that you do. The fact is that residency won’t be any easier so you may as well just roll with the punches and maximize the experience. Read up on your patients. The more you read, the more you know. The more you know, the more help you can be. If you don’t know something, look it up before asking your resident/attending. If someone asks you something and you don’t know, just admit it. People appreciate honesty and are more than willing to help teach you. Evaluations correlate a lot with how well you do the above (take that with a grain of salt).

Lastly, be a good teammate. I have heard horror stories about certain people on certain rotations (intentionally vague). You don’t want to be that guy/girl that everyone hates to work with. If someone doesn’t know something, don’t try to make them look bad if you can help it. Chances are there will be a time when you don’t know something and they can return the favor. If someone is struggling, offer them a helping hand. The better you function as a team, the better everyone looks. If all else fails, just ask a 4th yr.

Goodluck!

Sincerely,

Orlando Cortes
Dear incoming third years,

Welcome to the most exciting year of your life! Third year is a whirlwind tour through the major fields of medicine, and a tour of self discovery. What you think you may want to go into at this very moment will likely change as you learn new things about yourself and your strengths. I urge you to keep an open mind as you experience new fields. Some of the best advice that was given to me was to undergo every rotation as though it would be your chosen career for the rest of your life. I have attempted to live by that and it has made every rotation more exciting and worthwhile. Not to mention, it may be the only time in your career you will ever encounter certain skills and patients, which makes it that much more important to learn the things you likely won’t want to do forever.

As you sit here having just undergone your clinical ceremony, you are probably nervous and excited, and also still tired from step I studying. Try to go into your first rotation running. Even if you read a small amount every day when you get home it will add up to a significant amount. The more you prepare for the next day’s work, the more you will be able to learn. Read about your patients. I remember each of my big cases and how our team treated them- it solidifies the knowledge in your brain.

No one can possibly prepare you for the emotional aspect of third year. You will truly love some of your patients, and truly despise some of your patients. Both feelings are okay as long as you do not alter the standard of care you give to each of them. More than likely you will have a patient that you lose this year, and you will remember them forever. Talk about your feelings. One of the most difficult moments I experienced third year was delivering a stillborn 16 week old baby. I was so confused because no one seemed as sad as I was. As time goes on, physicians learn to manage their feelings differently, out of necessity. It doesn’t mean they don’t have the same feelings you do. Don’t be embarrassed to be human and explore those emotions.

There will be times that you are exhausted. You will wish you had chosen a different field. On those mornings, I prayed and asked God to help me remember what a privilege and honor it is to be a physician. I asked for strength to be the best medical student I possibly could, to have compassion and love for everyone. Fellow medical students: we are the future of medicine. We owe it to society to be the best possible physicians we can be. I pray that each of you will have an incredible year and grow more than you ever thought was possible.

Have an incredible year! Most sincerely,

Stephanie Crenwelge
Dear MS3,

First off congrats, you’re halfway done!! Actually, more than halfway and definitely over the most intense, stressful month of studying you’ll go through. When I was in your shoes there were so many recommendations and opinions thrown my way I didn’t know which to listen to. Overall, I’d say it’s best to form your own opinions, but here are a handful of things I wish I’d of listened to a little harder.

- **Be yourself.** I’ve heard people say that third year can feel like a constant act to impress your upper levels or a battle to show interest in something you’d rather not do, but I didn’t find these to be necessarily true. Don’t be afraid to let your personality shine through. Residents and attendings are real people just like us and every one in this world appreciates someone who is genuine.

- **Don’t take things personally.** Seriously. Everyone will look and feel like an idiot at times and that will continue far beyond your third year. Embrace the embarrassment and look at the upside, it’s a great learning experience – I promise there is a direct correlation between humiliation and memory retention.

- **Don’t lie or exaggerate, even if you’re pressured and put on the spot.** This is a big deal. If you don’t know something, be honest. Trust is extremely important and they will be glad to hear you may not know, but you’ll be happy to find out for them.

- **Try and spend as much time with your patients as possible.** You’ll quickly notice that as a third year, you really have so much more opportunity for this than anyone else. Most of the patients will love you for it, and you’ll never regret it either.

- **Keep a list of your most memorable patients and experiences.** It will definitely come in handy when writing your personal statement or when you need to remind yourself why you’re here.

- **Which reminds me, don’t forget how lucky we truly are.** Between the hours and stress of third year it’s almost too easy to lose track of how amazing our career path truly is. We’ve been given such an amazing gift to positively impact the lives of others.

- **Don’t forget to use textbooks from the OAE!** I can’t even tell you how much money that office has saved me on books.

- **Soak it all in.** This sounds self explanatory, but really take the time to see and do as much as possible even if the particular rotation is not your favorite. This is the only chance you’ll ever have to encounter such a wide variety of experiences. So, when its 3 in the morning and your intern asks if you’d like to deliver the next baby, do it, you may never have that chance again.

- **Keep an open mind and try to evaluate aspects of specialties you may not have considered.** Do you enjoy the types of patients they treat? Can you handle what you feel is the worst aspect of the specialty?

- **Don’t disagree with the residents or attendings in front of everyone during morning rounds, even if you think you are correct.** If it’s something that would affect patient care, talk to the resident afterwards. If it doesn’t really matter, just let it go.

- **This goes along with the last one, don’t call out other students or answer questions other students are asked unless they have had their chance.** In other words, stop gunning. It drives other people crazy, and it’s easy for residents to see you’re trying to be a know-it-all.

- **When they say you can leave..leave.** The more the year goes on, the more you will value every second of every day. Residents (and most attendings) understand that as a student you still have a lot of outside reading to do. There is no sense in staying at work in staying at work simply to stay.

- **Finally, don’t forget about yourself, your family, and your friends.** I’m sure by this point you’ve realized just how important those outside distractions can be but please remember to sleep, maintain relationships, and continue whatever hobbies make you happy.

This year will fly by even faster than the last two. Enjoy it and good luck!!!

**Ashley Dao**
Dear Third Year,

Congratulations! You’ve survived two years of basic sciences, your first round of board exams, and have arrived to actual patient care and interaction! You have an incredible opportunity to help people this upcoming year so enjoy and cherish every moment of you. It’s what you’ve been working so hard to do. I’ve found the following advice to be the most useful during my tenure as a third year and hope you do as well.

1. **Walk into each rotation with an open mind.** Although you might not be a fan of a certain rotation, don’t forget that the next 365 days will be the only time in your entire medical career where you have the opportunity to rotate through a variety of medical specialties. This means that you only have six weeks to learn how to deliver a baby so you better get ready to do it!

2. **Know how to be a team player.** First and second year are very focused on the individual. However, this changes very quickly during third year. Much of your success and happiness during third year will rely on the your team. Get along well with your classmates and get to know them. Don’t try to snipe away all the good surgeries and make sure to play fair. Don’t be the kid that doesn’t give others a turn to play. Help out the interns as much as you can but don’t ask them too many questions (they’re newbies too). Learn from your residents and attendings and do whatever they ask you to do. Be interactive.

3. **Don’t forget about yourself.** I should have listened to this advice from last year. Instead, I’m fifteen pounds heavier and can barely run a mile without serious angina. The hours during third year are exhausting and often, it seems impossible to do anything (i.e. gym) but go home and sleep. However, on days where you do have 30 minutes to spare, do something active that you love to do like hitting the gym, pool, track, etc. It is a great way to clear your mind and take a little time for yourself. Endorphins will make you happy and keep you sane.

4. **The practical stuff:**
   - Buy another white coat. They cost about $20 at the bookstore.
   - Save $$$ by checking out your books at the OAE.
   - Use pens that aren’t inky. They will rupture in your white coat and ruin it.
   - Carry around snacks in your white coat in case you get hungry. Nothing says medstudent like fainting in the middle of a long OR case.
   - If you’re doing Neuro make sure to get a reflex hammer and tuning forks
   - Find the AMSIT laminated notecard you got in Psych and use it for typing up AMSITs during psych. It will make you look like a star.
   - When doing trauma call, always carry a sterile pair of gloves on you that is _ size larger for rapid placement since the trauma room is boiling. If you get them on quick you’ll do cool stuff (like a cardiac rub)!

5. **No matter what you decide on, choose a specialty that makes you happy.** Don’t focus on the money, the lifestyle, or the prestige. Instead, focus on the way doing that rotation makes you feel when you’re on it. If you love what you do, then you will love every day for the rest of your life.

I’m sure you will find plenty of advice in this publication and I sincerely hope that some of mine will come to some use for you. Remember: be patient. be caring. be compassionate. Best wishes on this amazing adventure that awaits you.

**Jose De La Cerda III**
Dear Third Year Medical Student,

First things first, congrats on being done with probably the most stressful part of medical school: Step 1 and welcome to one of the most exciting parts of medical school: your third year. As I am sure all of you are well aware by this point in your medical school career, one of the intrinsic abilities we all share as medical students is not only the ability, but more so the need to give our fellow medical students advice. You all know exactly what I’m talking about: “Make sure you sign up for this rotation”, “Study this…”, “Do that…” We are all guilty of succumbing to this uncontrollable desire and I’ll be the first to admit that I’ve definitely given my fair share of totally biased advice over the course of my three years. What can we say? We are medical students…this is what we do. But instead of trying to tell you every little thing I know about how to go about third year, I’m just going to keep it short and sweet and pass along the only three pieces of advice that are worth thinking about before starting your third year.

1. Take advantage of the opportunities that come with being a third year medical student. Third year gives us each the opportunity to explore the world of medicine in a way we will never be able to do again. We can help out in a craniotomy one day and then a CABG the next or even deliver a baby without ever having the intention to become a Neurosurgeon, CT surgeon or OBGYN. Take advantage of every opportunity you are given during your third year because it is through these unique experiences that we are able to both gain a better appreciation for the various fields of medicine, as well as make the transition from being medical students into physicians.

2. Take all advice with a grain of salt. We have all experienced the let down of getting bad advice. It’s all part of the gamble we take when taking advice from others. Just remember, everyone has a different definition of what is “easy” and/or “hard” and just because one person thought a rotation or exam was “miserable”, does not mean that this will be the case for you. Study just as you’ve studied up to this point because it has obviously worked for you. Sign up for the rotations that sound interesting to you even if everyone else thinks they were boring or difficult. And make your third year of medical school the experience you want it to be, because the reality is you can. Remember, the advice one gives can never be unbiased and therefore may not be applicable to you…just take it or leave it for whatever it’s worth (…mine included!).

And last but certainly not least:

3. Always remember how fortunate you are to have been chosen to be a medical student and never take this opportunity for granted. This is something I remind myself of every single day, especially those days when the last thing I want to do is study or when I feel like I’m at my wits’ end. Just remember, there are plenty of people out there who would do anything to have this opportunity, but were never given the chance to. It’s a privilege and honor that is well deserved to be where you are today…Never lose sight of this.

So there it is, despite my best efforts to suppress my need to share with you my “words of wisdom”, just like any other good medical student…I failed. Third year will be what you make it to be, so embrace it, take advantage of every moment, and most of all, enjoy it…because it will be an experience you’ll never forget. Congrats once again on finishing Step and best of luck to you in the years to come!

Liz de la Garza
Dear third year medical student,

Welcome to third year! When I was where you are right now, I remember feeling overwhelmed. Everyone made such a big deal about the transition from second year to third year. They made it seem like third year was going to be this horrible year where we would get only 3 hours of sleep per night, would be too busy on our rotations to eat or use the restroom, and would never see or talk to our family and friends. They made it seem like we would have to know everything and constantly impress our attending and residents with the latest research articles. Listening to advice from the class before us and reading these letters reinforced these ideas and made me stressed out. That being said, if you are feeling the same way, stop reading all this advice and go enjoy your weekend before third year starts. You have gotten this far, so clearly you know what you are doing. Just be yourself.

As it turns out, the stories we were told about third year were simply stories. I got about 7 hours of sleep most nights, and had no problem getting through my rotations without caffeine. I always had enough time to eat if I was hungry, although I often would not get hungry if we were busy. Although I did have to work some weekends, I still had plenty of time to spend with my family. I felt like I could spend as much time with my family as I did 1st year, maybe even a little more.

I admitted when I did not know something, which usually resulted in an excellent lesson from a resident or attending. Learning from them and from patients beats learning from a book any day, because it sticks with you. In my experience, the attending will ask questions of you not to make you feel inferior, but to assess your knowledge level so that they can teach you something useful or that you should know. Work hard, be engaged, be honest, and be yourself and you will set yourself up for some great on-the-job learning and an enjoyable experience.

Do not judge a specialty before you have tried it. Before third year, I was scared to work in an emergency environment. However, I went into every rotation with an open mind. Turns out, trauma call was my favorite rotation thus far.

Keep an extra pair of scrubs in the scrub machine, or in your bag. You never know when you might need it.

Do not forget to take time for yourself. Work hard, but make time for your friends and family. Do not put your life or relationship on hold to focus on third year, thinking you can catch up on personal relationships or your child’s life later. Figure out now how to integrate your career and your personal life. Find a healthy balance.

Do not stress. If all the advice is stressing you out, stop reading all this advice and go relax. You have made it this far, so you know what you are doing. Be confident and enjoy yourself!

Jennifer Edwards Nanyes
Dear New Third Year,

You’re halfway there! This year is going to go even faster than the 1st two if you can believe it, so get ready. The first thing I want to tell you is it is REALLY going to be OK. I was so scared about starting clerkships – how do you study without lecture? Will I look like an idiot every day? What is my role on the team going to be? Am I going to kill someone? Am I going to be able to still have a life? The list goes on. So here’s my two-cents (which you should take with a grain of salt, as always):

- Dr. Henzi will send you a great list of surveys from my class that tells you the most recommended books for each clerkship. It’s kinda like studying for Step 1 – try a couple different books to find out what works for you. I personally didn’t like Case Files but a lot of people swore by them. The library has many current and like-new editions that can save you a lot of money, and ask around to your fellow classmates for trades since the books become pretty useless after the clerkship is over. Eventually you’ll come to peace with the fact that you’ll never really feel all that prepared for the shelf exams, but you’ll still do OK, I promise!

- You will probably feel like an idiot at least once a day. The goal is to try and see it as an opportunity to grow and make yourself stronger by recognizing your weaknesses. I have come to the realization that I will probably never be able to select the right antibiotic on the first try or be very good at hearing heart murmurs. Don’t take it personally or lose sleep if you look stupid because it really does happen to everyone, even the gunners. Some attendings will pimp you hardcore until you’re flustered and some won’t even notice you until that rare and beautiful moment when you’ll give such a brilliant response or ask such a magnificent question that they will look at you with eyes that say “ah, the future of medicine is so bright”. If they ask you to read up on a topic or give a presentation, do it and be grateful for the opportunity to show what you know. Along those same lines, don’t gun down your fellow MS3s or deliberately make other people look bad because your attending will pick up on it. Try and work together to get stuff done and share the burden and the benefits. Your team will look stronger if you’ve got a good vibe going and your life will be happier and less stressful. It’s actually pretty fun getting to know classmates that you might not have spent much time with before.

- The role of the MS3 on the patient care team honestly has never been completely clear to me. Some residents and attending let you work like a baby intern, take real ownership over your patients and have your own ideas. Some make you feel like you’re only good for reading vitals and trying to stay out of the way. Your will settle into different roles with each new team and it constantly feels like the first day at a new job. If someone asks you to do something that you feel you aren’t ready for at this level of training, don’t do it and say something. It’s intimidating to stand up for yourself but it’s better than putting a patient in a bad situation and ending up feeling really bad about it later on. Also, if you’re good at Spanish it’s awesome to be able to translate for your team, but make sure if you aren’t 100% fluent that there’s someone pro around to help with things like informed consent and breaking bad news. I got into some uncomfortable moments trying to translate beyond my abilities so know your limits!

- You won’t kill someone unless you try to. Probably the best/worst part of 3rd year is that you don’t have any real responsibility, and someone always goes along behind you and takes a history/examines the patient/makes sure they are getting what they need. However, don’t ever feel like you’re not making a difference to the patients!! You can have some really unique and special moments in the conversations you get to have by virtue of the fact that you get a lot of time see how the patients are doing in the morning and during the day, so take advantage of it. You’re seeing people at their most intimate and vulnerable and they will make you laugh and cry and want to hug your friends and call your mom. It’s going to be cool and will help you remember why you went into medicine in the first place!! You might see someone die and cry in front of 10 other people and it will be OK.

- You can totally still have a life as a third year. Some schedules are pretty brutal (OB/GYN, working 6 days a week during inpatient, surgery trauma call) but there are weeks that are chill and it’s almost an 8-5 job. Like the first 2 years, it’s all about balance. Make sure the important people in your life know you love them and soak up the free time when you’ve got it. Three weeks off at Christmas will be the glorious.

In summary: Be Nice, Be Interested (or fake it!), and Be a Team Player and you will be a very successful third year. Don’t put too much pressure on yourself to discover your future career right away…our third year is almost over and (almost) everyone is still pretty undecided.

HAVE A GREAT YEAR!!

Sarah Ferrero

p.s. rubbing alcohol only gets smudges of ink out of a white coat. If the whole pen busts, you can get a new one in the bookstore.

p.p.s. keep a granola bar in your pocket at all times.

p.p.p.s listen to Dr. Clare!!
The first thing I’d like to say is don’t listen to the negative things you hear from other students. Third year is by far the best, most exciting time of med school! Enjoy every day remembering that you may never get a chance to see/do the things you will encounter in third year ever again. You never know what may happen.

I was on Team E for surgery and became accustom to standing back and handing off instruments etc. during the major traumas; this is what many of the surgeons expect of you. Besides, I wanted to help but yet didn’t want to be in the way. One day we got a patient who had been in a terrible MVA and the trauma surgeon wanted to do a thoracotomy and cardiac massage as a last ditch effort to save her. I grabbed the tray and necessary gowns and gloves for the surgeon and residents, then stood back. They did the thoracotomy and much to my surprise the surgeon yelled, “med student, get in here!!!” So I gowned and gloved as fast as I could, and he showed me how to reach in and massage the heart. Though we did not expect the patient to live, we got the heart beating on its own and took the patient to the OR. In the OR, I did more cardiac massage while the surgeons opened and assessed the abdomen. I even got to use the paddles directly on the heart to deliver shock. As expected, the patient did not survive, and I assisted the residents in closing the body. After all the excitement was over, it sank in—this is a real person who died. It could have been my mother, sister, best friend, or even me. And that’s what we need to remember, these are people just like us who find themselves in very unfortunate circumstances.

With that being said, remember your patients are much more than just a diagnosis. Do all you can to help, not for a great evaluation, but because it’s the right thing to do. Follow Dr. Keeton’s advice and life will be great. I wish you as much excitement and fun possible as you undertake one of the most chaotic, yet most fantastic years of your life!

Lori Fisher
Dear Third Year Student,

Congratulations and welcome to the best year (so far) of medical school! Just like the beginning of any new school year, it's natural to be anxious. Third year will be the first time you will truly experience medicine. The experience you have will depend on the attending, the residents/interns, the ancillary staff, other medical students, and even the number of patients on your team. Despite many factors that are out of your control, there are many things you can do to ensure a valuable experience.

One of the major goals of third year is to improve your “fund of knowledge.” Begin each rotation by reviewing a few commonly encountered cases. It will help you begin the rotation with confidence. On the first few days/first week of the rotation try to get an idea of what the attending/residents expect of you. Do not be afraid to ask questions about any of your responsibilities, but ask sooner rather than later. If you don’t know how to write a specific note, for example, it’s better to ask on the second day rather than the second week. While you are in the hospital/clinic, be professional! Act interested, ask questions, help the residents with their duties, complete your tasks quickly and efficiently, study during down time, essentially, be a valuable team member. When you get home, read up on the cases you saw that day, it’s likely that you’ll see them again and knowing how to manage them will make you look good. As far as studying for the wards/shelf exam, I recommend choosing 1-2 books for content (the fewer you can get by with, the better) and do questions (pretest, UWorld, etc.). Studying a few resources thoroughly is better than skimming multiple books. Though it might not seem like it, reading up on your patients will help you on the shelf and make you look good in the hospital, which is worth even more than the shelf for most rotations. But most importantly, enjoy yourself! Take time to relax everyday, as much as you need! Third year is not like the first two, you’ll have 5-6 workdays per week, and long stretches of time off are just not available (The only long breaks during third year are 3-weeks for winter break, and 1-week off after completing 3rd year). So don’t get burnt-out! You’ll have 6-12 weeks to study for each shelf, so spread it out accordingly.

There are a few things I want to warn you about, however. You are now part of a team, so things will go wrong, so be flexible and tactful in dealing with any issues. No matter how perfectly you think you are performing, you’ll probably mess up and someone will probably be upset. Don’t dwell on it, move on quickly and learn something from the experience. Don’t be a burden to the attending/residents. The more you do to help them, the more they can do to help you.

Third year has been the best year of medical school for me. I’ve learned so much, but more importantly, I began to appreciate the importance of the information I learned over the past few years. I’ve developed relationships with many classmates I barely spoke to in the first two years. I’ve met patients that I’ll never forget. The third year will help you grow, learn and hopefully help you decide the kind of physician you want to be. So try to relax and enjoy yourself, and before you know it, you’ll be writing your own letter to a third year.

Good Luck,

Karthik Garapati
Dear MS3,

Congratulations on completing second year and STEP 1! You all have come a long way and your hard work is paying off. The thought of starting third year can be a roller coaster of emotions including being excited, frightened, and overwhelmed; however, those feelings will only go away once your rotations start. In my opinion, there is nothing anyone can tell you ahead of time that will reduce your anxiety the first day. It is a process that requires you to go through it in order to be comfortable. Something I found helpful from the previous MS3 letters was simple advice that applied to all rotations. Below are my words of wisdom to you all.

1. Always be on time: This is very MOST important advice I have for you all! Try to arrive 5-10 minutes ahead of time and be prepared to start working immediately. The team (residents and attendings) will not wait for students to begin and you will miss important information if you are late.

2. Be proactive: Take initiative to participate in procedures and educational sessions. Ask to participate in intubating patients, placing foleys, starting IV lines, drawing blood, and any other procedure that is going on. People are very receptive to medical students that take initiative. Worst case scenario, you don’t get to perform the procedure, but it is definitely worth it if you get to.

3. Be organized: Develop a system for organizing patient information that works for you early in each rotation. There are many websites will all types of templates and so you just pick one that you like. This will help you every day when you present your patients.

4. Be a team member: Respect everyone in the team and try to help each other, especially your classmates. Make sure you first complete your work and then offer your help to others. Learn to get along with all team members professionally and avoid all sorts of drama.

5. Have a positive attitude: Go to work everyday thinking it is going to be great. Learn as much as you can and take part in improving your patients’ health. Be excited about 3rd year; it is a great introduction to what you will be doing for the rest of your life. Your enthusiasm portrays to others and creates a positive atmosphere for everyone to work in. Smile frequently!

6. Keep hobbies: Preserving life outside of medical school is very important. Maintain a social life by making time for family, friends, significant others, and any activities you enjoy. They are the backbone to your career!

I sincerely think you all will enjoy third year. You will learn so much and meet a lot of people. Prepare to enjoy the best year of medical school!

Alejandra Garza
So this is apparently the essay where we are finally supposed to give the newly minted third years some advice on the upcoming year. Looking back on how things have gone this year it seems pretty amazing that the time has passed by so quickly. This has honestly been the shortest and possibly best year of my life in medical school and overall student career period.

Let’s begin with the basics. Expectations. Everyone always hears that this certain rotation is better than that specific rotation etc. blah blah blah. In all honesty, it seems like the year is all about timing and perspective. For example, when I was doing General Surgery A everyone kept telling me that it was practically a death sentence and that there would be no free time to do anything when in actuality I ended up having amazing residents who gave us many days and half days off, including most of the week of Thanksgiving as well as pre-exam days off. The residents and team of medical students you rotate with pretty much determine your experience, not the rotation/hours. Please keep this in mind. Case in point, Family Medicine seemingly had the best hours of any rotation, but with the majority of my attendings’ lack of professionalism and willingness to teach as well as the overall busy work that led me to believe I was in High School again left me the most jaded I had ever been in my medical school career. Overall, the busiest rotations with the most time consuming hours seemed to be the rotations where I learned the most and didn’t mind being at work as much because I actually felt useful and part of a team.

Now for possibly my most important piece of advice…throwing other medical students under the bus and gunning. No one likes a gunner. Period. I found it most helpful to hold my tongue for the most part and let the others do the talking about crazy medical students actions, ie Attendings, residents, nurses, etc. You may not think anyone notices, but I promise you they do. Some of my best evaluations came from letting other students gun their way into a hot mess of oblivion where they felt their attempts to make others look bad were not only unknowingly embarrassing to themselves but to those watching in horror at their folly. My best example for this would be noticed when I was rotating with students who felt the need to spontaneously explode in random research article soliloquies in the middle of rounds that might move Shakespeare himself to tears, yet fell onto deaf ears at the end an already long 4 hour morning rounds. Needless to say, it definitely did not affect my evaluation at the end of the day to not be the one to present an article. My point being, be yourself and don’t attempt to compete with anyone. It’s pointless and just knowing about your patients and their care will show in the end. There were many times I would overhear residents/nurses condescend of this sort of gunning behavior while I was within earshot. Also, do not rat out your classmates if they are late to whatever event. Chances are you will need their help in the future because karma is, well, you know.

Don’t be afraid to leave when residents tell you that you can go home. This is huge. Do not waste your time pretending that your presence after 10 hours is really going to benefit anyone after sitting there for 3 hours in silence reading whatever you are studying at the time. It’s not a challenge to see if you are too weak to stay, residents are human beings too and know that you are there for learning and not being a work slave (for the most part).

Also, Be wary of the resident that always love to pimp and never knows the correct answer themselves. If you speak up and the resident states that your answer is the wrong one yet you know in your heart of hearts that you are correct, chances are you are correct. Do not let self-doubt prevent you from speaking up either during morning rounds. During my psychiatry rotation I once had a patient who was profoundly depressed and had Parkinson’s to boot. For some reason, the Parkinson’s diagnosis was debated by the second year resident even though the evidence for it seemed pretty obvious. The patient was recently homeless and was not on any medications to control any health problems as a result. Ironically, the first thing they teach you during this rotation was that you are to treat the underlying medical conditions first before the psychiatric. Instead, it was chosen to treat the patient with an Atypical Antipsychotic, which, if you know anything about basic neuropharmacology, is a super no-no for exacerbating EPS symptoms with this disease. To make matters worse, Parkinson’s is comorbidity associated with depression and can profoundly deepen preexisting depression if the primary condition is not treated. Our original attending was out of town and the patient made no progress. Finally our attending came back and had us completely go over all of the current patients to catch him up. I basically stated all of these previous points, without pointing blame, and made sure to say it’s ridiculous that she was on atypical antipsychotics when her Parkinson’s wasn’t even being treated to begin with. The attending acknowledged this and the patient was treated immediately which resulted an amazing 180 degree change in affect the next morning. One month later when I received my evaluation, that same attending wrote that my insight into my patients as well as data gathering and interpretation was beyond that of some of his own residents. The moral of this being, don’t hold back if you really feel there is an injustice at hand.
On a brighter note, do a rotation or two in Harlingen if you can. It was the best vacation of my third year and was right in the middle of my surgery rotation. I got so tan, it was fabulous.

All in all, third year is amazing. Yeah, you are going to be tired as hell but who cares if you aren’t studying all the time and sitting in lecture all day right? I think it’s been pretty easy for me and anyone else who has had a consistent job before medical school, which apparently counts towards your CV as far as residency is concerned. The hours are long and you will meet some amazing classmates who you never thought you would have bonded with in the past, share secrets, life experiences, and they may be there for you during your breaking points with all of the ups and downs. It’s definitely a pressure cooker that bring everyone closer together, but it’s the nature of the beast that breaks us down from timid, not confident individuals and builds us back up into strong, independent, confident students.

**Mikel Gorbea**
To the incoming third year medical student,

This is a story that I wish to share with you, the story that brings together what my view of third year of medical school and the position of a third year medical student on any healthcare team in the hospital. I'm writing to tell you my experience as a third year medical student in the hospital, specifically on the Transplant Surgery team at UH. As you can imagine, this team is made up of multiple surgeons who have decades of experience, upper level residents who are on the back end of a six-year surgery residency, surgery interns, and fourth year medical students. I remember thinking how small I was as a third year student, how little experience I had to be standing next to these people and trying to convince them that I was prepared and have learned something in the past two years of medical school. I remember feeling inexperienced, out of place, and worthless. Then I met this patient and his family who changed my view on the role of the third year medical student.

This patient was a man from southern Texas, commonly referred to as “The Valley,” who had been transferred to UH because of the chief complaint of altered mental status. He arrived with his wife, a younger woman, who appeared as if she was in her late 50s. He had a history of cirrhosis and not only was it end-stage cirrhosis, he had been on the liver transplant list for over 8 months now. When I saw him, he had a taut skin over his stomach because his ascites was so impressive. He could not hold a conversation; he was disoriented to time and place and only knew his name. He could recognize his wife. So, like any patient with this diagnosis, we did the entire workup. We ran through multiple lab tests and ordered extensive imaging only to find no etiology as to what is causing this patient’s mental status alteration. I remember he was in the hospital for 2 weeks and I was the medical student who performed the abdominal paracentesis, pulling over 7 liters off of his abdomen. This procedure, simple to any experienced resident, will be one that you as a medical student will be granted the opportunity to learn and learn well. But I don’t remember this patient because he was my first abdominal paracentesis on a patient. I remember this patient because of his family.

His family was loyal to him. His son, likely in his early 30’s, would run back and forth from the hospital to work and back to the hospital, relentlessly. And then there was his wife who never left his side. She was there with him, by his side every step, every day. I remember thinking when I first met this family, how dedicated they were to this patient. They loved this man. And I had seen her every day at 5am, asking her questions about how he did overnight, every night. After about a week into his stay, I caught her by the elevators. These elevators were the staff elevators, away from the common ones used by patients and their families. She was sitting on the ground in tears. Cautiously, I approached her and I sat down and listened. She was exhausted, physically and emotionally. She hadn’t slept or eaten. She hadn’t taken her medications in weeks. She cried and I spent no more than 10-15 minutes with her, just listening. And that’s all I did, I just gave her a chance to vent. I told her about good restaurants close to the hospital and where the nearest pharmacy was located. But other than that I did what many people would think is very simple; I just listened.

I continued to round on this patient every morning for another week, seeing his family every day. He improved slightly, but in the end there was no more that we could offer them in terms of treatment. And prior to discharging the patient, I went to wish him and his family a farewell on their trip back home. And when I entered the room, the patient’s wife saw me and broke down in tears. She came over and hugged me. She told me that I took great care of them and she thanked me. She wrote down my name, assuring me that she was going to search for me on the internet in the future to see where I practice medicine. And that’s when I realized that this was more than just treating one patient with altered mental status. This family was going through this as well and as the healthcare team, we had an opportunity to treat them as well. And as the medical student who was covering 2-3 patients at a time, I was the front line of the Transplant Surgery team, the first in the room in the morning and the one who spent the most time with the patient and the family.

So next year when you enter the wards as a fresh third year medical student, I encourage you to take up that role. Take up the responsibility of being the front line of the team. You will be placed in positions where you have an opportunity to treat not only the patient in the bed in front of you, but the family and friends of that patient. Because even though you will have the least experience and feel out of place at times, many around you see you as vital to the healthcare team. I encourage you to take on the opportunity and take on the privilege of being that part of the team as the third year medical student.

Sincerely,

Michael Hesseler
Dear Third Year Student,

Congratulations on making it this far. You have the most grueling years behind you and are about to begin one of the most exciting, eye-opening, and educational years of your life. Take advantage of it.

I began my third year in Internal Medicine. The first day of my second inpatient month, it was suggested to me that I should pick up Mrs. K, a 36 year old female who had been on the service a week already and whose diagnosis was still unclear. She was a refugee from a foreign country and it was possible she had some exotic disease that would be interesting to learn about. The first time I saw Mrs. K, she was lying completely still in her bed with a blanket wrapped around her head. She was nauseous, vomiting 5-10 times per day, and was in a lot of pain. She spoke neither English nor Spanish, so in order to introduce myself, I was required to get a translator phone from the nurses’ station, dial a series of numbers and wait for a translator – a process that took about 10 minutes. I explained to Mrs. K that I was the new medical student on the team and I would be taking care of her during her stay in the hospital.

I can still picture the look in her eyes as she pleaded for me to please help her feel better. She said that no one had been able to help her since she had been in the hospital and she was anxious to get home to her husband and her six children, the youngest of whom was only 2 months old. She was sick and scared. I knew that my role in her care would be a small one. I wouldn’t be the one figuring out the diagnosis or administering the treatment, but I explained that our team would do our best to help her get home as soon as possible. Over the next few days, however, it seemed like nothing was changing. Then I met Dr. B.

Dr. B was the new attending on our service and on his first day, he sat the team down and explained to us his expectations. “Above all”, he said, “we are going to treat our patients the way we would want our own family to be treated”. This was a refreshing change from my last attending who seemed to go at his own leisurely pace, unconcerned with quickly finding a diagnosis. As we rounded on that first morning, Dr. B took time to talk with Mrs. K over the translator phone – something I never witnessed my last attending do. He completely changed around her meds and began ordering the tests we should have done weeks ago. He expected us to follow the results closely and call the lab to get preliminary results. He told us we should be talking with Mrs. K multiple times a day to explain what was going on and that we were working to help her. We were not going to dally around and we weren’t going to keep her in the dark because of a communication barrier.

Every day over the next month I pulled out the translator phone and my resident and I sat down and talked at length with Mrs. K. Her symptoms were not improving, her tests were inconclusive, and her anxiety and fear were constantly growing. It took twice as long to round on Mrs. K as it did to round on all my other patients combined, but we took the time each day because that is what she needed. I went with her as she was transported for her different tests and procedures and helped explain to the doctors both her medical and cultural conditions. During the last few days on the rotation we finally came to a preliminary diagnosis. Mrs. K had poorly differentiated carcinoma of unknown origin growing in her vertebrae, liver, and bladder. There was no chance for cure. Easily the most difficult situation I faced in my third year was the day we broke the bad news to Mrs. K. She was so young, with a large family to care for in a new place far from home, and she only had weeks to live. It was hard to not to feel her pain as she and her family wept over the news. A couple days later my rotation came to an end. As I pulled out the translator phone one last time, I dialed the various numbers and codes from memory. I told Mrs. K that I would be moving on to a new rotation. The gratefulness in her eyes and voice was something I won’t soon forget. I had expended so much time and energy in her care and it didn’t go unnoticed. She thanked me and wished me well in my future. Although this experience didn’t have a happy ending, it taught me the importance of patient care.

As you go through your third year and into your career as a physician, you will see countless patients. It’s easy to become impersonal and just focus on getting your work done - especially if that’s the attitude of your colleagues. But the value of patient care cannot be emphasized enough. Take Dr. B’s advice and strive to treat every patient the way you would want your loved ones to be treated.

Best of luck,

Jacob Holloway
Piloting through Palliative Care

I’ll be the first to admit I don’t know a thing about aviation, but I’ve heard it said the hardest part is landing. Some doctors are in charge of takeoff, while most make sure the craft soars soundly through the air. But a special kind of doctor takes care to make sure the landing is safe and comfortable. I started to think about what we do as doctors for our patients in palliative care. We still use clinical judgment with compassion like any day, but our healing hands must turn into soothing ones, and our ears must open up like never before.

While the hospital is the best place to treat serious conditions with its superior equipment and larger staff, keeping the place sterile does a number on its comfort level. With hospice, comfort and peace are not afterthoughts but primary goals. At the hospital, total pain could only be fully addressed if there were more than the twenty-four hours in the day. Instead, relying on the faithful work of others, we command and execute the day and night’s task to diagnose, treat, and cure illness. Yet with palliative care, there is finally time for total pain to be answered all together by us, chaplains, nurses, and therapists. We put down the swagger stick and humbly lay our soothing hands next to those of other professionals on somebody in their dying days.

Doctoring, I learned, isn’t always about life. The other side of the coin is of course death. People come to us with questions about life, and we give them answers about life. But asking for answers about death is like trying to see the far side of the moon. We know it’s there, but it’s still the great unknown. Most everybody has some fear of the unknown, and I know now that even doctors at first fear dealing with death. But after we overcome our fear, we can help the dying be less afraid and more at peace.
3 Points for Third Year

Welcome to third year upcoming MSII! First of all, I wish you a mighty, and well-earned, CONGRATS on making it thus far in your medical school career. Accomplishing medical school acceptance and passing each year is not an easy feat by any means, and no matter how well or how poor you think you’ve done, this is something you should be proud of. As you flip through the pages of this book, skimming stories here and there, looking for the ones with tips on how to succeed the glaring pimping questions of attendings or perhaps the funnier stories that tell you which nurses or scrub techs to avoid (I’m sure no names will be mentioned but everyone still knows who they are), I encourage you to take a second and read more than a few. Really, it makes the transition to third year that much easier and besides learning a thing or two to physically and mentally prepare for the rigors of third year clerkships, you will find yourselves in these very shoes next year… picking up the ol’ dusty laptop or new iPad to pen your own “letter to the MSIII.” At the very least, you will find yourself getting a good idea of what to possibly write next year.

So my letter to you is simply a division of 3 key points I feel I’ve learned these past few months. And because I know you’re going to get a lot of advice, funny stories, or other “key points” from my colleagues, I’ll do my best to keep this short, simple, and sweet. First, everyone goes into third year on a level playing field. I totally understand some may feel you’re ahead or behind the average intellectual curve of your class, but you’ll quickly find that no one in your class knows everything. Let’s face it! Nobody’s been a medical doctor before, even if they have prior exposure to some aspect of the medical field. You might say, DUH, but I know I went into third year anxious and nervous about looking DstupidD or DnaDveD in comparison to my colleagues. I mean, I went to a local undergrad here in San Antonio, majored in psychology which I donDtt think I really remember all too much of, and come from a religious background. In my first two years, I felt like I really struggled because of my lack of experience with the basic sciences. Well, when I started third year on surgery and then pediatrics, I quickly realized the people that I thought were the smartest in my class were the same people that couldn’t answer all the questions on rounds, had to look up information on uptodate, books, and their phones, and at times made stupid mistakes in front of the attending… just like me. The point is, we’re all human; you, the top student in the class, and the last student in the class. Bottom line, third year is about learning, how you learn and continue to learn, what you’ve learned and the application of that knowledge. There is not one person in your class that is or will be beyond making mistakes or having to study. Keep in mind, this is preparation for what your careers will be… a lifelong learning experience and application. As long as you do your best to learn, apply what you learn, confident in answering questions regardless of how confident (or lack of confidence) you feel, (you just might have the right answer)… I assure you, you’re going to do just fine.

Second key point is to value the friendships that you make in third year as they are likely to be lifelong friendships that will be valuable throughout your clerkships and beyond. Again, I realized in the beginning of third year that there is an unspoken camaraderie amongst medical students… for the most part. (I mean, keep in mind there’s always going to be one or two students that you’ll want to avoid, but that’s likely going to be a very small percentage of your class). There were several, okay, I’ll be honest, a lot of students that I really didn’t know in my class. I was a last row student, and very much introverted, so when I was grouped with people I had no idea were even in my class this past year, it never failed for us to quickly connect. It becomes a common thing to immediately exchange numbers, and the majority of the time, quickly developing a bond on “team” oriented rotations. There was one instance in which I had a horrible experience with an attending (story to follow in the next key point), and while I experienced that by myself (I was the only student on that rotation), I had the opportunity to talk with the next student starting that same rotation. I had never met this classmate, and wasn’t too sure of who he was, but once I found out his schedule and he found out that I just completed those same two weeks, we fortunately got along real quick. We ended up having one day to work together, and I was able to show him where everything was, what to expect, and all the other pertinent information on clerkships. With that, he was able to quickly get comfortable with the layout for the next few weeks. No, we’re not the best of friends, but there’s a definite mutual respect there, and it’s something that I’ve been able to experience and share with a lot of classmates that I formerly didn’t personally know. I could seriously go on with another story of a very quick and real bond formed between some girls on my ob/gyn rotation, but I’ll save you the time. In short, these are people you’re going to work with and rely on in the up-coming years. The bond that you make with each is something to be cherished and to definitely hold on to. It’s worth it to take time to make and maintain those relationships… you’ll seriously come out with friendships with people you had no idea even existed in your class, and that is pretty awesome.
Third key point is to take everything with a grain of salt. I cannot express to you how important this is and the best way to highlight this is with a personal horror story. I rotated on family medicine right before the Christmas break, and on one of my two weeks of inpatient I had to work with a new attending. Up to this point, I hadn’t completed one formal presentation and after sitting with this attending, I prepared the next day to present my first formal presentation. Well, you can imagine my shock the next day when I start presenting and the attending, no joke, interrupts me within the first few sentences and starts YELLING at me! She went on for a little bit, and when I tried to continue, she proceeded to rip my head off... literally. I mean, when I say she yelled, I do mean she escalated her voice and went on a few minutes long rant. It was so bad that the resident I was working with tried to stop her and speak on my behalf. After a few days of this, with repeated yelling incidents in front of nurses, techs, a PhD, pharmacist student, and residents, I ended up writing a letter to the clerkship director’s secretary. I had never dealt with this on any of my earlier clerkships, and while doing my best to remain professional, I did feel like a line was crossed. I mean, this attending made some harsh comments about my future as a physician and the way things were supposedly being wrongly taught in our medical school. I was at the end of my tolerance, and whether I received a bad evaluation or not, I definitely wasn’t going to start the second week with these yelling spells. Long story short, word spread quickly amongst residents and students about this attending, and come to find out, this attending had a horrible reputation amongst the residents for exhibiting the same behavior for years. To sum it up in a phrase, this attending specialized in “making students cry” including the residents too. In the end, things ended up working out, I got a great evaluation from this attending, but I definitely learned to stand up for myself, and not allow the experience to ruin my ambition and enthusiasm for medicine. I have definitely chalked that experience to a learning moment of what NOT to do, and what NOT to be when I reach that level of experience as a practicing physician. No, I do not ever plan to shake this attending’s hand in the future, but these are the moments that make you as a student and as a person. And coming out of this with my spirit still intact, I’ve definitely learned that this was not a reflection of me but my reaction to situations like this will be. Yes, I can honestly say, I took those comments with a grain of salt. And in order to move forward in third year, you will need to do so too. Remember, experiences like this will be a moment in time. Just allow it to push you and make you into a better person, don’t allow it to chip away at your dreams. If you do that, I’m sure you’ll look back on third year, all the more a wiser individual than before.

With that, my friends, I wish you well in your future third year endeavors. Yes, you’re starting at the bottom of the totem pole, so-to-speak, but you are well on your way to working your way up. Just do your best, put your best foot forward every day, and I’m sure you’ll be ending third year and starting fourth year all the more a better student, friend, and person. Cheers, and again, welcome to third year!

Ruth Jackson
Dear Third Year Medical Student,

First off congrats on getting past the black hole known as Step 1 studying. Now its time for you to dust off your professional clothes and try to remember what it is like to talk to people again. The predictable cycle of 2nd year is over and you are reading letters like this to trying get idea of what to expect on your first day of third year. Exciting, right?

I laugh now as I think back to the night before my first day of third year, mostly because I was so freaked out. Unfortunately no amount of reading letters or talking to 4th year friends can truly explain how if feels to be a third year medical student. And if you have listened to Dr. Keeton’s lecture on how to succeed during third year then you have already heard the best advice there is. But just in case you really care what I think here are some pointers to remember:

• First and foremost always smile and act excited to be wherever you are- if people like you they are nicer, more willing to teach you, and will give you better evaluations. People won’t remember how many questions you got right or wrong, but they will remember if you sighed every time they asked you to do something.

• Be punctual- no one can see your beautiful smile if you aren’t there.

• Be tolerant of different personalities- learning to deal with all kinds of people is huge third year

• Embrace the unknown- one of the biggest lessons of third is learning how to adapt to new situations, sure it is stressful at times but this is the only way you can build confidence for situations you can’t prepare for

• Work Hard- everyone will tell you this because it is obvious, laziness ultimately wastes not only your Attending’s time but yours as well

• Everyone is going to have different a experience- so take this advice and any other advice you get with a grain of salt, there are mean pediatricians and super friendly general surgeons, stereotypes are just that so keep an open mind despite what you might hear about certain rotations or people

Don’t worry, it will all work out and before you know it you will be writing a letter. You are ready for this. Just step up to the mirror and repeat this mantra: “I’m good enough, I’m smart enough, and doggone it, people like me!”

Stephen Jamieson
Dear new MS3s,

Congrats on making it through the first half of medical school! Third year is where the real fun begins, my friends. I know you are nervous, and you should be. You are about to play a very important role in many different people’s lives.

You will make mistakes, you will put your foot in your mouth, you will miss exam findings, and you will probably get frustrated; but remember that all of this is ok as long as you learn from it. For example, my very first day on inpatient medicine I learned the hard way what a penectomy was. I was reading the H&P on the patient I was going to be responsible for and noted that he had had a “penectomy.” The note was riddled with abbreviations and misspellings, and I assumed that “penectomy” was actually supposed to be “appendectomy.” I also noted that my patient had had an amputation, but I didn’t see mentioned what was amputated. I figured I would be able to tell during my physical exam what was missing so I went to see him. As I walked into his room and started to introduce myself, he interrupted me “Miss, I think you are supposed to wear the mask and gown in here.” I looked over at the door to notice that he was, indeed, under contact precautions. I had just blown by the very bright, very pink sign stating the fact. I thanked him and ran out to put on the PPE and hoped no one had noticed my error. I walked back in with the proper attire and started my history. I told him that I saw in his record that he had had an appendectomy. He looked at me puzzled and told me that he still had his appendix. This confused me, but I continued with my questions anyway. I looked at his extremities and noticed that he had all 10 fingers and 10 toes. I asked him what he had amputated. He looked me dead in the eye and said, “My penis.” I’m sure I turned 8 shades of red. So that is what a penectomy is! I apologized to him profusely, and told him it was my first day. He laughed and told me not to worry about it. I could not have asked for a better first patient. I learned a lot from him and will never forget his role in my life.

Be confident in your abilities. You are going to do great! You know more than you think, but remember that you still have a lot to learn.

Stacey Keith

P.S. You will need to know how to page someone. No one really tells you this, so here is how to do it. Call the pager number, when it beeps, enter the number you want that person to call you back on, then press * before hanging up.
Letters to a third-year student  ✤ from the class of 2013

Dear Third Years,

It is easy to start this year feeling overwhelmed. The prospect of going through 48 weeks of rotations can make anyone feel a bit nervous. Remember to take it day by day …

“Take the first step in faith. You don’t have to see the whole staircase, just take the first step.” -- MLK, Jr.

Don’t take yourself too seriously. There may be times when you feel you have made the silliest mistakes. I feel like this happens to me on a weekly basis. The most embarrassing thing I’ve done so far (and the year isn’t over yet) happened when rounding one morning. I went to check on my patient and thought I heard the shower running. Since I couldn’t talk to my patient, I went and talked to the patient’s nurse and mentioned how she was in the shower. She said that was impossible because the patient was downstairs getting imaging done. She asked, “Are you sure you went into the right room?” So together we went to the patient’s room. Well, it comes to turn out that it was not the shower I heard…the oxygen had been left on in the room, and it sounded exactly like running water. I was super embarrassed and knew I was going to be the talk of the nurses that day. Just remember that everybody has those days, and it gives you (and often those around you) something to laugh about.

Third year is going to give you thicker skin and help you become a stronger person. Don’t take any criticism personally. There may be times when you are told a million things you are doing wrong. But you just have to hold your head up high and know that you will do better.

“..Have the courage to fail big and stick around. Make them wonder why you’re still smiling.” --Elizabethtown

If you are in a rotation that you’re not particularly fond of, don’t be discouraged. It’s only temporary. Find something you enjoy about it. Redirecting your focus back to your patients can help turn your attitude around. Even if you’re not getting along with the attending, resident, nurse, tech, or a teammate, remember the patients are why you’re there in the first place. Making them the priority can make even the most unfavorable rotation in your eyes more enjoyable. No matter how bad your day is going, chances are you’re having a better day than most of the patients you’re taking care of.

Lastly, there may be times that you question why in the world you ever chose to go into this field, especially when you are waking up at 4 in the morning. But then there will be times when you think you are the luckiest person to be right where you are. Like when a patient after surgery wants to hold your hand because she remembers you and wants you (you, the medical student who’s been in the hospital for maybe 2 weeks) to help calm her down. Or when you see the beating heart of 1.5 cm fetus in the right place on an ultrasound when the mom thought she had an ectopic pregnancy on the verge of rupturing. Or when you take care of a precious NICU baby who could easily fit in the palm of your hand. Or when your patient asks you to be her doctor when you’re all done with school. Moments like these remind you that you are exactly where you are supposed to be. So trust that you are in the right place and get ready to start an amazing year! Good luck!!

Katy Kirksey
When Difficulties Arise - Honoring Patient Autonomy

While there were many instances on the inpatient ward where the management of ethical principles with patients were questionably managed, there was one particular instance that stood out to me and that I have thought of often during my time on the medicine rotation. Mr. Cavazos was a 93 year old gentleman from South Texas who had a history of severe Alzheimer’s dementia and uncontrolled hypertension who suffered a severe intra-cerebral hemorrhage and was admitted to the ICU; two days later he was downgraded to my service on the inpatient ward. The stroke had done a number on Mr. Cavazos. He was not lucid, he could not interact, he was combative, he could not eat or swallow, and his hypertension was constantly shooting up into severe ranges, especially overnight, creating a nightmare for cross cover and my intern. His granddaughter, who had been present during most of his hospitalization informed us that he had been living with her in South Texas, that she knew him the best out of the family because she was his caregiver. She also clearly stated that before his dementia took a turn for the worse, he had told her that if anything ever happened to him where he could not eat or take care of himself that he did not want to ever be “tube fed” or to be resuscitated. He had no official advance directive.

However, his granddaughter was not the only present family member. His daughter and her husband had traveled from out of state to see him, and they had very different feelings about the management of his declining condition. There were other children of Mr. Cavazos from out of state who were often calling and were also concerned about the well being of their father. Although his management was not well agreed upon, the overall goal shared by the family was to get him stable enough to transfer to a skilled nursing facility back home in the valley. Soon thereafter, the management goals for this patient on my team went from bad to worse. It became more of a game, with the attending bargaining with the resident and interns that whoever could get the patient accepted to a facility and discharged first would get a free lunch.

Clearly, this all sounds like a logical plan. The family wanted him to get out of the hospital and the team wanted him out of the hospital... an ethical, logical, and economical compromise. However, it was not that simple. Mr. Cavazos could not eat... the stroke had affected him so badly that his mentation had severely declined, and even the introduction of food to him (much less medication) by the staff caused him to be extremely combative. He often tried to fling himself out of the bed. His hypertension on the first day on our service was in the range of 230/95. The first goals for our team were to get him fed, watered, and medicated which were accomplished by permissive four point restraint and a nasogastric tube placement. From then it became a more of a game to my interns, resident, and attending than actual caring for the patient.

Discharge planning made it very clear that there were no available nursing facilities in the valley who would take Mr. Cavazos because he could not meet their requirements. He needed to be able to eat, be interactive for at least two hours of the day, and could not have any intravenous lines. This the family did not want as they really wanted him in the valley. The next option was skilled nursing facilities in San Antonio. They would not take him if he could not eat, if he had a picc line for total parenteral nutrition, or if he had any intravenous lines. Clearly, the only option for this patient in the ways of discharging him from the hospital was to place a peg tube for feeding, to stabilize his HTN, and to hope that his mental status improved so that a SNF would accept him as a resident.

This created a large ethical dilemma. He needed to get out of the hospital, but the only way to do so was to violate the patient’s wishes and to place a PEG tube. All in all, Mr. Cavazos’s other children decided that they wanted a PEG tube to be placed for feeding despite what he had specifically told his granddaughter who was his caretaker. It quickly became an ugly family situation and soon the granddaughter left back for the valley not to return again to see the patient. Rather than listen to the patient’s advocate for his wishes, the attending and resident jumped at the opportunity to place a PEG tube in the patient by the rest of the family’s wishes because this meant that they could discharge him soon, a burden to the team service. A PEG tube was placed after two attempts: one failed by GI and one successful by interventional radiology. After a 12 day hospitalization Mr. Cavazos was discharged to a SNF in San Antonio with PO meds, food, and fluids given by tube and he was gone.
Letters to a third-year student       from the class of 2013

While I understand that the goals of the hospital are to move patients in and out in order to cure them and to prevent waste and unnecessary expenses in the process, I felt that the ethical principle of autonomy was classically violated in this situation in order to meet these goals. The granddaughter was his caretaker who was told what the patient’s wishes were. The attending, resident, and discharge planner allowed the rest of the family who lived far away and who was not with the patient on a daily basis to take precedence over the decision making power of the patient’s liaison in order to meet their secondary goals of “moving the patient.” If Mr. Cavazos did not receive a PEG tube, he would have likely died from malnutrition, dehydration, hypertensive crisis, secondary bleed or stroke, or MI while in the hospital. However, would this have been so bad? He was 93 years old, severely demented, and it was unlikely that his mental status would ever improve; he was debilitated and unable to move around, and his hypertension would be a threat the rest of his life not taking into consideration the additional insult he had from the massive hemorrhagic stroke. He did not want to live his life from a tube when he was able to make decisions for himself, and he was unlikely to want it now. Living with a PEG tube was only a mechanism of prolonging the inevitable foe for Mr. Cavazos.

Overall, this particular breech of patient autonomy left a large impression on me, and has taught me to always consider honoring the patient’s wishes first before the goals of the distant family, goals of the medicine team, or the financial/economical goals of the hospital. Hopefully Mr. Cavazos is doing well today, but I also hope and pray that he passes as painlessly and gracefully at his due time.

Sara Koenig
Letter to a Third Year

Congratulations! You are half way through, and definitely over the most painful hurdle!

I could write several pages on different patients I worked with this year, about how different specialties surprised me by being more or less interesting than I had expected, or about what to do and what not to do this year. But surely you know by now that taking care of real people will be a transformative process that will continue the rest of your life, and that each specialty and subspecialty has its benefits and drawbacks that you had not expected to find. As far as advice goes, nothing I say could trump Dr. Keeton’s advice: be on time, be positive, work hard. If you live by those three rules this year, I promise that you will be golden. Instead, I will tell you one thing that I have loved about this year, in hopes that some of you (who perhaps loathed second year or were miserable by the end of Step 1 studying) will find some solace in knowing that being a doctor has little to do with how the first two years felt.

To me, the most amazing thing that happens third year is that you go from being a nameless student, to being a colleague. Sure, you are still really a student, nothing you do goes unchecked, and all the work you do has to be repeated by someone with an MD after their name, but you are now working alongside interns, residents, attendings, nurses, physical therapists, and one really unfriendly CT tech. You will no longer be seen as the nameless face who sat in the back row, or the student who asked a few too many questions during their lecture. As an MS3 you are by no means indispensible, but you are now in a position to lighten the load a bit for your intern by having all the information on your patients, or get involved in a research project because your PGY2 has too many on his plate. The attendings will know your name, they will remember if you were a complete slacker, or greet you with a smile when they pass you in the hall and be happy for you when you find a specialty you love. One of my favorite memories that illustrates this was when three of my friends and I went out to dinner downtown on one of the rare occasions that we all had the same night off. Sitting a few tables down from us was a doctor whom most of us had worked with at one point or another during the fall. Half way through our meal, our waiter showed up with a bottle of wine that this former attending had sent over because he remembered us, and remembered what it was like to get a night off with all of your friends and blow your week’s cash on a nice dinner. These things don’t happen often, but when they do you realize that you are no longer sitting in the bleachers, but a member of the team.

Best of luck, and I look forward to working alongside you next year and in the years to come!

Lucy Kupersmith
Dear Class of 2014:

Congratulations! You’ve made it through the first 2 years of medical school. Just 2 years ago, you were worrying about whether your MCAT score and interviews were good enough for a medical school. Now you are 2 years closer to that MD degree. Time flies by when you’re having fun (you are having fun, right?), but we all know that it has not been easy. And just as you can imagine, 3rd year is no exception.

But don’t be discouraged…just like everything else in life, there is a good side to every down side. For example, you might have to get to UH by 4:45 AM for OBGYN rounds to make sure you get a computer and see your patients before the residents arrive…ok, maybe that’s a tough one to counter. Even though there are moments when you feel like you’re not sure that there is a light at the end of the tunnel, there has not been another time (at least for me) in your life that has simultaneously been so intensely difficult and rewarding. It doesn’t take 2 years of medical school to realize how hard medicine is – bringing home huge packets of syllabi on that first day of school that has now filled your bookcase was already a sign that this is not going to be an ordinary journey. But how many times do you get to say you were the first to hold a newborn as he took his first breaths of life? How many times do you get the chance to listen to patients share some of the darkest secrets of their lives so that you can understand the basis of their depression? How many times do you get the opportunity to staple or suture a complete stranger’s skin back together after a surgery? For some of you, the answer to that last question might be “um, many times” because you might be a surgeon one day. Or, you might say, I already have children so I know what it’s like to hold a brand new baby. But no matter what, it’s always important to remember that every single experience you will have in the next year of your life is a privilege. As difficult as it might be to get up before the sun does every morning and study as long as it takes to get a good grasp on the material, it is incredibly rewarding to know that you are learning to heal the sick and understanding how the different pathophysiology of a disease translates for a patient’s emotions and behavior in a way that will open your eyes to how to treat the patient as a whole.

By now, you might be familiar with Dr. Keeton’s speech about how to be a successful MS3 and probably have other upperclassmen give you their take on what best to do on rotations. The truth is, I am still no expert at mastering 3rd year despite almost being done with it. Every rotation is different in its own way, and by the time you feel like you’re getting the hang of it, you switch to the next rotation. You may not always know the right answer to every question. If you don’t, you’re not alone, but even if you do, there is always more to know. It may seem like a competition at times when you are working with more than one medical student on a rotation, but remember that by the end of the day, it should all be about your patients. You’ll get to work with some people that you’ve never spoken to (or even seen if you’re not usually a class go-er) in the 1st 2 years of medical school, so get ready for some new friendships. Adaptability and learning to be flexible are important skills to have, so don’t be too upset or take things too personally if things don’t always go exactly how you planned it. It’s a steep learning curve, but remember that being yourself, working hard, and being nice to everyone can really go a long way.

The most important thing about 3rd year is to make sure you find something you truly enjoy. It might be hard to balance a busy study schedule, making a good impression on residents/attendings and still acting interested on a surgery rotation when you’ve already decided you want to be a psychiatrist. However, like so many people before me have already told you, keep an open mind. You might discover something about yourself that you didn’t know before, so when you find that something, go for it and 3rd year will become that much more exciting.

Lastly, just remember that 3rd year will have its ups and downs, but for the times when you’re feeling down, I would like share a verse from a song by The Strokes:

“There will be times when we will fail
Some people take it pretty well
Some people take it all out on themselves
Some people just take it out on friends

54
Oh everybody plays the game
And if you don’t you’re called insane….

…So why not try it all if you only remember it once?"

Going through 3rd year is a once in a lifetime experience. So make it your own and you will soon be giving advice to the next class about how to make it in 3rd year :) 

Best of luck to all of you and may 3rd year be all that you hoped for and more!  

Carol Li
Dear Class of 2014,

Congratulations!!! You made it to 3rd year!!! You are almost there!!!

3rd year: After completing 2 years of textbook education in medicine and a few experiences with patients (both real and actors), you are all of a sudden given the opportunity to have patient experiences all day, every day. Is it overwhelming? Yes. Is it amazing? Yes. Does it make the first 2 years of sitting at your desk, listening to lectures, and studying for tests worth it? Definitely.

3rd year is divided into 6 clerkships: Internal Medicine, Surgery, Pediatrics, OB/GYN, Family Medicine, and Psychiatry. Clerkships lasts between 6 and 12 weeks and are culminated with a “Shelf Exam.” So far, I have completed Internal Medicine, Pediatrics, and Family Medicine; I am currently on Surgery; I will end with OB/GYN and finish with Psychiatry. I could write an entire blog on how to schedule third year, and I will, but, for the most part, everyone is happy regardless of what order they complete the clerkships. The objective of 3rd year is to help students get exposure to all fields of medicine and aide in their decision on which field to pursue for residency. Most students have absolutely no idea which field they will pursue when entering 3rd year, but by the time February roles around and students are applying for away rotations, most have narrowed it down to 2- at the most. Most medical students aren’t great personal decision makers. They entered medicine because it bought them 4 years until adult decision making skills were necessary. Little did they know, it really only bought them 2.5. I am the world’s worst decision maker and am currently still deciding between 4 fields of medicine: OB/GYN, Urology, Pediatrics, and Psychiatry. However, my experiences every day lead me closer to my decision! Advice: If you have any idea of what you want to go into, schedule these rotations towards the beginning of 3rd year. Otherwise, in February, you end up applying to away rotations in multiple fields of medicine which becomes tedious, exhausting, and takes away from your study time.

As I mentioned earlier, I am currently on my Surgery rotation. For me, this started with 3 weeks of Urology followed by 3 weeks of the Burn ICU and I am now doing my 6 week rotation in Trauma Surgery. This is coolest rotation EVER. Am I interested in Trauma Surgery? No, but I decided to choose this rotation because my grandfather, an old Texas rancher and pediatrician, told me I was not a real doctor if I didn’t spend any time in the Emergency Room learning how to deal with traumas, gun shot wounds, stab wounds, snake bites, etc. My shifts are 12 hours from either 7pm-7am or 7am-7pm. I had 2 weeks of nights and 4 weeks of days.

A day in the life: My dreaded alarm went off this morning at 6:20am and, after 3 snoozes, I finally got out of bed. I have figured out this allows the exact amount of time I need to brush my teeth, wash my face, put on scrubs, grab a banana and cliff bar and walk to school. I transition from the calm walk into the bustle of the University Hospital Emergency Room and drop all my stuff off in “The Pit.” I quickly update the board that lists names and pager numbers of on-call physicians for the day and go find the “Pit Boss” (the 2nd year resident in charge). Around 8am the trauma team of medical students, interns, residents, staff surgeons (“attendings”), and nurses head up to morning conference. Medical student highlight: free food! We get to hear about all of the traumas that came in overnight. The chief resident presents cases, imaging (Xrays, CT scans, etc.), surgeries, and plans for each patient. The attendings question their decisions while teaching trauma protocol. After conference, I wait until the trauma pager goes off listing basic facts about an imminent trauma patient. We rush to grab our trauma scissors, a clipboard with forms and run to the trauma bay where we await EMS or Airlife. We then cut off the patients clothes and get the patient report from EMS. Sometimes, we have to do emergency bedside procedures where we enter their thorax or abdomen. Everything happens really quickly and is very exciting! Throughout the day, we attend trauma surgeries. At some point during the day, I grab a quick lunch at the cafeteria. Around 7pm, I head home, change clothes, and run to the gym for a quick 30 minute workout. When I get back home, my roommate and I share stories about our days on different services and make dinner together. I try to get one or two hours of studying in before I head to sleep at night and start it all over again the next day! I have found doing questions over and over again is the key to success 3rd year. Its all about repetition and key words. There is so much more to say about 3rd year, but I hope this gave you a little insight into my life!
I would like to throw in a few pieces of advice:

1. Be early. If you are usually 5 minutes late to everything, pretend like your day starts 30 minutes earlier than it does. Be there before your residents.
2. Stay late. Stay until they dismiss you. Don’t ask to leave.
3. Learn to quickly assess and react to social cues. If an attending is rolling his eyes at you while you are presenting. He is bored—get to the point. If you are sweet as can be to the nurses and they are not nice to you—back off—let them invite you into their circle.
4. Don’t talk badly about anyone—your classmates, residents, interns, attendings, nurses, patient.
5. Make your team (including your peers) look good and get out early. Try to hunt down things to do. Seek out opportunities to make your team more efficient. Ask the nurses if you can do something for one of the patient on your team.
6. Never throw a classmate under the bus. Never tell on a classmate for being late. Never make anyone else look bad because this looks badly on you.
7. Go with the flow.
8. Sleep when you can. Get to sleep early over studying unless it is the week of your final.
9. Succumb to the hierarchy and accept that you are at the bottom. Accept that interns come next then residents then attendings. If you need something, go to the interns/residents before the attending.
10. If you don’t know something, say so, but write it down so you don’t have to ask again.
11. Always have a smile on your face.

Valerie Libby
Letter to a Third Year

You now have behind you the anxiety-provoking Step 1 and now it is time to look forward. You have spent the last 2 years surrounded by books and longing to see real patients, experience practical medicine and interact with clinicians – now it’s your time. The third year of medical school can evoke many feelings and is an experience unlike any other. You will rotate though many different specialties, at a variety of settings, and with many different personalities. I hope you take it all in because it will go by faster than you think.

It was heart breaking when I held someone’s hand in the last minutes of their life after they have asked that medical treatment focus on comfort.

It was amazing when I “caught” my first newborn.

It is frustrating when dealing with the heroin addicts who inflict their own wounds.

It was gratifying when patients thanked me for my compassion and attention to detail the day we discharged them to go home.

It was funny when I stayed up late reviewing anatomy only to be quizzed on songs and artist played in the OR during surgery the next day.

It was a helpless feeling when a recent immigrant – roughly my age - became progressively paralyzed because he received the care he needed too late.

It is humbling to learn how much there is yet to learn.

It was satisfying when I helped assist in a 7-hour “aorto-bifem” surgery that likely preserved that veteran’s ability to walk.

It was exhausting to arrive some days at 5am and think, “I probably should have gotten here earlier”.

It was exciting when I performed chest compressions on a man roughly my age in the emergency department and disappointing when it was to no avail.

It was exhilarating when I was first asked to “close” on a patient, and could observe my work for the following days as she recovered.

It was emotional when I stood with my attending while he explained to a patient that she would likely die from her breast cancer.

It was exhilarating the first time I was handed the knife in the OR and asked to make the “first cut”.

Third year is about learning clinical judgment and applying all the basic sciences you have come to master; but more importantly it is about your patients. All rotations are important – even if you have no intention of becoming a surgeon or a pediatrician, it is in your best interest to immerse yourself in that environment for 6 weeks because there are things that you will take away that can be applied to your chosen field and who knows – you may be surprised how much you like some rotations you didn’t expect to. You still need to crack a book and read up on patients and pathophysiology, but you will be surprised how much you will passively learn and remember by being there everyday and seeing patients. Make your residents’ life easier (they always have it worse) and they will really appreciate it. Never again will you be able to experience such a whirlwind tour of so many different fields in medicine.

Best of luck,
Gage Liesman
Dear Third Year Student,

You have accomplished an impressive feat; the completion of two years of medical school, where your job is to learn material and answer questions. Depending on your strategy, this individual responsibility will change in your third year. You will be a member of a team on which you will have the least clinical experience. There are some recommendations I can share which I learned to be beneficial and will help you be an excellent student on the team and help out on evaluations.

Always be on time: It is critical that you respect your residents by being on time. It is one of the few things they will absolutely expect of you, and, for my money, it is easy to be on time or early. This is something that can certainly show up in your evaluations and positively influence the way others think of you.

Know enough and learn: It is important that you start your rotations with an appropriate knowledge level. You should make it a daily goal to learn something new, especially in the beginning when you are unfamiliar with daily clinical responsibilities. Be sure to not act as though you know everything, and do not ever undercut another student’s attempts to answer questions. This is something which can yield far more loss than gain.

Always ask if there is more you can do: Be sure to do all things you are asked to do. Create a list with empty squares beside each item for you to check off, this will certainly impress your team. It sounds simple, but just getting the things done you are outright told to do can be difficult to remember at times, though your team members will remember.

Always be interested in your rotation: It is hard at times to maintain interest, however this is something that will definitely be in your evaluations and can boost your score. The adage “go to every rotation as it is your career” is solid for this. Your residents and attending will love to be around your enthusiasm. This is also essential because if you are not enthusiastic, it can make for more difficult and longer days.

Don’t forget why you are there: You got into medicine to help patients. Take time to learn and appreciate their stories, you can have a major impact in their hospital experience. It feels good and is reassuring to have patients say how much they appreciate you, not to mention they also tend to share this with residents and attendings.

Finally, read about your patients and pay attention on rounds to their care: You will be truly amazed when you sit down to take your shelf exams and see many of the patients on the test. Every presentation you give and every patient your team has seen are a far more rich learning opportunity than that experienced in the classroom. When your mind is tired and fragmented and you are reading your shelf questions, you will perk up on questions where you can truly say “I remember Mrs. X with problem Y. We treated her with Z.”

Be excited for the great year ahead. If you have forgotten who you are, you will remember. If you are unsure of your career path, you will find rotations you enjoy. If you need a mentor, you will meet many who will offer. If you are excited about being a physician, you will have an outstanding year.

All the best.

Craig J. Lilie, MS3
3rd year of medical school. Congratulations! You are halfway already. What's next? Where to start? It will be one of the craziest years of your life for sure. It can be one of the most rewarding experiences at times, and it can definitely be equally frustrating. You will be challenged in ways you never expected to be, and it is through these challenges that you will learn more than you ever have in your entire life. Get excited about this insane year-long journey you are about to embark upon.....This year is the reason you came to medical school.

It’s tough to give advice about 3rd year, even looking back upon it now. There aren’t many warnings that I can say with assurance along the lines of “dang, I wish I knew that ahead of time!” because every time someone gave me a warning about what a rotation would be like, my experience was a complete 180. The one thing I can tell you is there are no “bad” rotations. Perception is everything, and you will only take as much out of a rotation as you expect to gain. You’ve heard the adage “what you put in, is what you get out;” 3rd year is no exception.

That being said, the best advice I can give for your 3rd year is to just go with it and be FLEXIBLE. This can be the single toughest thing for most of us to do, but in the long run, it will pay off the most. At times, 3rd year will seem to pull you in every direction at once. The only way to handle it is to plan for what you can control and accept the things you can’t.

My last words of wisdom are to simply enjoy the field of medicine, embrace the things you are learning, and never forget your values. Your values are what brought you to medical school; they are what made you excited about taking care of people’s lives in the first place. These are things that you can fall back on when things aren’t going well and will help you through your toughest days. When you focus on compassion and caring for your patients, you will remember what is important and the real reason you are here.

It’s going to be nerve racking, exhilarating, emotional, and above all, it’s going to be AWESOME. No matter what happens throughout the year, you will make it through. You will find yourself comfortable with things you may not have ever dreamed you could do. Most of all, you get to start doing what you have been training for your entire life. Open your mind and enjoy the ride!

Sincerely,

Robert Lindeman
Letters to a third-year student          from the class of 2013

Dear Ambitious, Soon-to-be Third Year,

I’ve decided to write you this letter by focusing on some key traits that I feel are essential for your third year. These traits may come to you easily, but for me, I had difficulty embracing them at first.

FLEXIBILITY: Up to this point, you’ve spent your entire medical school career back and forth between the library and lecture halls with the occasional step into University Hospital or the VA for ACES. All of this is going to change next year as you are thrown into a new environment month after month or even from week to week. If you’re anything like me, change is exciting but equally terrifying. Studying is something we’ve all mastered. In fact, studying is what helped get us into medical school in the first place and has no doubt been your main activity until now. The thing about studying is it’s predictable. You’re on a schedule. You can plan your day. There are no surprises. Actual medicine is not so calculated. One of my attending during Internal Medicine told me, “There is one truth in medicine: There is no plan.” I’ve learned that as soon as I try to anticipate my day, it will inevitably change. Each rotation will teach you that you are at the whim of your superiors and to be ready for anything. You may get done early or you may stay late. Don’t let the hours you work dictate whether or not you like something.

ATTITUDE: During this next year, you will come across interns, residents, and attendings who like to complain. You will also come across other medical students who like to complain about their rotations. Ignore them! Every rotation is so incredibly different and your experience is bound to vary from the medical student that was on the service right before you. I did not end up with the surgery schedule that I had envisioned. I had heard horror stories from other students about one of the services I was scheduled to rotate on. Instead of expecting the worst, I decided to keep a positive attitude and I’m convinced it served me well. I ended up loving the rotation that everyone had told me would be a rocky couple of weeks and disliked the rotation that everyone told me I would enjoy. Just remember that you are a unique individual and your likes/dislikes are not a cookie-cutter match to that of any other medical student. Wherever you rotate, keep a positive attitude and good experiences will follow.

HUMILITY: If you came to medical school picturing a glamorous life as a physician, you will be disappointed by what you see during third year. Medicine is smelly, messy, complicated and unbelievably real. There will be times when you feel uncomfortable, awkward, or overwhelmed. But, it’s not about you! You and your future career are about serving others. This realization is one of the biggest pieces of humble pie that you will have to swallow. I’m not saying to neglect your own needs. I am telling you that you will be seeing patients when they are most vulnerable which is a privilege and a reminder of your responsibility – to unselfishly do what’s best for your patients.

I hope these words inspire you to make the most out of your upcoming year. Good luck and I hope this is the start to many more fulfilling years practicing the art of medicine.

Blessings,

Tracey Lindeman
Dear 3rd Year Students,

Awesome job on getting through 1st and 2nd year!! I honestly believe that it is all downhill from here and you have made it pretty much through the worst. Third year really is very refreshing and a relief from the monotony of never-ending lectures and exams although you still have shelf exams to worry about. My first advice to you is to really approach third year with a positive attitude. Nothing really ever goes as planned but try to be as flexible as possible this year. For the first rotation, everything will seem new and you will probably be nervous but just try to relax and give yourself time to adjust to your new schedule. Don’t push yourself too hard and remember to take much-needed breaks when given the chance. It will feel chaotic the first few rotations but you will definitely work out a study schedule.

Second, don’t freak out if you don’t know something!!! I have to admit that it was very nerve racking when I felt like I didn’t know anything and I was left in the dark for everything but everyone is experiencing it and just focus on trying to absorb new information. Interns and residents were very understanding and still remember that feeling of being lost all the time so don’t worry too much about disappointing them. You will not know everything and that is something you have to accept pretty quickly in order to move forward.

Next: you will probably be yelled out at some point in your rotations and want to break down and cry but learn to accept these negative remarks because it will only make you stronger. I speak from personal experience since there is a particular OR nurse during surgery who specifically targets medical students. She was extremely degrading, rude, and would always find a reason to yell at me even if I were just standing there. She made me feel useless and stupid all the time but I would remind myself that she wanted me to feel like that and so I would always zone out her insulting comments. Remember that you will meet malicious people throughout your careers and especially as medical students since we are at the bottom of the totem pole but always stay strong and don’t let it get to you. I tried to imagine it as a test of my patience and tolerance and that would get me through every one of her insults and criticisms.

Finally, I think it is so important to be able to work with others. If you cannot work well with others, your future is looking pretty darn bleak since you will almost always have to work in a team environment. Be very understanding of your classmates and do not throw them under the bus!! I have seen some people constantly put other people down so that they look better but it really just reflects poorly on them.

I wish all of you the best of luck and really enjoy third year since you are finally freed from the confines of the lecture hall!!

Grace Liu
Letters to a 3rd year

Third year is a year that you learn so much about yourself. You learn that you can get places not only on time but even early. You learn that you can look nice and presentable even early in the morning. You learn that you have good communication skills even though for the past two years you felt the opposite. You learn its best to go with the flow. You learn to not take yourself too seriously. You learn that it’s so much harder to sit down and study. Finally, every single day, you learn how much there is you do not know.

Third year is also a reality check. The first two years of medical school are spent learning the anatomy, physiology, pathology, and treatment of diseases, and the majority of our time is spent on diseases that can be cured. In the hospital, we learn about patients not diseases, and the distasteful reality is that a majority of our patients cannot be cured of their diseases. It is also important to remember that when rotations end after three to six weeks on a service, we get to move forward, but patients remain with the diseases and may never get to move forward. They may actually remain in the hospital for an extended period of time. On my very first day of third year, I had the opportunity to scrub and assist with a surgery on a patient who had a very complicated post operative recovery. Thus, my first patient as a medical student never had the chance to continue on with his life because he passed away in the hospital. Another reality check on the wards involves the chronic nature of the patients’ illnesses. Many assessments and plans for patients are not going to have plans for cure and eradication of disease but are just plans to relieve the symptoms and complications of the illness.

Third year makes you start feeling like a doctor. Attendings, residents, and patients continuously challenge you to start thinking critically to formulate a diagnosis and plan. Most patients will value the time you spend checking on them and listening to their complaints. Patients’ families value the attention you pay to their loved one. When the students and residents around you become pessimistic or unprofessionally cynical, remember we are too early in our medical careers to become cynical. Let compassion override the cynicism.

Third year is a new territory, and the unknown can be scary. I found comfort and relief from this unknown by reminding myself that the first two years of school were over and never had to be redone. The best advice I can give is to go with the flow and be a team player who is fun to work with. The knowledge and experience of taking care of patients comes with time and practice after watching attendings and residents. When you are a team player, no one minds helping you when you ask for help. Being actively engaged each day can be exhausting, but it is necessary to get the most that you can out of the rotation. You will learn something each day even when you are not aware of it. Third year is a new type of learning, so it is important to appreciate each day for what it is – a day to learn something to become a better doctor.

Sarah Logan
Letters to a third-year student       from the class of 2013

Dear Third Year Medical Student,

The transition from lecture halls to ward floors is a challenging, yet very exciting time when you see what you have learned the first two years in practice and how it applies to your patients. I believe the most helpful advice at this point is to leave you with some tips about third year.

- Third year can be a very lonely time. You don’t get to see all of your friends every day like you have the past two years. Everyone will be on different rotations, and this can be frustrating. Make sure to make an extra effort to meet up with friends, celebrate birthdays, and hang out in between rotations!

- Just because you don’t get to see your friends doesn’t mean you cannot make new ones! You will get to work with a lot of classmates that you have not really talked with before, and they can be a huge blessing as you get through each rotation.

- Work with your team, as a team! It makes the rotation a lot more fun when you are watching out for each other and making all of you look good as a whole.

- Stick with 2-3 resources as you study for the shelf exams. Do not try to overextend yourself because you will not have the time. Each person will be doing different things, so find out what works for you and do that.

- Ask for feedback if no one tells you anything halfway through a rotation. This way, you know ways you can improve.

Dr. Keeton really nailed it with “Be early, be happy, work hard, and never complain.” If you do these things, you will succeed.

Best wishes,

Annie Lu
Third year is an exciting time. It is like a round-the-world trip through medicine. Experience every specialty as though it will be your career. Learn everything you can, because for some of the rotations, that will be the first and last time you see it. Do not rule out any specialty too early.

When I started third year, I was almost certain I would choose Emergency Medicine for my residency. I had also considered Family Medicine as a route to Emergency Medicine. I put the Surgery rotation in block 1-2 to get it over with early. I was surprised to find out how much I loved surgical patients and being in the OR. I have enjoyed the whole year, but nothing has come close to surgery. Be prepared to change your mind. I think most of my classmates have changed their mind about specialties at least once.

Surviving third year is not as scary as it may seem. You possess the people skills and the intelligence to learn the material and get along with your teammates on each rotation. Make friends with your teammates, learn the names of the nurses for your patients, and help the interns. Especially at the start of the year, if you get a new intern at the beginning of the month, you may know more about the daily workings of the team and your attending’s quirks about how he/she wants you to present than the new intern. The interns have so much to do and adapt to, so the few tips you can pass on to them help more than you think. If you finish your work, always ask what you can do lighten their load. It will give you an opportunity to learn and a chance to show interest. The residents appreciate the offer and will remember later. I was surprised at how many procedures the residents let me do just because I showed interest. If the residents know you want to do a certain procedure, some of them will find you when one needs to be done.

When you first start rounding in the hospital, there will be a lot of people from whom you can learn. The fourth year students will be doing sub internships, and you will have interns on every service. The fourth year students are your best resource. They know best what your responsibilities are and what you should know. The interns are a good resource if they have the time to teach. Presenting and organizing patient information will come with practice. This year is the time to refine a system for keeping track of patient information. Observe what others do and make it your own. It is something you have to learn as you go. Every person I have met has a slightly different way of organizing information. Do what works for you.

Dr. Keeton gave you some of the best advice for surviving third year: work hard, do not complain, and do not be late. Ultimately, the only other thing more important than those three points for making it through third year is attitude. The attendings are looking for someone who wants to learn, wants to help, and has a good attitude, even if you know you do not want to pursue that attendings specialty. They know that not everyone will choose their specialty, and they respect that, but they still expect enthusiasm and hard work.

Third year is a great year. Every year of medical school just gets better and better. You get to work with patients. You are learning faster than ever. You are narrowing down your choices for your future specialty. At some point in this year, someone will call you ‘doctor.’ Take it all in and enjoy this chance to experience a taste of everything the medical field has to offer.

Nathan Ludwig
Dear MS III,

Welcome to 3rd year! Congratulations on making it this far! By now you have made it past sitting in the lecture halls during 1st/2nd year and have made it past Step 1. Now that you have learned about medicine in the classroom, it is now time to clinically apply what you know in hospitals and clinics. You will be amazed at how much you will be able to do and participate in. This year will give many students the opportunities to confirm what they have always wanted to do and, most importantly for others, make it easy to know what you don’t want to do. My best advice to you would be to approach each clerkship optimistically and always keep an open mind.

As you begin 3rd year, you must always have a hard working mindset. Many attendings don’t necessarily look at how smart you are, but more importantly, how hard you work and how you can apply new information that you have learned. For example, some may believe that blurting out all the answers and trying to make everybody look bad will impress the attending, but in reality most likely will not. Being a good team member and helping others in areas where they are deficient in order to finish up the team workload looks a lot better.

Another bit of advice is to always find time for yourself and loved ones. Third year gets very demanding and at times it is easy to forget about making yourself happy. Although you may have times when you are exhausted beyond your limit, still make plans with friends and family to give yourself something to constantly look forward to.

Lastly, remember that this year is another learning year so have fun. Don’t feel discouraged if you are being pimped and don’t know the right answers. Trust me… nobody ever knows all the right answers.

Good luck,

Lauren Lyons
It was my first week of third year, and I was still scared out of my mind when I found myself in the deepest corners of SASH with a patient that had been institutionalized for over ten years. While the scenes of every bad horror movie were running through my head, I heard my attending ask me if I wanted to conduct the interview. Hell no, I thought. Thankfully for my grade, though, my inner gunner apparently took over and I found myself saying, “sure, why not?”

The patient sitting before me was everything you would expect a crazy person to be. A dishelved, older man with long fingernails and hair that fell in his eyes when you tried to speak with him. My attending and I were called in to perform an “outside” evaluation on him because he was going to be up for his commitment hearing in a few weeks. As I worked my way through the mental status exam, I couldn’t help but wonder how anyone could stay sane living in a place like this for ten years. Sure, he was confused about the dates and seasons, but how could you not be when all you had seen for the last decade was the four walls surrounding you? I mean, didn’t I sometimes lose track of the dates or the seasons? Hadn’t I had times where I had been in the library so long that I honestly forgot whether it was day or night outside?

And that’s when it hit me. I suddenly realized that I had far more in common with this crazy man than I would probably care to admit. I thought back to all of the times I had locked myself away in the library or the days in the hospital that would never seem to end. I honestly cannot tell you the number of times during third year I went to work before the sun rose and didn’t come home until well after it had set. And don’t even get me started on the 24 hour trauma call shifts.

I know that many of you were able to survive by putting your personal life on hold until tests were over during first and second year. That approach simply won’t work during third year. There is always some conference to attend, paper to read or case to review, and you can quickly become a prisoner of the hospital. Paralyzed by your desire to succeed, it is easy to lose track of the larger world around you - your friends, your family, your children, your hobbies, even your sense of self.

I know that a lot of these letters will probably resolve around ways to “get an A” or “get into orthopedics”, but I’d like to take a different approach. I firmly believe that a degree on your wall or the residency of your choice means absolutely nothing if you are completely miserable. I don’t care what your attending tells you to do or how many hours the crazy gunner sitting next to you studies a day - nothing, and I mean nothing, is more important than your own happiness.

Susan Mauro
Dear Class of 2014,

The clinical years are a drastically different game than what you have become accustomed to during your first two years. Overall you should listen to the advice Dr. Keaton hopefully gave you at the end of your MS2 year. This year is not about how well you can regurgitate information on a Scantron, it is more similar to a series of job interviews. So when thinking about how you should present yourself during third year, just try to imagine the attributes you would want in a person that you have to work with daily. Along those lines, the best evaluation you can hope to get will include phrases such as “performed at or above the level of an intern” or “would make an excellent addition to any house staff.” Due to the subjective nature of evaluations, nothing is guaranteed to result in such a glowing evaluation, but the following items have helped me do well on the wards.

1. **BE ON TIME:** as MS3s you most likely will be the first on your team to arrive at the hospital or clinic. Now I am pathologically early, so this was an easy one for me. However, if you are not a morning person or you have trouble keeping a schedule, then get a loud/annoying alarm clock in addition to your phone. This also does not mean that being late once or twice will tank your grade, but setting up a pattern of tardiness can and will often be interpreted by the team as a lack of interest.

2. **Be interested:** Regardless of what you want to go into, keep an open mind and if all else fails then grit your teeth, smile, and fake it. No one is going to expect you to want to be a (insert their specialty of choice here) when you finish. All they want from you is a respectful attitude and a desire to learn from your time on the clerkship. If you know what you want to do let them know, often they will shuttle patients with relevant comorbidities your direction if they know you have an interest.

3. **Replace Wikipedia with Up-To-Date or Cochrane reviews:** Both of these are excellent sources for current clinical management guidelines and relevant pathophysiology. However much like Wikipedia they are only overviews and thus should not be utilized as stand alone sources. They do however have extensive lists of the resources used for their articles, and thus can serve as jumping off points for further research on your patients.

4. **Use your patients as the learning tools they are meant to be:** I have found that no amount of reading can replace clinical experience. For me, I can read buzzwords all day, but it is not until I actually see these signs clinically, that I am able to develop a reliable ability to pick these signs up in subsequent patients.

5. **Never complain...within reason.** Everyone is overworked, many of them more so than you will be as a 3rd year. So complaints will often fall on deaf ears, and can run the risk of irritating your residents. That being said if something is happening that you feel isn’t right you should speak up, because you always have a responsibility to advocate for your patient.

6. **Always offer to help:** This is how you gain experience in getting to do procedures, and it also helps you get to know the nursing staff. The nurses and other ancillary staff are invaluable resources. They spend all of their day with the patients, so they have a much better idea of how a patient is doing than you will after your morning pre-rounding. So asking them about the patient can help focus your pre-round interviews and get information on to what significant events happened over the night.

7. **Speak up:** more often than not, silence is taken as lack of knowledge. Often people stay silent because they are not confident in their answer, and they don’t want to be wrong or “look stupid” in front of the team. The beautiful thing about 3rd year is they don’t expect you to know much, so being wrong is not always a mark against you. That being said you should give your answer and if it is wrong then take initiative, and actively research the topic. This way it shows that you are actively thinking through problems as they occur and motivated to actively expand your clinical knowledge.

8. **Ask Questions:** This again helps show interest and can clarify clinical reasoning used in patient management. As you will find out this coming year, what happens in the textbook and what happens in clinical practice often differ.

9. **Be yourself:** Some of the best evaluations I have gotten were not necessarily in the clerkships that I had the deepest fund of knowledge. Instead they were ones where I had opportunities to spend time getting to know the attendings/residents/interns. Sure I answered my fair share of pimping questions during that 8 hr surgery, but I spent more time discussing golf, music, and other shared hobbies outside of the medical field. Encounters like that help you stand out when the attending is doing their evaluations at the end of the clerkship.

Best of Luck,

B. Lochlann McGee
Welcome to third year!

You have survived two years of basic sciences (that likely at times made you regret going to medical school) and four weeks of being locked in a room studying 12 hours a day for Step 1. It’s time to burn your syllabi, stash away your Robbin’s and begin the second half of journey towards becoming an M.D.

Your first rotation, no matter what specialty, will be a little stressful at first. Learning your way around the hospital, getting your Sunrise/CPRS accounts to work, learning how to round, present patients, and write notes will soon be second nature after a while. You will soon learn that: 8:00 am actually seems late (and laugh at how painful you thought 8 am path labs were 2nd year), to always carry a snack in your white coat, and how your experience on a rotation is dictated a lot by who your residents/attending are.

To be successful on most rotations you need to have (or at least portrait) a good attitude. Show up on time, be enthusiastic, ask questions, and offer to help out the residents even if it seems like “scut” work. Your interest and enthusiasm will get you a long way even if you get the questions they ask wrong. Start studying on the first day and be efficient with your study time. You can download question banks on most smartphones and do questions when you have downtime. The focus for most SHELF exams is: making the diagnosis and knowing what the next best step is to work-up or manage a patient. Here is what I found helpful for the SHELFs: Surgery—NMS casebook, Pediatrics—Pre-test is golden, Internal Medicine—UWorld & Step-Up to Medicine, Family Med—didn’t find a good resource, OB-GYN-Blueprints.

Your best allies third year are your classmates. You have the chance to meet people you have never spoken to and get to share some great (and not so great) experiences with these individuals. There are days you will love and days you will hate. If things get overwhelming and you find yourself in a state of chronic despair, take a step back, talk to your friends, go do something fun to help you “reset”. When you get a weekend night/day off, don’t study endlessly, go have fun! These are the few times you can actually enjoy your personal life which after med school (so I’m told) will be even be harder to do.

Towards the end of this year you may still be very conflicted on what specialty to choose. There are many people who are STILL deciding what to apply to. Luckily, there are many faculty and residents than you can talk/work with to help you make this hard decision.

I wish you good luck this year and try to enjoy the good parts because it goes by fast!

Jon McIntyre
MS-3
Letters to a third-year student ♦ from the class of 2013

Code Light Blue
By Vanessa Milano

One of my most poignant patient experiences began on my last call day on Medicine at University Hospital. It is helpful to keep in mind that my previous rotations included Psychiatry and Ob-Gyn, specialties where codes are infrequent, and that my Medicine clerkship so far had been uneventful.

The patient was one of those: immensely complicated and slapped on our team board at about 7:45pm. I’m not really sure what possessed me to take on this patient – as far as I was concerned I had one foot out the door and into my Neurology sub-rotation, away from the melancholy fields of cirrhosis and alcohol withdrawal, and I was already taking care of 4 other patients. Even my resident told me that I didn’t have to take on the case, to just go home and study along with the other two students. But I signed my initials next to the patient’s MRN anyway, and in retrospect I’m glad that I did.

I only met Ms. Smith briefly that night as she had to be transferred from another facility, and while waiting for her to arrive I had a chance to avail myself of her rather extensive medical history. This was a case of unexplained fever and altered mental status in a 23-year-old African American female with a history of insulin-dependent diabetes mellitus, cryptogenic cirrhosis, renal failure, severe pulmonary hypertension, tricuspid regurgitation, and recent hemorrhagic CVA status post rehabilitation with lingering neurologic deficit. She obviously met criteria for SIRS, but we didn’t have a good lead on a source of infection – equivocal chest x-ray, no peritoneal signs, no UTI – nothing besides fever, tachycardia, and possible AMS (it was difficult to assess since we were unsure of her baseline post-CVA). Over the next few days, cultures and further workup were unrevealing; meanwhile, the patient was increasingly demanding and, dare I say, sassy. Some days when pre-rounding I knew she was awake because I could hear her screaming at the staff from the hallway. She was given pain control and benzodiazepines without much success; meanwhile, the team (including nursing staff and myself) became desensitized to her behavior. Maybe this was why we didn’t notice how Ms. Smith gradually became less vocal and spent more time somnolent – perhaps we were relieved that the patient was being less disruptive, or we were content that it seemed like whatever was paining her had abated.

A few days later, it was a morning like any other for me: wake up, curse having to wear professional clothes instead of scrubs, coffee, pre-rounds. I usually didn’t see my patients in any certain order, and on this particular day I started with my alcohol withdrawal patient. No events overnight, still getting enough ativan to sedate a horse, done and moving on. Next was Ms. Smith.

As soon as I walk into the room, the overnight nurse pounces on me. “I can’t get Ms. Smith’s blood pressure and she is very sleepy – she hasn’t been able to take in anything po and she has no fluids ordered!” Hmm. I recall vaguely that Ms. Smith was less talkative than usual yesterday, and was pretty sleepy when I left to go home – er, to the library. This morning, though, Ms. Smith was unresponsive to both command and sternal rub on my exam – she offered no resistance when I opened her eyes to check her pupils. Meanwhile, Pam, the nurse, continues to attempt manual sphygmomanometry on Ms. Smith’s various thin limbs without much success. Well, nuts, I’m just the medical student – this white coat is about 2 feet short of being a source of any form of authority. I feel like I’m on the front line of battle without any weapons to speak of, and in an instant it hits me – this could be bad. Like, really bad. Time to get help.

“I’ll get my resident,” I blurt, and I dash for the nearest phone. That’s when I realize I don’t have the resident’s or the intern’s phone number on hand, 3 weeks into the clerkship. Idiot! Unable to think of anything else, I sprinted down the ward and into the team room. “We have a situation with Ms. Smith,” I say calmly, even though it probably came out more like “w-w-we s-s-ituation w-w-gnarrrrrr.” I brief the resident on the way to the room and somehow I manage to produce this morning’s EKG from my coat pocket. We arrive to find no change in Ms. Smith’s condition, like time had ground to a halt.

“500cc bolus of normal saline, right now, and let’s try to get her blood pressure with ultrasound.” The resident has taken charge, and suddenly I feel like I’ve acquired a bazooka. While the bag is running and the tech gets set up for the ultrasound, the resident and I continue attempting to rouse Ms. Smith. At some point I’m handed a pair of gloves in case of...what, exactly? I’m not
really sure.
The ultrasound tech looks up. “I think I’m getting her systolic in the 60s…I can’t find her diastolic.”

Unperturbed, the resident says, “Hang another 1 L of saline. And keep trying.”

Suddenly, I’m aware of shuffling feet behind me. I turn around, and – when did all of these people get in the room? It was then that I realized – this is the prodrome of code blue, and I’m the person closest to the patient. “You know what medical students are good for?” I remember my resident saying, weeks ago. “Chest compressions.” I tried to gather enough saliva from my suddenly dry mouth for a gulp of epic proportions.

Thankfully, I didn’t have to test my resuscitation skills on Ms. Smith...she had enough problems already. “I’ve got a systolic of about 90 and a diastolic of 55!” the tech announces, and it is absurd how much I want to hug the guy. There is a collective sigh of relief and, even better, Ms. Smith begins to flail against our merciless sternal rubs. Eventually Ms. Smith’s blood pressure recovers, and the mass of emergency personnel files out in the same perfect soundlessness that they entered with. Only time would determine whether Ms. Smith was hypotensive for long enough to cause permanent brain damage, especially given her baseline decreased brain reserve.

After the excitement was over, I had the curse of time to think. What if I had seen Ms. Smith first out of all my patients? What if I had the forethought to ask the nurse for the now-obvious – normal saline – or what if I had been able to page my resident right away instead of wasting time booking it to the team room? How many brain cells did my near-sightedness destroy? Despite acknowledging that the past is immutable, I couldn’t help but return to these thoughts over the next few weeks and well into my Neurology sub-rotation. I vowed to be prepared – with knowledge, confidence, and the right resources – for the next time I walk in on an acutely deteriorating patient, because there will undoubtedly be countless “next times” (and indeed there already have been). That said, I don’t take a patient’s stability for granted – anything can happen on the wards at any time, and I’ve learned to be proactive with following up on my premonitions.

Over the next few days, Ms. Smith developed frank scleral icterus and abdominal pain with tense ascites. Waiting for paracentesis was unbearable for her – “I just want to get this fluid off of me! When are you going to take it off?” she cried. I explained to her that she needed to go to dialysis first. “Why won’t you guys just do what I want?” she whined. It seemed like her attitude was back to normal at least, and I was thankful for that much. As I was about to leave, Ms. Smith grabbed my sleeve – this seemed to be her preferred method of getting my attention. “Hey. Why is all of this happening to me? I’m so young.”

Indeed, she was only 23, one year younger than I. It was undeniable that no one really knew what was causing all of her problems – she had even undergone evaluation for hemochromatosis and amyloidosis – and our team was only managing her sepsis so that she could return to rehabilitation. It could have easily been me in the hospital bed. “I know,” I tried, “you’ve been through a lot, and you’re so strong.” Stronger than I think I could be, in your position, I added to myself. Suddenly all the demands and irreverent attitude made sense – surely years of helplessness, frustration, and disbelief wouldn’t lead to a sunny disposition. Frigid guilt for the critical way I regarded this patient crept through my insides.

“You guys don’t understand,” Ms. Smith sighed. “You haven’t had to go through what I have.”

She was right. I’ve never been hospitalized for anything, and I’ve never been seriously ill. How could I even begin to understand what she was going through? Maybe it’s my personality, but I find that I easily become unsympathetic when dealing with patients on the wards – how many times, even in the last few months, have I had patients be admitted repeatedly for conditions that were the result of their own neglect? But then I remember Ms. Smith, and about how I don’t really know anything about how these patients ended up this way, even if I can pontificate on the exact pathophysiologic mechanisms. It’s not my place to judge, just to help them get back on their feet and maybe, just maybe, I can understand the pathos of my patients a little more.
I had waited for 3rd year for years. Finally, I would get to see patients and put to use what I had been learning practically my whole life. This is the year I knew I would love. This is why I became a doctor. I was on my surgery rotation and I was to observe a procedure in the OR where a young thirty year old was having surgery on a large unknown mass in her abdomen. As I read this lady's chart I could not get over the fact that she was just years from my age. The surgeons were perplexed. General surgeons, urologists and staff were trying to relinquish this patient's vital organs from the mass. Was it ovarian, or colonic, no one knew? The surgeons did the best they could to remove the mass. The next few days I visited the patient on morning rounds. Her room was filled with flowers and “get well soon” signs. I felt for this woman, and the fact that there were many unknowns about her tumor. I usually only had a minute or 2 with her in the morning. I wondered how I could make her day better, help her to cope with all the unknowns. Many times I saw her I felt helpless and just smiled to see if she would receive the facial gesture.

Third year is challenging and rewarding. I learned much about medicine’s humanism. Doctors do not have the cure to everything. Unknowns can be common and very honestly doctors are humans who make mistakes. I started to learn during my 3rd year how to cope with the emotional aspect of healthcare, the face of a thirty year old with cancer, the smile of a child with a liver transplant; they made all of my hard work pay off because I was honored to be able to influence their life, possibly be a smile in their day and encouragement to be strong. I think in the end I realized that 3rd year pushed me to realize that indeed I am human, to realize that I could not take on the world’s problems but truly I could help patients. This is what I want to do. I want to be the best at what I do, and make the most impact through quality of care for to me there is nothing better is a doctor who is honest, open, sincere, and truly human.

Brooke Mohr
Third year is a giant, soul-sucking, insane, long, long, long, rollercoaster. It is also, in some ways, everything we’ve been waiting for since we were little pip-squeak premeds who thought we were all that because we did well in Orgo.

→ Keep an open mind. I know everyone says that, and it makes you want to roll your eyes back into your skull, but it’s true. I am seriously considering a specialty I never ever would have considered before, even scoffed at had someone suggested it to me. And even on rotations you aren’t a fan, you can learn things that will help you out later on (polypharmacy stuff on Psych, diabetic meds on Family, indications for intervention on Surgery etc).

→ Keep track of what you like and don’t like about each rotation. There will be specific parts of each that you like and dislike. When it hits you, write it down. If you’re having difficulty at the end of a year choosing your specialty, going over those points can help clarify what you want.

→ Be prepared to catch a little flak. Let’s face it: medical people are weird. I went to an undergrad institution where pre-meds are famous for being annoying and irritating. I’d forgotten that in my time at UTHSCSA, where I feel like the student body is generally very well adjusted and happy. Plunging into the vast, bizarre array of humanity that comprises the professional staff of UH/Santa Rosa/Brady Green brought back all those memories from undergrad. YOU WILL NOT BE ABLE TO MAKE EVERYONE HAPPY. You can be the bestest person that ever was, and someone will still not particularly like you. It does suck- I never thought I had a thin skin, but it can burn. Don’t let it get to you. There are an endless array of personalities in a busy hospital like UH; pleasing all of them is mathematically impossible. Behave yourself, keep your head down, do your best, and you’ll survive. And if you really feel like you’re being unfairly evaluated, speak up! (Keep in mind I don’t mean fussing because you got a 4 out of 5 on an eval). The clerkship directors are universally AMAZING, sympathetic people who are on YOUR side. Document any problems that arise, be understanding and non-demanding, and they can help you out.

→ Put yourself out there. Ask the dumb questions, even if you feel like the attending would expect you to already know about what you’re asking about. Attendings will give you infinitely different perspectives than what UpToDate spits out at you. Don’t freak out if you don’t know an answer. Breathe, calm your brain down, think about what you know, try to make an educated guess. And if you can’t? Repeat after me: “You know, I’m not sure.” It won’t kill you when it escapes your lips.

Third year is long (literally a little over a year long, with one three-week break). That’s it. You will be tired, you will occasionally sleep in and have to run to work without showering (yep, deal), you will eat all sorts of weird unidentified “food” from UH cafeteria. You will spill things all over your white coat and lose your supplies all over the hospital. You will smell lots of bad things. Bad, bad things. You will spend hours filling out lots of silly paperwork. You will forget to check labs and not remember the answer to pimping. And…. you’ll be fine. Really. This too shall pass, a heck of a lot faster than you think. And…you will catch babies, and tickle well-child check kids, and comfort the families of demented elders. You’ll see the insides of people’s guts and find ways to explain fascinating diseases to them in ways they can understand. You will tease patients about their favorite sports teams and their teenage kids. Patients will hug you and thank you and curse you and make you the highlight of their day. And every now and then, YOU WILL MAKE THEM BETTER. And right then, you don’t care how dirty or tired or frazzled or dumb you are… because it’s so, so worth it.

Michelle Moller
Dear Third Years,

If you feel scared right now— that’s ok. We were all terrified last year but that feeling soon disappears. Below is a small summary of things I learned during third year.

The first day of every rotation sucks— It just does and there really isn’t any way around it. This feeling fades quickly. Help out your classmates by giving them a heads up about a location’s schedule and expectations.

Be Nice to Everyone- Don’t be surprised if the nurses/cases managers/scrub nurses hate you on the first day. Unfortunately, they have been on the receiving end of poor treatment in the past and they occasionally pass it on. However, these individuals are quickly won over. If you are kind these individuals will bend over backwards to give you the information you need and keep you out of trouble.

You are part of a Team- Always ask your interns if they need help because they have far more to do than you. Also, DO NOT throw your fellow medical students under the bus. If you do everyone will know and your reputation will suffer in the eyes of your classmates/residents/faculty. As a side note if you make it halfway through the year and you haven’t heard all the gossip about your classmates that break this rule— consider for a moment that it might be you.

Always Read/Do Questions- The shelves are hard so it is best to start studying early. The more questions you go through the better— if you don’t want to buy all the books you can borrow from the OAE. You will have some downtime on your rotations and it looks much better to be sitting reading rather than chatting.

Sleep is important- Sleep is so crucial this year. If you have bad sleep habits get it under control now!! I’ll say it again— sleep is important. There will be days where you will find yourself lusting after sleep.

Don’t sweat the small stuff- Every once in a while you will have a bad encounter with a resident, faculty, or patient. These events are traumatic and can leave you doubting your intelligence, personality, or career choice. It’s important to remember that everyone has bad days and that the world is bigger than your evaluations.

So at the end of this list of advice it is also important to say— take all advice will a grain of salt. You will hear harsh things about attendings or rotations that are not necessarily true so it is best to go into every situation with optimism.

Third year is a great year- you are finally getting to see what it really means to be a doctor.

Sarah Neill
MD/MPH 2013
You are about to embark on the journey that is third year; get excited. The year is fun, tiring, challenging, exciting, depressing, and long. Yes, all of these adjectives will likely be encountered during the year. It is the year that you actually “pretend” being a doctor; your first true clinical experiences in medicine.

First, I have coined the phrase “a series of awkward moments” to describe the year. You are constantly wondering what I should do, when I should ask to go home, meeting new residents that make you feel awkward, etc. It is how you handle these awkward moments that determines how well you do throughout the year. Just be ready, the awkwardness starts day one. You show up to your clinical site having no idea what is expected of you, and often, the staff/residents are not very helpful in helping you figure out what the heck is going on. It happens to everyone; you are not a bad medical student. Just be proactive and act interested; everything will fall into place. The description that the first day of the new rotation is only good for getting the course syllabus material and finding the bathroom is completely accurate. If you have done this, then go home and celebrate your success; if not, then try again the next day.

Most importantly, remember the wise words of Dr. Keeton. Always be there on time (or early), stay late, and act interested. If you do this, you will succeed in third year, no matter how much or little you know. Plus always remember that attendings often ask questions that they know you do not know, don’t be afraid to guess or just say you don’t know; then really impress them and put together a short (1-2 minute) oral presentation over the topic of the question the next day. This gets you big time brownie points, what evaluations are all about. It’s not how much you know, it’s how you deal with not knowing things (90% of the time) and how you show you are actually interested in the subject (even if you aren’t-90% of the time). If you hate a rotation, which will happen, just suck it up and pretend like you LOVE it. Ask questions, act interested, and don’t ever complain; this will allow you to succeed even during the depressing months of third year.

FM- study hard, this test is a beast. It is all facets of medicine from peds to geriatrics, ob-gyn to dermatology.

Peds- not too bad of a test. The nursery week is awesome, really put time/effort into your NICU babies. Look up papers, come up with ideas of treatment, etc. It will make your evals rock.

Surgery- great rotation, super awkward. The first day you scrub in is probably my most awkward moment of medical school. You stand there trying not to break the sterile field, really awkwardly. Always get to your cases early and help the nurse prep the patient, put in the foley, etc. When you are wrapping up the prep, ask the scrub nurse if it is a good time to scrub. Always try to be scrubbed in ready to go before the attending or resident get there. As you learn more about the cases, try to be one step ahead. If the surgeon is tying a suture ask the scrub tech for the scissors, etc. On call, ask to do everything, you will gain invaluable experience. The test is hard, but you can do well even with a poor score so don’t fret just work hard and get good evals.

OB- um get up at 4 and be there by 4:45 to get a computer. This will make your life so much easier. The rest is just hard work and more awkward moments.

Psych- nice and crazy. Easy schedule and rotation. Act interested and you will be fine.

Med- just started, ask me about it in 11 weeks. Step 2 is mostly medicine, so learn it here and hopefully you will be ready to nail it.

Tokens- it’s ok not to know everything. You can do well during third year with poor shelf scores if you follow Keeton’s advice. Pretend like you love everything! Spend time with your patients; you can have some very special relationships! You are the lowest of low on the totem pole. Take advantage of this. Come up with treatment ideas based on your knowledge and/or research. What’s the worst that can happen? They might say that it’s not a good idea, but then in the same breath say, “Good idea though, you are putting lots of effort into your patients and their conditions.” Translated that means, “You are trying and giving effort; you deserve an A evaluation.” For example, I had a NICU baby with down’s and possible cholestasis, the baby was too small to do ERCP safely. I went home and read some papers about MRCP in babies and presented the option in morning rounds. The attending stated that she didn’t think the hospital had the resource, but good idea. Two weeks later I looked back in the chart and found that the child did have an MRCP done by an outside specialist. A week later, I say the attending in passing and was personally thanked for the idea. Just throw out ideas, you never know when they might stick.

Matthew Nielsen
Dear Third Year,

In an effort to give you some helpful hints that go beyond the obvious (‘be on time!’ ‘always smile!’), I have compiled a list of things I would like to have been more aware of at the beginning of my own third year.

- Much of your clinical evaluation is based on your ability to present your thoughts in an organized fashion. This to me was the most important! The residents and attendings already know the information you are giving them, and are more concerned with ORGANIZATION (SOAP format) than content. Content will come, and the doctors will quickly correct your content, but ORGANIZATION is the skill you need to learn. As ORGANIZATION becomes more of a habit, correct and thorough content will be easy to fit in.

- Give a plan anytime you can. A very close second in terms of importance. If you tell the resident or attending how you want to manage a patient they will know you are thinking about the symptoms, physical exam, and lab values you just regurgitated. Sometimes the doctor will ask for a plan, sometimes not. Don’t wait until the doctor asks for a plan to offer yours. If they disagree they will teach you how to think better.

- It actually goes by really fast! Medical school is technically only halfway done, but now you are this side of Step 1, you are actually doing medicine! In a few months you will be finalizing your decisions about what kind of doctor you want to be, planning your 4th year and preparing for Step 2. Third year will fly by, so enjoy the experience for what it is and the knowledge you will take in during this time.

- Scrutiny is the hardest part. The hardest part of the third year is the constant scrutiny from attendings, residents, and interns. Just like in the world of dating, the best you can do is be yourself, albeit the professional version.

- Give your gloves to the scrub tech. If you want start off on the right foot with the scrub tech give them your gloves (unders and overs) before you scrub in. This will make a mean tech a little nicer, and it will make a nice tech’s job easier.

Sincerely,

Paul Oler, Class of 2013
I was terrified.

They told me that I wouldn’t hurt anyone, that I would be fine... and most importantly, that it was impossible that I would ever kill anyone. But that didn’t change much, I was terrified the day before I walked onto the wards as Student Doctor Stephanie Opusunju.

Now that I look back on what I went through, and I try as hard as I can to leave the third years to come some nuggets of wisdom to help alleviate the anxiety that will undoubtedly accompany them on their first day of third year clerkships, I am somehow at a loss of words. All that I can say is that you will make it, you will surprise yourself with how much you know at the third year, and you will understand how much more there is to know. The most important teachers you will have will be your patients. They will teach you resilience, patience, compassion, and they will give you the priceless gift of experience.

You will have several names throughout the year; doctor, nurse, tech, student, and sometimes you will have no name at all. But remember, humility is the lesson plan for most days, go in knowing that you are the only person paying to be part of the staff of the hospital or clinic. You are paying for the experience, and the best thing to do is to get what you pay for. Volunteer for the small tasks and you will be offered bigger tasks. I found that when I was asked to do things and I answered with “sure” instead of yes or okay, I sounded more enthusiastic about doing the task no matter what it was. Attendings and residents seemed to think I was more enthusiastic, and in fact, I felt more enthused about doing the task no matter how many times I had done it, or how seemingly unimportant it was.

I would like to write a long, eloquent letter about my experiences and leave you with a perfect picture of what it will mean to be a third year, but it is different for everyone. Here are just a few tips:

1. Be nice to everyone, smile and say hello to physicians, nurses, techs, janitors and anyone else you come in contact with.
2. Hold on to the compassion for your patients that you have developed through the years. Patients will disappoint you, ignore you, and sometimes berate you, but you must hold on to compassion. I believe losing compassion leads to losing the zeal to practice medicine.
3. If at first you don’t succeed, try-- try again.
4. For the first time you will be a working student, you have 2 full time jobs now, studying on the wards and studying at the library-- don’t fail to put time into the second part of your job.
5. Learn now to have confidence in yourself, no matter the circumstance around you. There will be times that you feel like you have the IQ of a rock. That is normal, keep working hard and the knowledge and skills will come.
6. Build your support system now. You will need all the words of encouragement, advice and listening ears you can get third year.
7. Have an open mind. Get ready to change your mind about what you want to be when you grow up several times this year. Have fun making the decision. And choose wisely. Do what you love to do and what you are good at, make sure not to fulfill one without the other.
8. Get ready for the most amazing year of medical school to date. You will know yourself better after this year. You will likely figure out what you want to do for the rest of your life by the spring of 2013. You are well on your way to becoming a fantastic physician. Get excited!

Sincerely,

Stephanie Opusunju
Dear MS III:

Congratulations, the Basic Science grind is over! Next year when you are writing this letter you will look back and wonder how you ever managed to sit through these past two years. The best advice I have for you now is to relax, there is a lot of talk about 3rd year but it is seriously not anything to be stressed about. In my letter I decided to simply list a few things that may be helpful to you as you prepare for the upcoming year.

1st and 2nd year = sitting; 3rd year = standing. Get some comfortable dress shoes, I’m not talking custom-fit geriatric orthotics but get something you can stand in for 5hrs and still look good...really good.

Get comfortable with being uncomfortable. As soon as you begin to settle into a routine and have your morning commute timed out perfectly, you’re resetting your alarm, driving to a new place, working with a new population of patients, and logging into the computer with a new ID. It’s all about flexibility. The reality is that for most of the year you will feel like you have no idea what is going on.

1st and 2nd year = a lot of time alone studying; 3rd year = a lot of time working with others. Remember that it’s not a competition among the students so please get along with your fellow MSIIIs and work together. You may not want to believe it but often the students aren’t viewed/remembered individually but rather as a group; a group of good students or a group of not-so-good students. Try to be helpful and work as a team, have each other’s back, and be a rock-band rather than a rock-star.

As an MSIII there will be moments when you feel like you are in the way and you will wonder why you are here. I believe it is completely normal at times to feel this way. Try to find one good experience every day and be grateful for that moment. Being a medical student on the wards is tricky, especially at first. Learning to navigate the waters takes a bit time and comes with experience. It’s something you can’t plan for but just have to figure out, and rest assured that you will figure it out. Be grateful for the good days, take shelter and weather the storm during the bad. One person’s bad day will get pushed onto another, gaining momentum and rolling downhill...guess who is sitting at the very bottom of the hill. Have your head on a swivel and keep your feet moving, if it happens to hit you try not to take it personally.

During 3rd year your teachers are there to be physicians and to care for patients, as the student it is your job to learn. This is a dramatic adjustment from the traditional student-teacher relationship of being spoon fed information while sitting in a desk. Moments of “formal” education may be few and far between, a lot of times it is up to you to seek out and work for your own education. If you have extra time on the wards go hang out with your patients, just sit, talk, and shoot the breeze. It’s amazing what people will tell you; no doubt you will learn a lot of very interesting, not always educational things.

Most of your time 3yr year will be spent with the residents, doing resident-esq work and living a pseudo-resident life. Try to look beyond the temporary life of the resident and see the life of the practicing physician in that field; this may help you get through a crummy rotation experience in an area of medicine that you may truly enjoy.

Finally, be sure to plan activities to hang out with your friends, especially those on other rotations. As an MSIII don’t forget to be extra nice and friendly to any MSIV students on your service. Even though you won’t need it, I sincerely wish you the very best of luck and congratulations once again!

Joey Peevey
Dearest third year medical student,

Congratulations on surviving the first two years of medical school! I hope you got to enjoy a nice little break after the worst 6-8 weeks of your life. If you don’t know what I’m referring to, congratulations! You are now versed in the art of memory repression.

If there’s one thing you have learned thus far, I hope it’s “don’t take anyone’s advice at face value.” That said, here I am to share with you some of my anecdotal recommendations. Please don’t take me too seriously, because I don’t.

1. You don’t work all the time, and you don’t study all the time. You have more than one day every six weeks to hang out with your friends and you know it. Don’t say you are too busy to grab dinner, because you and I both know that you’re just going to turn on Hulu and eat bugles all night. 1 hour of dinner with friends and 1 hour of good studying vs. 2 hours of bugles and Glee with your book on the couch next to you. Your call.

2. Show up a few minutes early. This will relieve stress on your part because now you have a few more minutes to scribble down those oh so important electrolyte levels. Also, it’s a good idea to text other students on your rotation when they aren’t on time so you can vouch for them when the residents start wondering aloud where your colleague is.

3. Don’t sweat the shelf. Every rotation someone wizened fourth year like me will surely tell you that your current rotation has the hardest shelf of them all. I heard it on Pediatrics, I heard it on Family, I heard it on Medicine, I heard it on Surgery. I didn’t hear it on Psych...

4. The point is, the more you stress about that exam the less you are going to learn. Just pick something and read through it. Focus on learning what you can on the wards and at the clinic.

5. Regarding review books, everyone has their own style. I like case files because it’s easy to read. Never let anyone tell you that you “NEED” Blueprints for family, or “NEED” Step Up for medicine. I think that these publishers pay off medical students to scare each other into buying new books, and frankly I’m upset that I was overlooked for a contract.

6. Be a team player. Nobody likes a gunner, especially your residents and faculty. If you want to burst into an article presentation during rounds, you should probably mention it to your fellow medical students so that they can prepare something for later. Also don’t do this daily, it’s annoying. That being said, if another student is ruining your experience on a rotation please tell someone. Chances are your residents have already noticed and will make an effort to help remedy the situation, but if you don’t bring it up you’re gonna have a bad time.

Lastly, flip through the rest of this book. I’m sure there are some really great heartwarming tales of compassion written by far more eloquent students than myself. Take those to heart. Spend time with your patients when you can, as often as you can. It will mean the world to both of you.

Good luck, and don’t forget to have fun

Chris Ponder
Dear MS3,

First and foremost, congratulations on being done with the classroom, slaying Step 1, and surviving your post-Step adventures. Now you begin the part of med school that you really signed up for, the part that will make you feel like a real doctor, the fun part: clinical rotations. As you embark on this endeavor, here’s some advice to help with your third-year.

**Follow Dr. Keeton’s advice:** At the end of your second year, Dr. Keeton discussed with your class the keys to success in third-year: “show up on time, do what you’re told, never complain, and be happy.” This advice seems very straightforward and common sense, and it is. It is also the foundation for success in third-year.

**Be a good teammate:** This also sounds common sense and you expect everyone to do it, until you get thrown under the bus by someone who you trusted and with whom you have to work for 6-12 weeks. Be a good teammate and lead by example by being respectful, equally dividing the cases that you get to “scrub in” on, seeing an equal number of patients, sharing the “good/cool/rare” cases, and NEVER throwing your fellow MS3s under the bus. Also, remember that you’re an **ADULT in Medical school**, not a child in high school, if you have an issue with one of your teammates, discuss it with that teammate directly rather than talking about it behind their back with other MS3s/residents/attending.

**You WILL make mistakes:** You will discover very quickly that no matter what you do, there is always a lab value that you didn’t look up, or a question you didn’t ask the patient that in retrospect seems like the most obvious question in the world, or an easy question that your attending asks you on rounds that you answer incorrectly because you are tired. Don’t feel bad, ALL medical students will make mistakes at some point. What you must do is: be honest, take ownership and accountability for your actions, and learn from each of your mistakes. If you do, you will find that you make them less often and that in turn will make you a better clinician.

**Volunteer and try new things:** You will get the most out of EVERY single rotation if you volunteer to do things: you learn much more and it shows faculty and residents that you are a proactive student. If there is something that you do not know how to do well (i.e.: breast exam, suturing, interpreting X-rays/CT/MRI, etc…) ask the faculty and residents to show you, because all faculty and most residents are interested in teaching and would be happy to do so. Remember that third-year is part of YOUR education; make the most of the experience by being proactive.

**Quick thoughts:**

1. **Bring snacks** – you never know how busy you will be and if you will have time to get lunch, so keep snack in your backpack and white-coat.

2. **Wear comfortable shoes** – you are going to be on your feet most of the day, you might as well be comfortable while doing so. ***On surgery, trauma call, and OB/gyn, wear water-proof shoes in order to avoid getting blood, amniotic fluid, or vomit on your socks and feet.***

3. **Keep an extra pair of scrubs in your backpack or the scrub-machine at UH** – this will be of great service to you on rotations (especially OB/gyn and Trauma call) where you are at risk of getting blood, vomit, amniotic fluid, or feces on you (yes, there were multiple people in my class that had all of the above on them at some point during third-year!)

Best of luck!

**Ata Rahman**
Dear current third year medical student and future physician,

An attending on my first week of third year told me, “You can accurately predict the future by creating it.” I think he is pretty spot on. To say that third year is incredible is an understatement. They don’t shove a syllabus into your face at this point, so you are in more control in many ways and not so much in other ways.

Timing is everything so keep an eye on the game clock. Rotations sometimes seem like they drag on forever but looking back, they went by exponentially faster than I had ever imagined. Set up an outline for a game plan. Write down all the books that are potentially in your study arsenal. A lot of these are at the OAE. Include your Q-bank(s) or Q-books in your plan. Count the days you have to study before the exam. The key is to ask yourself if you are Superman or Superwoman which none of us are and cut down the study schedule into something more human. It’ll still be hard but it’s better to know a few solid sources of information inside and out rather than skimming tons of sources.

Learn like a kid, Think like an adult. Do you remember in the Lion King when Mufasa told Simba about the Circle of Life? Yes you did. As a child, you actually paid attention and had a better appreciation for the interconnections of life. I had to plug in the Lion King somehow. That being said, you have crammed into you a wealth of information, but we’re all still taking baby steps. You’ll be in new environments and meeting new people constantly. Approach each day with a sense of wonder and intrigue. It helps fight against the drudgery of routine. At the same time, you’re growing up slower than the speed of information so keep reading because things change faster than people. Lastly, growing up doesn’t mean being a stiff. Attendings and residents appreciate a lively twist on what they already may know.

There is a minimum of one victory per day. There will be times where your attending or resident have a bad day and take it out on you or your patient is not doing well. You have a choice NOT to feel down and out even though the hierarchy isn’t your best friend. Triumphs are not exactly a rarity but they take a little more effort to acquire during third year. Remembering the few good things that happened in a day go a long way in dismissing the bad parts.

Take care of yourself. I lost count of the number of times I had to scarf down a meal. I think one day I lost my sense of taste for a few seconds. Sleep is valuable as gold. You will keep hearing this all the time, so I say it again. Take care of yourself!!! You don’t want to be the med student that faints in the OR. Treat yourself to a nice meal every now and then. Get a tub of ice cream and share it with your best friend while you recount stories of how ridiculous third year can be. To take a break from medicine, I started baking cheesecake and sharing it with my friends, and it has made a gigantic difference.

There exists people outside the hospital. Remember your family is awesome and they want to know you’re alive. Your friends outside of medical school think you are Dr. House so impress them with new vocabulary of words with more than nine syllables. Wipe that dirt off your shoulder and be proud of what you’re doing. But all in all, know that a medical student is only one of many roles in your life.

We’re all in the same boat. Third year is a time to shine and show off yourself, but realize you’re on a team and your teammates want to learn as badly as you do. When the spotlight is shined on your teammate during rounds, let them finish their statements and answer their questions. If you have a question, save it until after they’re done. If they start stumbling, ask the resident or attending if you can help them out but don’t answer the question directly.

At the end of the day, you’re one day closer to becoming a doctor. Don’t step over others because that pretty much negates your validity as a person who wants to help others. I speak for myself and I hope it holds true for others that my team was like family to me. Work hard for them, and they’ll work hard for you.

Lastly, if you have a teammate that just isn’t optimal. For instance, there are always stories of someone who is late to rounds and/or takes two hour lunch breaks. Constantly, your team may ask, “Where’s so-and-so?” Don’t make it your responsibility to make them look bad and don’t complain about them. They are already doing damage to themselves. There comes up a point where you may have to say something (i.e. the patient is getting his optimal care) and then its fine to interject. Otherwise complaining about it knocks you down a peg professionally and mentally.
A word about residents and interns. They are a relatively short distance out from med school and they rely on you for nuances in diagnoses as crazy as it sounds. For instance, they may forget about c-ANCA and when you remind them of it, you will get a gold star. They can be your best friends and mentors so always ask them for help. Ask about subtleties on presentations so they can help you impress attendings. They were once in your shoes not too long ago.

A word about attendings. The majority of my attendings have been awesome. They want you to learn and they’ll be picky about your presentations. It’s tough love but they want you to excel. They have a sense of pride in you as their student. I’ve always heard of horror stories with the attendings, but they are a rarity. Unfortunately, I have encountered one such attending. Have a threshold for taking verbal abuse but there is always a line one can’t cross. That happened to me, and I went immediately the clerkship director. The sooner you tell them of an infraction, the better.

Blurbs about clerkship studying. I haven’t done Ob-Gyn or Psychiatry yet but I’ll give you my game plan. Be sure to go over Emma’s reviews the week of the shelf exam. They are on the OAE website. I kind of went all out with studying but remember, do what you can.

- **Family Medicine** - Pretest, Case Files, Sign up for AAFP questions quick.
- **Pediatrics** - Uworld Qbank, Case Files, Weekly quiz material, Pretest (use this the last week, it’s clutch at that time), Emma Ramahi’s review. (Blueprints helps for ward pimping)
- **Internal Medicine** - Step Up to Medicine, Uworld Qbank, Emma Ramahi’s review
- **Surgery** - Midterm exam: Pestana packet and weekly handouts.
- **For the shelf** - Uworld Qbank, Pretest, Case Files, Emma Ramahi’s review.
- **For the wards** - Surgical Recall (occasionally used)
- **ObGyn** - Blueprints>Case Files, Pretest, Uworld Qbank, ACOG questions
- **Psychiatry** - First Aid for Psychiatry, Uworld Qbank, maybe Pretest

Last but not least, less is more and I certainly have not done the greatest job at it with this letter. Nevertheless, Dr. Keeton does a great job of it so always keep his advice in mind about third year. It makes a huge difference.

Be Early  
Be Happy  
Work Hard  
Don’t Complain  
Stay late

I wish you the best of luck,

Sincerely,  
**Shushan Rana**
Stefani (Hawbaker) Reinold
Reflective Essay
*Names have been changed to protect anonymity.

I did not know what a “rock” was in the medical world until I met Mrs. Garza. Mrs. Garza was a kind, pleasant 64-year-old Hispanic woman that had presented with fluid overload and decades of untreated hypertension and diabetes. What should have been a textbook 3-day diuresis turned into a prolonged 14-day hospital stay complicated by an Acute Kidney Injury and a communication battle with nephrology doctors. On my first day of my second month of inpatient wards service, I was assigned to follow Mrs. Garza because our resident thought she was a good teaching case. Before long though, the anesthesiology intern coined Mrs. Garza a “rock” and the term quickly picked up notoriety within our whole team.

Mrs. Garza had an heir of confidence, grace, and humility. She always recognized medical students’ contribution to her care and thanked all members of the team on rounds. Despite years of distrust for doctors, she admitted to me that she now took her care seriously and claimed, “It’s my responsibility to get better now— not just the doctor’s.” We all dream of patients that take control of their chronic health issues; Mrs. Garza was one of them. She was dedicated to controlling her diet, becoming more active, adhering to her medication regimen, and improving her overall health. Her faith in God made her even more delightful to have under my direct care. In the midst of caring for patients in a hospital setting, we often forget that patients are still people.

On an early Sunday morning, we were rounding with an attending that was not familiar to Mrs. Garza’s case. Sure, he read our checkout notes and maybe the H&P written on admission, but honestly, no one was more familiar with Mrs. Garza than I was. I had spent nearly half an hour with her every morning for 10 days now (she liked to talk to me about her kids and grandkids, which took up at least 30 minutes of my mornings). When we walked in to see Mrs. Garza, her daughter was in the room; she had brought her mom barbacoa breakfast tacos on corn tortillas. We were all a little taken aback, even me. She had been strictly adhering to her diet and had made daily claims of taking better care of her body through her diet. And now, she was about to eat more than her recommended sodium intake for a week! I wanted to scream out, NO! …but held it in out of respect for my team and for Mrs. Garza. My attending however did not hold anything back. He proceeded to berate her for about 5 minutes on the “evil” she was doing to her body and the “lack of respect” for our team’s hard work in getting her fluid status down. Sadly, we all agreed with most of what he was saying; I mean, Mrs. Garza still had prominent pitting edema in both legs in the context of uptrending BUN and creatinine levels. Who would not want to scold her?!

Instead of sitting peacefully and listening to the doctor, Mrs. Garza for the first time defended herself. Voices were elevated, not quite yelling, but tension filled the room even after we left. Mrs. Garza remarked, “I know what I am doing; you cannot take away my freedom… I’ve been so good and done everything you have told me… I wanted one nice meal this week.” You cannot take away my freedom… those words continue to echo in my head. Normal rounds on our “rock” turned into a lesson in humanism that I will carry with me to the future. We can do all we can medically for patients, but one of the few joys patients have in the hospital (and in life) is freedom. Mrs. Garza explained to me later that she planned for her one- not two- barbacoa breakfast taco all week. She made sure she ate her diet food even on Thanksgiving Day to “protect her kidneys” and prepare for one breakfast taco at the end of the week. We never commended her on her ten days of good adherence to medical advice; we instead wanted to berate her for her one “slip-up.” Disciplined, trustworthy, loyal, respectful, and kind, Mrs. Garza was still on our side; she still had high hopes of getting out of the hospital and turning over a new leaf with her health. Mrs. Garza was far more than just a stable patient. Mrs. Garza was a lesson in humanity: the importance of patient dignity. Mrs. Garza was a rock.
Dear MS3,

Congratulations! You’ve finished your basic sciences. What an accomplishment! You’re halfway through with med school and now you have the fun stuff ahead of you. Third year is definitely a remarkable year and one to enjoy. You’re going to get a lot of advice on how to approach the year and that’s a good thing. I want to encourage you to listen to all the advice you can get, but then be discriminating with what you take to heart. Test things for yourself. All the words of wisdom you’ll hear are well-meaning, but what works for one person may not work for you. And yes, I realize the irony that I am myself offering you advice right now. So test my words, too, and take them or leave them as you see fit! Because really, third year is about figuring out who you are, what works for you, and what you do best, and nobody can do that but you.

So with that said, let me offer you my advice based on a lesson I learned during 3rd year. It became clear to me early on in the year (like, real early) that I have a big spot in my heart for Pathology. Call me crazy, but I absolutely love it. So, naturally, I decided about two weeks into 3rd year that I was going to be a pathologist. I know, that’s a big no-no to make that decision so early in the year. But anyway, as the year went on, I went through various experiences that just solidified the decision in my mind. That is, until something unexpected happened. I rotated through a different clerkship that I really liked too. Don’t get me wrong, I’ve enjoyed most of the rotations this year, but this other one was the first one that I really liked and could see myself doing for a lifetime. Now please recognize the “crisis” that this was for me. Here I was set on Path when suddenly I realized there is something else out there that I would enjoy making a career in. So how am I supposed to choose between the two? Well it was tough for awhile, but then one day a light bulb went off in my head. I realized that it was true, I really did like this other specialty. But it was also true that I love Path and I would really miss it if I chose something else. I realized that it’s ok to like more than one field. I didn’t have to convince myself that either Path or the other specialty would be a bad choice in order to decide between the two. Both are good fields and either one would be a good decision. I just had to figure out which one I would miss more, and that turned out to be Path. I guess what I’m trying to say is that if you find yourself stuck between two (or three or four…) fields, try not to stress too much. It’s okay to like a lot of stuff. For me, it was about differentiating between finding something interesting and really cool vs. being passionate about something and realizing that’s what I would truly miss down the road.

Alright, since I suspect none of that made much sense and may not be helpful at all, I’ll offer my two cents on one other topic in the hopes that you might find this letter helpful. It is tempting to feel a little useless 3rd year. Our notes don’t really count, we can’t place orders, and we don’t make any real decisions, so we aren’t doing much, right? Wrong. We are not “just a student” to our patients. Many of them look to us like they do to their doctors. And as students, we have the time to listen to their concerns, what they’re afraid of, or even the things they’re looking forward to. So remember to be that person for your patient, and always be their advocate. Any day that goes by in which you put a patient at ease, make their day a little more pleasant, and advocate on their behalf is a day worthwhile.

Sincerely,

Abby Richmond
Dear Third-Year Medical Students,

Congratulations! You have completed the pure theory phase of your medical education and you will start applying what you have learned to supervised situations. You will soon learn that there are usually three ways to treat a medical illness; 1. The book’s way 2. Your Attending’s way and 3. The way the shelf exam will test you. Sometimes all three ways will be the same but many times all three ways will be different and depending on the situation you are in, only one of them will be the correct way. This is very important to learn early on because there is no one correct way to do anything in medicine and that is why medicine is both a science and an art. Also, like medicine being a successful third year is also both a science and an art and here are some tips that I have picked up over the year and hope they can help you.

Something that everyone will tell is that when your residents say go home… say thank you, pack your things quickly and leave. There is not a more true statement then that one. If you take your time and mess around a new patient will come in and you will end up staying till 11pm.

The first day of every clerkship will feel like the first day of medical school. You won’t know many people or where anything is and you won’t know what to do. The best thing that you can do is smile, find where the restroom is and find a place to put your things. If you accomplish those things then you have had a very successful day.

If you don’t already have a smart phone you don’t have to buy one to be successful. I bought an I-phone because someone told me that I needed it and the only thing I used it for was to play games when I had down time.

If you are unhappy in your work environment because your attending/residents are not teaching and you are not learning or if they are abusing you, then tell your clerkship director; they can help/switch your sites. You are paying the school a lot of money to learn, not to do busy work and if you are not being taught then speak up. Don’t wait till you do your end of rotation reviews because by then it will be too late and it will not help you if you get a poor shelf exam score or poor evaluation.

When you are on your ob/gyn and surgery rotation you will smell things, horrible things. Be prepared and don’t take big whiffs.

Don’t bleach your coat. If you do, it will change the coloring of the embroidery and everyone will tell you.

Most importantly of all, no matter how much you hate a rotation find at least one positive thing about whatever you are doing and keep it in mind. Otherwise, you will develop a bad attitude which will cause you to have a bad day and it only takes one bad day to make you get a horrible evaluation.

I hope you all have a wonderful 3rd year and no matter what you have to do, it is always better then studying in the library for 12 hours a day.

Charles Rives

As a second year I would hear people say that during third year you just have to “be flexible”. I really didn’t know what that meant until I actually started clerkships. There are so many things that just happen and you don’t even know what hit you. You just have to deal with it. Anything from spilling your coffee all over your white coat to getting switched to an infamous malignant CT surgeon on your general surgery rotation. S#@t happens! It can happen a lot so you have to decide what you make of it.

Don’t take me wrong: third year has been my favorite year of med school thus far. All that knowledge that you have managed to cram in your brain somehow takes shape and form. No more empty words about anatomy parts or physiological processes. They take meaning in the form of your patients’ lives. Pardon the poetic redundancy but it’s pretty awesome if you actually stop to think about it.

But enough of this! Here a couple of points that I hope are useful for the coming year, especially for those that don’t take social cues very well:

• You’re not going to ‘click’ with all your attending or upper levels. The different specialties have their own personality types. Hopefully you’ll find your fit.

• Learn how to take criticism. Unless you feel very strongly about it or think it’s uncalled for answer back. Otherwise consider it and work on it.

• Don’t take things personal.

• Don’t throw your peers under the bus. Other people hear about it and they dread to work with you and that’s not a good thing.

• When an attending/resident is asking your team member something don’t interrupt and yell out the answer. Not nice.

• Try to get along with your other team members. It will make all your lives easier.

• Eat when you can. Sleep when you can. Take care of your health or else you will lose more time.

• Study for the shelf exam, especially in the 12-week rotations. Cramming this year does not work very well.

• Learn from your patients. If you don’t know very much about one of your patient’s condition read about it. You’ll be surprise how much that helps for your shelf.

• During each specialty try to see whether you like the specialty. It sucks when it close to the end of the year and you’re still not sure what you want to do because you didn’t consider a specialty closely.

• One more time, just be nice to people- your patients, attendings, upper levels and team members. This will take you a long way.

Tania Roman
Let me start by saying congratulations. You’ve made it through, what I, and most other 4th years, consider the hardest part of your medical school training. You’ve hopefully completed Step 1, and are now anxiously awaiting the results and most likely are anxiously awaiting the start of your clinical clerkships as well. Many of you, particularly those of you who are grade conscious or seeking a competitive residency, will be wondering how to succeed in your third year clerkships, after all, the third year clerkships are very important to the application process. What follows is a small list of wisdom that I have been able to pick up from my own personal experiences.

1) Knowledge is important, but it’s not everything. Effort will trump knowledge every time. Show up early. Read about your patients. Go home ONLY when told to. ALWAYS ask if there is anything else you can do before you leave. If your resident/attending gives you a choice to stay or go, ALWAYS stay.

2) Appearance is everything. If you’re like me, you know very quickly if you are going to like a rotation or if it will be a long one. This should not change how you approach the remainder of your rotation. The best way to get a good evaluation is to SHOW INTEREST, regardless if the interest is there or not. Volunteer to see any patient and do any task to help out, even if it seems like you’re being scutted.

3) Be a team player. Though you may think you’re competing with the other medical students on your service, you are not. As a 3rd year medical student you have two jobs. Learn and be useful. The easier you make lives for the resident and attendings, the better you will look. The best way to do this is to work with your peers as a team, not to make them look bad. Be cautious with presenting journal articles. Yes, it shows that you read, but it can also waste time on rounds and attendings do not like this. A good way to approach this is saying “I read (insert findings) in an article, I’d be happy to do an informal presentation later if there is time”.

4) Solicit feedback often. I typically asked at the start of the rotation what we needed to do earn a solid evaluation. Halfway through I would ask about my progress and specifically if there are any areas of concern where I could improve. At the end of the rotation I would ask how I did and ask for any advice for the future. Doing this will show you care about your grades and are willing to improve.

5) Improve. Starting out, you will know nothing and just when you start to figure it out, you will switch rotations and have to start new. This may seem like a bad thing, however, you should use it to your advantage. Starting raw allows you to show improvement on the rotation. Showing improvement shows that you care about your education and want to better yourself.

6) Read early and often. I’m not trying to tell you to go to work and study exclusively, however, 6 weeks is a short time and you can never anticipate how convenient your schedule will be at the end of the rotation. Reading early can help minimize stress at the end of rotations and will definitely help your scores on the shelf exam. HOWEVER, it is much easier to perform well on your clinical evaluations than to have to score extraordinarily high on the shelf exam. Ask the 4th years what they used to study; we’re all willing to help.

7) Have a good attitude. There is nothing more unappealing to a team than having someone with a bad attitude who makes it very obvious they don’t want to be there. Try your best to get along with the team. If your team is outgoing and enjoys talking in the team room, feel it out and feel free to join in. If your team does not talk, don’t talk. Use common sense and fit in. A team that likes you is much more likely to give you extra points on your evaluation than one that doesn’t.
Third year may seem daunting now, but it will be the most enjoyable and most educational experience you will have in medical school. You will have moments where you will be frustrated, sad, angry, exhausted and extremely stressed. You will have moments of frustration and moments where you will question your ability to be a doctor. But you will also have moments of excitement, joy and moments where you know that there is no other profession in the world that you could see yourself doing. Work hard, read, be involved and have a good attitude and you WILL succeed in any clerkship.

**Brian Sager**
Dear Third Year Medical Students,

Congratulations on making it halfway through medical school! I remember back to exactly one year ago, when I was in your shoes, how excited and terrified I was about starting third year. As I marked days off my calendar and the first day of third year was rapidly nearing, my stomach would do a flip-flop and an overwhelming sense of fear would rush through me. Sure I was excited too, but I was mostly scared. I was scared of looking dumb. I was scared of getting yelled at. And most of all, I was scared of the unknown. But here I am now, nearing the end of my third year, relatively unscathed and much stronger for the experience. Here are a few words of reassurance and advice as you embark upon this exciting new part of your medical education:

1. Your skin is much thicker than you think. Most people are very nice, but you will encounter the occasional patient, nurse, or attending that will speak rudely to you or yell at you. Just know that it probably has nothing to do with you and move on with your life. It’s not worth getting worked up about such things.

2. You will make great new friends. During third year I got to work with many classmates that I had never spoken to before, and it was a great experience. I got to meet really cool people that I would have otherwise never known.

3. Be a team player. Sometimes it’s hard to know what to do to get good evaluations and stand out on your team, but you can be sure that throwing your teammates under the bus is not the way to go. Attendings and residents can see right through that stuff. Being a team player will improve team dynamics and is ultimately what will stand out to your attendings.

4. Know about your patients. One of the hardest things about 3rd year is balancing work with studying for the shelf. The best thing you can do is know your patient really well. You will impress your attendings and residents, and you will have less to study for the shelf.

5. Have fun! Third year is a great time to learn as much as you can. Help the team as much as possible, but don’t let it get in the way of your learning. This is the only time in your training that you can really just take the time to learn without being bogged down by other responsibilities.

Good luck, third years!! The year will fly by, so enjoy it!

See you around the hospital,

Haritha Saikumar
It was 4:00 am. I was abruptly awakened in the call room by a knocking at the door. It was the neurosurgery resident. We had a consult. As we made our way to the ER she filled me in on what she knew; there was a man, Mr. Smith, here on referral due to suspicious findings on an outpatient MRI from the night before. Her and I were heading into the home stretch of our call and, after a tiring night filled with emergencies, consults, patient management, and trivial “housekeeping,” we were both exhausted and ready to go home. Nonetheless, someone needed help; and this guy, as I soon found out, warranted our full attention.

Mr. Smith was sitting quietly in a bed in the trauma bay, minding his own business. With no team of residents swarming his person, placing lines, and calling orders, one would almost think he was in the wrong place. As we spoke, he informed us he ended up at University Hospital after a six-month history of progressive left sided weakness, difficulty concentrating, nausea, vomiting, and memory loss. A recent visit to his primary care physician resulted in medication for suspected BPH in addition to imaging workup for his neurological symptoms.

In the middle of his our conversation Mr. Smith’s wife arrived and she sat, clinging his bedside, an anxious look across her face. She whispered to him that their daughter was on her way. We continued with our questions and learned he is a pharmacist, denied any tobacco, alcohol, or drug use, and is lives a very active lifestyle that involves lifting weights and working out. He appears very healthy with a past history significant only for scalp melanoma that was successfully treated six years ago and has since shown no signs of recurrence. After a quick run through the ringer, our physical exam revealed some diminished strength on his left side and minor dysmetria but nothing else.

Up to this point, everything we had done had taken no more than 15 minutes; however, our next task seemed to slow time to a grinding halt. The resident informed Mr. Smith that his recent MRI revealed numerous masses throughout his cerebral hemispheres with a dominant lesion in the right frontal lobe causing midline shift. After hearing her utter this too him I can’t recall much of anything else that was spoken. I can piece together only snippets of the resident’s attempt to inform and console the man regarding what was happening and what was in store for him. It was apparent that nothing was really getting through. At times my eyes met his. He gazed blankly back at me. He never broke down. He just sat there, stoic and statuesque; his wife, on the other hand, was distraught, repeatedly squeezing his hand, grasping for some ounce of comfort as tears filled her eyes. So there I was, standing and quietly watching, until the resident seemed to simply stopped talking and, well, we just left him sitting there, his wife clutching his arm, still crying.

This was the kind of thing you wont find in a textbook and can’t learn in a lecture. This was one of the many facets of medicine that must be experienced. I like to think that I’ll be ready, and the day I am put in the position of the resident, I will be able to handle these situations with some grace, poise, and compassion. They are the realities that remind you, your medical education equips you to deal with the science of human suffering and disease, but that’s not the whole picture. Don’t lose sight of the human aspect of it all. Look past all the labs and imaging, don’t worry about the physical exam findings, and forget the pathological mechanisms at play. Stop, even if it’s for one brief moment, and take care of another human being.

Clay Samples
Dear Triumphant Third Year,

I will not start with a word of congratulations because you already know what hugely impressive hurdles you have surmounted in the past two years. Do not forget your victories in these battles. Have these present. MS3, third year, the clinical years, are all phrases most of us have been chanting in our minds to get us through lectures, exams, labs, and hours and hours of syllabi and reference books. Yet I doubt any of us are prepared for how overwhelming this third year can be. Personally, after somehow surviving a stormy path through the preclinical years and then victoriously taking and passing USMLE Step 1, I felt on top of the world like I had not felt in a long time.

As I happily but naively jumped into Internal Medicine, my confidence and enthusiasm melted away in the first five minutes. I was disappointed to find that when I walked in just on time, the other medical student had already been there for some time. Not only that, but we waited in what seemed to be an abandoned workroom for about 20 minutes before we decided to call one of the residents to figure out where our team was. Our orientation materials provided no further guidance. When were finally able to contact one of the residents, he directed us to the correct workroom and upon arrival we were instructed to “take” a patient from a list on a whiteboard that included last names, MRN’s, and admitting diagnoses. At that moment, I realized everything I had known and hated about the first two years of medical school: the grueling exams every four to five weeks, the endlessly scheduled lectures, and even the deliberate intensity of studying right before a Christmas or Spring Break were all gone—forever. In lieu of these predictable facts of life were uncertainty, vagueness, nebulousness, confusion, and sometimes chaos. In a span of a couple of hours, I learned to navigate the EMR, the layout of the floor, and the progression of daily events for this particular medicine team. Still, to this day, I am conflicted about the role of a third year medical student. It goes without saying that one is there to Learn. And learning happens whether you are ready for it or not.

But is one there also to make residents and interns happy? A lot of the times the answer is in the affirmative. Is one there to take care of menial tasks that other members of the staff don’t have time or desire to attend to? Sure. Finally, is one there to practice medicine at all, even if for a moment? I have found that this last question can weigh down a medical student substantially if too much emphasis is placed on whether one made any effective clinical decisions in a given day. The answer is probably no most of the time. However, what I have found is that I have the rest of my life to make amazing clinical decisions. I have years to come of seeing patients, examining them, going through a differential, and brilliantly forming and executing an assessment and plan that are up to the standard of care. Thus, it is okay for me to not do those things all the time during my third year of medical school. If someone were to ask me what has been the most important thing I have done during my third year, I would answer that it has been to translate. Throughout the past year, I attempted to take the time to make sure my Spanish-speaking patients understand at least the essential information that is being constantly thrown at them much like sometimes incomprehensible information was thrown at me during the past two years.

Spanish is my first language, and I always felt this was somewhat of a disadvantage in my academic career. I have a noticeable accent. People tend to ask me where I am from within the first five minutes of meeting me. In essence, I felt my background sometimes isolated me a little bit. On the wards, especially when the patient has been a child or otherwise dependent person, effectively translating questions and answers between the family and the attending has seemed to unite me not only to the patients, but also to the rest of the medical team. The patients are grateful that someone in a white coat has finally taken the time to try to understand them in a language they feel comfortable in, and the attendings seem to really love the convenience of not having to call in a translator or look for a nurse with Spanish language skills. The best part about being the eternal translator has been that when I translate for patients, I feel like I really get to know them, their story, and their particular medical problems. My presentations about those patients are more thorough and concise. I am reading more about them and thus learning a whole lot. In the end, a simple task that can at first seem trivial and with time can even become tedious is in fact a valuable vehicle for the acquisition of knowledge and skills that are essential in my own formation as a future physician. More importantly, those few minutes can mean a patient gets better care healthcare and is able to return home healthy. And that, in sum, is the practice of good medicine.
In the end, I would like for you to know that many, many times throughout this third year of medical school, I have felt so small. I have felt insignificant. I have felt incompetent and helpless. At times, I have even felt that medicine is not worth all this effort and discomfort. I would also like to ask that whenever you feel like this, and I believe you will at some point, you should think of that menial task that you do well. Meditate on it. Perhaps this is your ability to navigate the EMR and find that piece of information your team needs to make clinical decisions, or your ease in communicating with radiologists and lab techs over the phone, or you may find you are adept at reorganizing the patient list. Whatever this little something is, it can impact the well-being of your patients. Find it, use it often, and be proud of it.

A few weeks ago, I was doing my “little thing” on a service I felt particularly confounded by. The staff physicians rotate quite often, the resident’s don’t really have a presence, and fellows rather you not see their patients because they need the experience. I truly had been feeling lost, but by chance and virtue of my Spanish language skills, I found myself at the side of the same 3-year-old patient day after day during office visits, procedures, and on the wards. During one of the procedures, the mother was consented, and this beautiful but very sick little boy was sedated. I was standing in my usual corner as tears welled up in her eyes when her young son’s hand went limp with the infusion of propofol. She turned to me, looked me straight into my eyes, and made the most important request I have ever received as a medical student: “Please watch over him.” Astonishingly, this mother was entrusting me with the safety of her son. She did not address herself to the physician, the anesthesiologist, or the nurses. She chose me, the insignificant medical student. Why? I think it was because the minutes and days of translation over the course of those couple of weeks built themselves into trust. The parents understood that I was familiar with their son’s course of illness, that I could do a physical examination guided by a history, and that I cared. To these parents, at that moment, I was big. I was important. I, the tiny third year medical student, was their son’s physician.

Ana Santacruz
Dear MS3,

Welcome to the second half of your medical education! With first year, second year, and Step 1 behind you (congratulations!), you can now look forward to putting all of those hours of isolated studying to use. And good news! (Almost) all of the information you have crammed forcefully into every nook and cranny of your mind is important. However, the most important, difficult, and fulfilling lessons you will learn will unfold on the job.

I’m sure you’ve heard a lot of that before, and you will likely hear the same thing over and over again. Just as you will hear the deceivingly simple lessons of how to succeed during third year on repeat- be early, stay late, work hard. While these lessons are extremely important, I am instead going to use this opportunity to share other things I learned or experienced over the past 9 months that will hopefully benefit you practically on the wards.

1. Your classmates are your biggest allies. Do not be afraid to ask for help and always be willing to lend a hand. As a perk-the best feedback you can get will sound something like “works well with a team”.

2. There is more than one way to do almost everything. During 3rd year you will learn how to write a note, insert a Foley catheter, present a patient, etc. etc. more than once. Or twice. Or three times. Do not take criticism personally. Instead, keep an open mind. Use this opportunity to learn a plethora of ways to do things- maybe the fourth way you write a note will make more sense to you than the way you started writing notes in the first place.

3. Do as many things as possible as many times as possible. I actually repeat this statement to myself every morning or when I get tired. You will slowly become more proficient and thus more efficient- if you avoid work you are only hurting yourself. Truthfully. No one wants to be the intern that struggles to admit/discharge/perform expected procedures/write orders.

4. ASK FOR FEEDBACK!!! Ask someone to edit your notes or evaluate your performance. While you may feel uncomfortable doing this at first, you will be so happy you did.

5. Be your patient’s only doctor. This is your chance to learn the ins and outs since your patient number is limited. Does your patient need to walk after surgery? Offer to help. Does your patient need better glucose control? Try to work out a new insulin regimen on your own- you intern will thank you for it later.

Good luck!! You guys will be fabulous!

Sincerely,

Julie Schackman
Dear future 3rd year,

To start off, congrats on finishing your first 2 years! It’s all downhill from here. You finally have the chance to do what you came to medical school for—helping to diagnose and treat your patient’s diseases. I still remember the feeling of excitement mixed with tremendous fear before beginning my first rotation. I was apprehensive about a number of things, including not knowing enough about medicine, being able to handle the “mean” doctors/nurses, and how I would possibly be able to decide my future specialty. I hope to ease any similar worries by addressing these topics.

1) Knowledge: Before starting my trauma surgery rotation (rotation #1), I was terrified that I didn’t know enough about medicine. I was constantly afraid of being “pimped” and looking like an idiot in front of the team and my classmates. As the rotation progressed I quickly realized 2 things: 1) the attendings didn’t care enough about me to pimp me and the residents were too busy 2) when I was asked a question that I didn’t know the answer to, nobody cared! Physicians asking “pimp” questions usually do not expect students to know the answers and use the opportunity to teach about a subject. Also, there were a few attendings that pimped me on completely random topics, like one surgeon spent 3 weeks asking me to name the singer of each 80’s song that came on during surgeries. I am clueless about 80’s music (I think I guessed Madonna everytime…got like 2/70) and by the end was begging him to ask me about the sigmoid colon resection that I had studied so much about.

My advice on looking smart (or really just not looking like an idiot) is know EVERYTHING about your patient. I know this sounds straightforward, but you will be asked everything from why your patient is taking a certain medication to who his primary care provider is and if he has health insurance. Also, know the patient’s medical condition inside and out and expect questions about this topic. Lastly, if the pt’s disease has not been determined, always be ready to provide a differential diagnosis.

2) “Mean” doctors/nurses: I am a crier. I cry during sad commercials. I cry if someone is rude to me. And I was terrified that my skin would not be thick enough to handle some of the malignant personalities in medicine. But I quickly realized that the people that were mean to me were those who barely knew me and only saw the short white coat representing an annoyingly eager and clueless student. There are some nurses, some doctors, some scrub techs, and DEFINITELY a certain CT scan technician that works in the trauma bay that hate medical students. I didn’t take any of their comments personally (well, that’s a lie…but I tried hard not too) because they weren’t attacking me, they just hated all med students. For the next 2 years, there is no way to change this and we just have to be polite and live with the annoying, messes-everything-up stereotype that goes along with short white coat.

3) Deciding my future career: RELAX! I know this seems insanely stressful/terrifying, but you will figure it out. Some people come in to medical school knowing what they want to do and some people figure it out at the beginning of their 4th year. Everyone’s path to residency is a little different. My biggest advice is to relax and just let it come to you. For example, I became sure that I wanted to go into internal medicine during my neurology rotation, where all I wanted to do was manage my patient’s diabetes and diagnose the cause of his/her anemia. On the other hand, my classmate spent most of the rotation reading the op reports of his patient’s surgeries. You will figure out what you enjoy learning about!

Good luck! If you work hard next year you will do great (I know everyone says this, but it’s true for 3rd year!)

Mona Shaban
Dear MSIIs,

Congratulations! You have attended your End of Basic Science Ball, have completed your Step 1, and now are about to start the best part of medical school so get ready! The hours might be longer, especially on ob/gyn and surgery, but it is still fun! No more sitting and studying for 8+ hours a day, and the best part is Step 1 is over!! So here are helpful tips to make your 3rd year awesome.

1. Be excited to learn- Your perception of the rotation will completely shape your experience. If you start off excited to have a new experience, you'll be well received by attendings and residents (usually) and have a better time.

2. Give up control- you won't know what to do on the 1st day of every rotation (and sometimes you don't know what to do a lot of the rotation) so get used it. Just ask questions and do the best you can. See #1-be excited and even if you don't know what to do, people will help you.

3. Get over looking “stupid”- Don’t worry if you don’t understand, just ask questions. You probably aren’t the only one who doesn’t understand. If you feel like you can’t ask questions, something is wrong and contact your clerkship director.

4. Attendings and Residents remember more about teams then individuals- Be a team player and don’t throw people under the bus. You are the one who ends up looking bad. Take care of your work, then help your teammates, interns, and resident. They’ll appreciate the offer and this will reflect well on your ethics. Part of this is being on time. Super crucial: Be on time. Period.

5. Nurses/scrub techs/radiology techs can be mean, just let it go- If you need to vent because someone offended you, be aware that they work there day in and day out and we come and go weekly. That is their “home” so just roll with it, and don’t take it personally.

6. A word about “mean” attendings- some attendings aren’t warm and fuzzy, but hang in there. If need be, contact your clerkship director and discuss it with them. They might have suggestions on being successful with particular attendings.

7. Take every opportunity to talk with those around you- You might be on one rotation but be exposed to other professionals. Talk with them and ask questions if you are interested in what they do.

8. Be professional and be aware of the things you say- The last thing you want to do is offend someone and be remembered in a bad light. Don’t say anything that could be interpreted offensively. Also no cleavage in the front or back, enough said.

9. Roll with schedule changes, or any changes- Don’t get upset about the little stuff. It may seem like meeting with an attending on Friday at 4:00 pm is a bad time to round on patients. Just roll with it and don’t complain.

Hope these words of wisdom help you on your journey during 3rd year! Give yourself credit that you’ve made it this far and that you are MD! GOOD LUCK!

Pebbles Shanley
Dear Third Year,

Congratulations on making it through the first two years of medical school! I hope you took a few weeks to reflect on all your accomplishments, lie on a beach somewhere, and answer those emails you’ve been ignoring for the last month. The hardest academic years of medical school and Step 1 are behind you.

You’re about to trade late nights at Starbucks with coffee-stained scrubs for early mornings at UH with questionably stained scrubs (dependent upon rotation). Instead of that stingy mix of formaldehyde and espresso, you will encounter all kinds of new smells (if you learn one thing in surgery, it should be to preemptively suction bovie smoke). Everything will be new and you won’t know a thing, so just go with it and work as hard as you can while retaining your sanity.

The best advice I have for enjoying third year is to find something outside of medicine that makes you truly happy. Not a goal, or a bullet on a to-do list, but something you enjoy doing for its own sake. For me, that became running and training for marathons. People find all kinds of things – we have a talented sculptor, beer brewers, aspiring chefs, models, master poker players, and a wedding guitarist just to name a few. You’ll be continually impressed by your classmates. Your friends and your hobbies will keep grounded in the seemingly alternate universe of medicine. The best part of third year is working with and getting to know the people in your class that you might not have otherwise. If you show up to work happy, treat people well, and keep up a life outside of medicine then third year will easily be the most enjoyable year of medical school yet.

In general, my advice is to do what’s best for you. You’ve obviously got it under control if you’re sitting here reading this letter. Third year is about continuing to find out what makes you tick, how you interact with people, how you study best, and ultimately discover what you would like to carve out as your very own niche in medicine. You only get to do it once, so enjoy every minute of it.

Good luck med stud,

Dan Sheets
Dear Soon to be Third Years,

Congrats and welcome to the most exciting year of medical school yet! Although it is a challenging and sometimes stressful year, it is extremely rewarding and finally gives you the chance to be hands-on. The most stressful part of third year is having so many “first days”, where you have to figure out what the residents and attending expect of you, how the system works, and what your exact role is. But like all first days, once you get into the swing of things, it’s fun and exciting! Here are some tips and suggestions for your year ahead:

1. Work Together – on many rotations you will be paired with 2-3 classmates. There are always some “gunners” who will try to be independent and work on their own to “impress” the residents, which usually tends to backfire. The best thing to do is work as a team and together, this benefits everyone and shows the resident and attending you work well as a team, which is what residencies in the future will look for.

2. Location – many of the clinics you will be assigned to are in remote and unusual areas. Make sure you know where you are going, if you do not have a GPS make sure to print out directions the night before. Also make sure to leave early and give yourself plenty of time to get to your clinic, because San Antonio traffic is always unpredictable.

3. Be on Time – This is the easiest way to make a good impression. Often you will arrive on time and the attending or resident may not be there or ready yet, but it’s always better to get there before them to show them you are hard working rather than arriving after them or being late.

4. Bring a Book – there will be lots of times third year where you will literally be sitting there with nothing to do. Make sure to have a book to read or flashcards to study.

5. Study, Study, Study – many of the clerkships’ grades are heavily dependent on your Shelf exam. These are not easy exams, and it is better to start studying early in the clerkship rather than cram at the end. Especially for medicine, the amount of information becomes overwhelming, it’s almost like studying all the information you learned for Step 1 all over again.

6. Have a Good Attitude – a smile goes a long way. Everyone from nurses to residents are overwhelmed with all the work and patient care they are responsible for. If you have nothing to do (which will often be the case) ask if there is anything you can do to help.

7. Spend time with your Patients – Third year gives you a great opportunity to sit down and connect and talk with your patients, especially while on Medicine. Since residents have many patients it does not give them much down time to sit down and extensively talk to them. But as a student you will usually only have 2-3 patients and lots of down time to take the time to go back and talk to them in the afternoons, take advantage of this!

8. Learn what not to do – Often times you will see things involved with patient care or professionalism that may make you cringe. No one is perfect and often many people become jaded, but use these situations third year as an opportunity to learn what not to do when you are a practicing physician in the future.

9. Everything Evens Out – Lots of time you’ll feel as though you got stuck with the horrible hours or unfair resident, but just remember on other rotations you may end up with the better hours and nicer grading resident. In the end it all evens out so try not to be bitter or complain about it.
10. The OR – always introduce yourself to the scrub tech and ask them if you need to provide them with your gloves and gown. If you introduce yourself beforehand they will be much nicer and tell you what not to do before you accidently do it. Also make sure to help the nurses with moving and prepping the patient.

Third year is going to be a great learning experience. Make the most of it and remember, the more you ask to be involved, the more you’ll get to be involved! Good luck and have fun!

Sincerely,

Natasha Singh
Dear Third Years,

I would like to offer a little bit of nontraditional advice; this advice may not improve your grade but it will make you a better doctor. I encourage you to try to really get to know your patients. Whenever you begin third year, it’s going to seem like you don’t even have enough time to talk to your patients and examine them, let alone get to know them. That’s OK; you will get faster and more comfortable. Make it a point to have a brief non-medical conversation when you visit with them. This may take 2 minutes during each visit, but after a few days with your patient, you will know a lot about each other. Not only does this make the patient feel more comfortable and take their mind off their current illness, but the patient becomes a story that you will remember for the rest of your life. Sometimes as medical students the day-to-day stuff that we do (writing medical student notes, making sure the list is updated, pretending to read, etc.) is really not that important. Sometimes the best use of your time is spent by going and having a conversation with one of your patients. You will not be disappointed and neither will they.

I will bore you with only one of my personal experiences where spending time with one of my patients really made a difference in both of our lives. I was following a very nice older lady with cancer, who I will refer to as Mrs. A, who was continually being hospitalized. She would often get teary and talk about giving up because the repeated hospitalizations were just too much. Each time I visited with Mrs. A, I encouraged her and allowed her to think about the things in her life that were worth fighting for. We would talk about gardening, cooking, her cats, or whatever else she wanted. A few weeks after she was discharged, I received a call from my dad who works at a grocery store and he told me that some older woman was just in his store and was telling him that his son was her doctor during her last hospitalization – in a conversation about cooking with Mrs. A we must've talked about my dad’s grocery store, she remembered my name, and she connected the dots. My dad said that she went on and on about how much I helped her through her illness. After getting off the phone with my dad, I realized that this is what medicine is all about – helping people.

Take your role as a medical student seriously because you can make a huge impact on the health and well being of your patients… Even if all you do is listen.

Good Luck,

Ray Skunda
Going into third year, I was terrified. I had spent the past two years of medical school reading and cramming information into my brain, and I was not quite sure how that would translate into clinical medicine. I was worried about making mistakes, the residents hating me, and being a complete failure. The truth is, you will make mistakes. Everyone does. The important part for me was learning from it, and using slip-up to become a better student.

One small example occurred during my first delivery on OBGYN. It was 3am and I was 8 hours into my first overnight shift. I hurried to the delivery room, got dressed in a sterile gown and gloves, and eagerly waited for this baby to be born. I wanted to get in on the action instead of standing around, so while my intern got gowned, I grabbed one of the patient’s legs to help her push. The upper level resident glared at me, pronounced me unsterile, and just like that I missed my chance at helping with the delivery. While the patient was crowning and pushing out her baby, I clumsily re-gloved and missed the entire thing. I felt like an idiot. But I learned the lesson: once you are sterile, don’t touch a thing unless someone tells you to. I also learned that making a mistake sucks, but it’s not the end of the world. You may look like a fool, but it’s part of growing and learning. And hopefully, you won’t make the same mistake twice.

Another important lesson to learn is that it is okay to not know all the answers. No one expects you to. You will see a lot of patients with a myriad of different diseases, and it is impossible to know it all. Study hard and read as much as you can, but if you get a few questions wrong while being pimped, or guess the wrong diagnosis for a patient, it is not the end of the world.

One of the most difficult things about third year is figuring out what specialty to go into. It’s the question that people have been asking me since the beginning of first year. Deciding what you should do for the rest of your life is pretty stressful and intimidating. So many factors, such as lifestyle, salary, and clinic vs hospital are considered in this choice, and it can get overwhelming. Some of the best advice I received on this topic came from a 4th year medical student. She told me to imagine coming home from a 16 hr shift and think about what topic you wouldn’t mind studying at that moment. That’s how you know what area of medicine you really love, not just what will give you the best paycheck. Whatever you choose to go into, make sure you love it. It’s what you will be doing for a very long time. More importantly, being passionate about your work will make you a better doctor.

Gabriella Snow
Dear MSIII, congratulations on finishing your STEP 1 exam and moving on to your clinical years. In my opinion, you are done with the most difficult part of medical school. Third year is not nearly as difficult as STEP studying and there is not nearly as much time spent locked up in the library in front of a book. I feel like your third year will be more enjoyable because you get to learn by direct patient interaction rather than from a book. The patients that I saw this year had a stronger influence on my learning than any reading I did during first and second year. Having said all this, I’d like to share one of my most impacting experiences with you.

Breaking bad news to patients is something that we get very limited training on during our preclinical years. However, once we get into the wards, it becomes a huge part of what we do every day. There were several occasions where I was able to learn methods for breaking news to patients and their families. But there was one occasion that stood out above the rest. Let me preface this by explaining that on all my rotations I had the privilege of translating for the attending physician and residents when the patient only spoke Spanish. Towards the end of my Neurology rotation, we had a patient who had been in a motor vehicle crash. He sustained very severe injuries to his head, chest and abdomen. On admission, he was in severe lactic acidosis, had poor inspiratory effort and suffered 15 minutes of asystole. After multiple attempts of CPR, the patient was finally resuscitated. Throughout the next few days, he developed multiple seizures. This is when our Neurology team was contacted. We were able to get his seizures under control but the patient remained unresponsive for the next several days. Cortical and brain stem testing remained poor and unchanged for the remainder of his admission. His prognosis was very poor.

When it came time to explain his prognosis to the family, we learned that they did not speak English at all. My attending requested that I translate her message to the family. Honestly, I was pretty nervous about it, but of course, I agreed. We proceeded to sit down with the family in a private room where my attending physician asked the patient the general questions about what they knew about the disease and what they wanted to know. I translated all of this for her. She then explained to the family that his prognosis was very poor and that he most likely would not recover from the state that he was currently in. As I translated this information to the family, I quickly realized that this was not going to be an easy task. Here I was, telling the patient’s family that he may not ever regain consciousness and I had to do it in Spanish! This was very difficult to do even in my native language, especially since the family still had high hopes for him. Nevertheless, I translated every word that the physician was relating and explained to the physician everything that the family replied. In the end, the family was very grateful that we took the time to sit down and explain the entire situation to them.

This experience made me realize how important and difficult it is to break bad news to patients. Regardless, it is a crucial part of medicine no matter what field you go into. After having the privilege of translating this message for my attending, I feel like I learned a lot about this dreaded part of medicine. If I did not have an opportunity to do this, I would have missed out on an experience that quite truthfully was defining to my medical education.

I have two reasons why I shared this experience with you. First of all, you should be ready to do anything and everything during third year. As an MSIII, your attendings and residents are going to require strange things from you at times and you will often find yourself learning through experience. Nevertheless, in the end you will often benefit from these tasks, which may completely change your medical career. Secondly, there is much more to medicine than what we learned during first and second year. Either way, learning from experience will most likely stick with you much better. These are the clinical skills that will lay the groundwork for you as a physician. So don’t pass up on opportunities to do something new and scary. It is better to do those things for the first time now than as an intern or resident.

In closing, good luck this next year. The hours may get tough and your sleep may be limited. But this is what most of us pictured ourselves doing when we started medical school. This is your chance to put into action everything that you learned during your first two years. Try to learn as much as possible and keep your eyes on the prize. You’re almost there!

Nick Spampinato
Internal Medicine (Period 1-2)

Grade = 45% evaluations, 30% SHELF, 15% portfolio, 5% palliative care day/quiz, 5% Neuro/Ambulatory exam. Evaluations are out of 5 points in several categories and are filled out by each attending and upper level resident you have. [80-100=A, 55-79=B, 30-54=C]

12-week rotation divided into two 4-week inpatient periods and one 4-week period of either neurology or ambulatory (outpatient). You work 6 days/week except for neurology and ambulatory where you get weekends off.

Some people get out at 2-3pm, some stay until 5-6pm; it depends on your team. Most call is taken every 5th night. That means you stay late (7-11pm, again team dependent).

OB/GYN (Period 3)

Grade = 66.6% evaluations, 33.3% SHELF. Evaluations are filled out by “committee”. Everyone gets together and just discusses how good you were on a 3-point scale. [78-100=A, 70-77=B, 60-69=C]

6-week rotation divided into 1-week outpatient clinics, 1-week night float (6pm-6am), 2-week OB, 2-week GYN. You get weekends off. You get to the hospital no later than 5am on OB and GYN and usually get out by 5pm. On OB and GYN you stay one day/week you until 6pm (when night float arrives). OB and GYN can be exhausting.

Psychiatry (Period 4)

Grade = 55% evaluations, 45% SHELF. Evaluations have an historical average of 92.5. 4 points of extra credit are available and it’s super easy. Do it. [89.5-100=A, 79.5-89.4=B, 69.5-79.4=C]

6-week inpatient rotation with _-day per week where you go to an outpatient clinic. I did UH-inpatient. We had awesome cases and I left every day by 2-3pm. I had two weekend calls where I came in 8am-10am and two weekday calls in the PES where I stayed until 7:30pm.

Family Medicine (Period 5)

Grade = 35% evaluations, 30% SHELF, weekly quizzes 15%, 20% busy work. The weekly quizzes are easy, just read ‘Case Files’, 6-8/10 questions per quiz come directly from there. The busy work is a bunch of gimme-points, just do everything on time. [89.5-100=A, 79.5-89.4=B, 69.5-79.4=C]

6-week rotation with 2-week inpatient period and a 4-week outpatient period. Weekends off on outpatient, work one weekend day on inpatient.

Pediatrics (Period 6)

Grade = 50% evaluations, 30% SHELF, weekly quizzes 10%, 10% humanism project. The weekly quizzes are tough, she curves them. [On a 600-point scale, 475+=A, 375-474=B, 300-374=C]

6-week rotation with 2-week inpatient period, 2-week Nursery/NICU period, and 2-week outpatient clinic. Weekends off and no call on outpatient, work one weekend day on inpatient and Nursery/NICU as well as 3-4 on call days.

Surgery (Period 7-8)

I haven’t done it yet, but word on the street says it’s busy.

Jacob B. Stirton
Dear MS3’s,

This is an exciting time for all of you! I want to first say that the year ahead of you is incredibly fun and rewarding. I’m sure you all have many anxieties and fears regarding the coming year, but rest assured these are all normal. You may be hoping for advice on how to excel on the wards or in the operating room, but you will not find that here. Rather, I hope to help you all cope with the other aspects of making it through your clerkships. Before I go on allow me to reiterate that this is a fun year; I just assume it is the not-so-fun times for which you may appreciate advice!

As a third-year medical student, I took the most comfort in always remembering that my whole class was in this with me. If at anytime you feel overwhelmed, never hesitate to reach out to an old friend from the good old days of anatomy lab. I did this many times and it never failed me. The fact is you (just like all of us) will not always have the right answer, you will be late, you will be frustrated, you will be blamed for occurrences out of your control, and you may occasionally feel like you are the worst third year student EVER. The latter probably is not true; there’s always somebody worse. However, all the other stuff is true and all of it is okay. Inherent in third year is this hidden curriculum that tests your ability to cope with all of this!

In addition to finding comfort in your classmates, find comfort in yourself. You all have worked hard and successfully met many challenges to make it to this point. Finally, take comfort in your patients as well. They will often remind you why you are here and can offer an inexhaustible source of motivation. Step 1 is over and now it’s time to rock third year. Good luck and remember there’s lot of fun to be had along the way!

Sincerely,

Sunthosh Sivam
Having Patients and Having Patience

This potential cliché is not advice so much as an observation that I have made during my own personal journey through third year that happened to fit in a nice little play on words. There will be times when you may have to look at the medical world through eyes that have not seen sleep for well over 24 hours, when you are sick enough to feel terrible but not sick enough to call in for a precious day off, when you are dealing with something in your personal life, times when you just need a break. You may be at what you think is your wit’s end with the people who you are trying to help, and the next step or how you should approach a particular situation may be unclear. There are aspects of a patient that are beyond the history and physical, past the workup and diagnosis, and yet still part of the treatment of the patient. Of course you know this, but there are also aspects to you that go beyond being a medical student.

This may be a little easier to relate to when you remember yourself as a potential patient, and really all that is happening is a return to our basic human instinct of empathy. Although all of us are going through our individual journeys of education and life, it is human to want the comfort of knowing we are not the only person to feel what we feel, and that can be applied to illness as well. When talking to a diabetic patient who is having trouble controlling their lifestyle, I remember that last time I absolutely had to have that chocolate or didn’t have time for anything but fast food for dinner. On the other hand, when explaining to a patient about exercise, remember what I do with the little time I have right now to burn those calories. When counseling a patient on the importance of not missing their blood pressure medication, I remember that I have had to resort to placing reminders on my phone to remember to take my own daily medication and supplements. When trying to convince a patient to stay for a test in the middle of the night even though they have children that need looking after and they have been there for hours already, in my case I remember how it feels to have to finish all of my clinical duties in order to pick up my son from daycare by the time they close, or the time I did not get to see my son awake on his first Easter because I was at the hospital on call. I remember being able to tell some patients in the hospital about to give birth that I had gone through it just a few months before, and the fact that I had been there myself really made a difference, however small, in the way they felt they could relate to me. When encouraging a patient to ambulate on the day after a cesarean section, I could tell them from experience that it was not fun but really did help recovery because I have been there. When talking to a patient who just feels terrible and does not wish to be cordial, I remember how it felt the last time I was really ill and how I myself can be a “bad patient”.

I of course cannot empathize with every single patient and every clinical situation that arises. I cannot tell someone that I know how it feels to be diagnosed with a terminal illness, but I can think of my grandparents and other close friends that I know who have had to fight that fight that they know they will eventually lose. I cannot tell someone that I know how it feels to have a psychotic disorder, but I can think of family that have to deal with this everyday and the effects it has on their family members (ie me).

The point of my letter to you is eloquently summed up by the following two statements of “The Modern Hippocratic Oath” by Louis Lasagna:

“I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon’s knife or the chemist’s drug.”

“I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person’s family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.”

I am not telling you anything you do not already know, and I know I am just another third year medical student, however I still wanted to share. We have all been patients ourselves, and at some point in the present time or future, we will be under a doctor’s care again. Maybe, just maybe, when it’s hard to be patient, remember yourself as one and it may help.

Suzanne Thibodeaux
You are now about to enter an entirely new phase of your medical education. Doubtless, some of you are calm and confident and look forward to this coming year with eagerness. Many of you, however, probably feel as I did- a mixture of nervousness and excitement with a pinch of abject terror. Whatever your mindset, you are now at the point which Tolkien describes as “the deep breath before the plunge.” You will soon be in the thick of things and many of your doubts and preconceived notions will be replaced by a clearer picture of reality.

Invariably, collections of letters such as these are filled with a large quantity of philosophizing and storytelling. Since you will receive an ample dose of this from others I will try to confine myself to practical tips that I feel will help you be a more successful third year student.

1. Streamline your workflow. Spend a few hours learning how the EMR you are using works and the options for customization. I know many people feel like they don’t have the time to do something like this but the return on investment is astronomical. The two hours I spent learning how to create custom progress note templates and lab results worksheets in CPRS saved me at least 5 hours per week. Moreover, it helped me write more complete yet succinct progress notes that were not cluttered with extraneous data.

2. Triple alarm clocks. I know it sounds ridiculous but it works. There are very few good reasons for being late: oversleeping isn’t one of them.

3. Cliff bars and bottled water. Keep some of these in your bag or white coat, especially during surgery. It will be a welcome treat when you are hungry and the cafeteria is closed.

4. Speaking of white coats, launder yours frequently and preferably own more than one. Do not be one of those students with a yellowed coat or dingy cuffs. Remember, people judge you by your appearance. Would you want to be treated by a doctor that wore dirty clothes? If you are an overachiever, consider busting out the iron.

5. Embrace the occasional bad evaluation. If you are consistently receiving mediocre evaluations or there is a common theme about an area that needs improvement then I would take heed. If, on the other hand, you receive consistently great evaluations and then receive a horrible one completely out of left field, try not to take it badly. I received the most ridiculous evaluation from a resident once- it sounded like it was written by an angry 14 year old. I saved it, printed a copy, and had a good chuckle over it with friends. One evaluation does not make or break your rotation and if it is clearly unfair then talk to the clerkship director. They are very reasonable people.

6. When calling for lab results or other information don’t preface the conversation with the fact you are a medical student. Just speak confidently and say something like, “This is Sarah Smith (use your name here) from medicine team 5 and I am calling about the lab results for Mr. X.” You are not being disingenuous by not telling them you are a medical student. You are simply giving them one less reason to be dismissive.

So, there you have my semi-random advice for third year. All the other stuff you hear also applies: don’t complain, don’t pre-judge a specialty before you have rotated in it, read about your patient’s medical problems, etc. Most of you will quickly adapt to your new learning environment and will quickly realize how lucky you are and how wonderful it is to be learning every day.

Wishing you a successful third year,

Donald R. Trainer, MSPH
Class of 2013

P.S. If you are doing general surgery as your first rotation know that the Starbucks on Medical Drive opens at 4:30 a.m.!
Dear Soon-to-be Third Years,

Congratulations on being half-way through your medical education! This is the point where all that information you crammed into your brain will be put into real practice with real patients. It’s exciting and humbling. Even though you introduce yourself as a medical student, many will still call you “doctor.” They are gracious while you ask the awkward questions awkwardly or while you spread gel over their entire belly listening for fetal heart tones. They will tell you their life story, and even though you were supposed to be in the room for 20 minutes, those 40 minutes were more healing to them than anything else you will do for them that day.

I’m sure you’ll hear plenty advice about the individual rotations, but I wanted to pass along some advice that I have found to be most useful in making the best of third-year.

1. Be confident in yourself. I found it tough to transition from multiple-choice tests to on-the-spot questions. I would panic and either forget the answer or second guess myself. But I have learned to slow down and think the question through; most attendings will not mind as you work out the answer. Say it with confidence, so that they will know that you know the answer. And if you can’t remember, tell them what you do know about the subject. “I don’t know what the exact criteria are, but I know how to interpret the results…”

2. Be kind. Whether it is the patients, nurses, techs, teammates, a smile will go a long way to setting a good mood and helping you get where you need to be. If you need help, I have found most people very willing to lend a hand or teach you something new, just ask politely. Remember, everyone deserves to be treated respectfully. And don’t forget to be kind to yourself. Get enough sleep, be sure to exercise, and eat well.

3. Be reflective. If you are frustrated with a patient encounter, think about why you feel that way. I have felt frustrated with patients when I really was more frustrated with the healthcare system or with myself for making mistakes. Don’t forget why you went into medicine. Think about what you enjoy about your rotation to decide what is important when deciding on a residency. Give yourself feedback so you can improve your performance.

4. Be a team player. You’ll have the chance to work with many classmates, and it’s amazing how many great friends you’ll find. You’re all in this together, and a good team is always memorable. Make sure the work is evenly divided. Help each other out during rounds, but don’t forget to give your classmates a chance to think. Talk to each other if you have problems or issues; it may just be a miscommunication.

5. Above all, remember you are here for your patients. They are entrusting their health to you. Visit them throughout the day. See if they have questions or concerns as their day progresses, and keep them informed of their plan.

Ultimately, what you get out of third-year is what you put into it. Read every day. Ask questions. Help out wherever you can. I have enjoyed this year far more than I expected. The faculty and staff truly enjoy teaching, and they are there to help you out.

Wishing you all the best!

Crystal Truong
Third year is difficult to describe as it marks the first step of our future in health care. The idea of spending two full years learning and training to become great physicians behind a seat only to be thrown into the hospital with little clue or preparation seems a bit odd, but you’ll be resourceful and flexible in order to quickly acclimate to the pace of things. It sounds a bit trite to say one of the moments I remember the most was my first patient ever, but in fact, this was the case. I was on my Internal Medicine rotation at the VA, day one, when I was assigned to do a full H&P on Mr. C, a 68 yo male with myelodysplastic syndrome who had been scheduled for a routine blood draw to monitor leukocyte count. Unexpectedly, his white count was significantly elevated and he was admitted for a suspected transformation of his disease to AML. Without going into terrible detail regarding the hospital course of Mr. C, the most important part of his story was the shock of receiving such unfortunate news and his attempt to deal with his emotions and fear in such as isolated and lonely environment and my interaction with him throughout his stay. One orthopedic surgeon told me towards the end of my third year that every once in a while she wishes she could be a third year again. Not necessarily because of the exams or hiding behind our naiveté, but for the simple fact that for the rest of our lives we may never get the chance to spend so much time with our patients. As third years, while residents and interns busy themselves taking consults or writing notes on tens of patients, we get the luxury of spending quality time with each of our patients; having the opportunity to learn more about them and their lives than anyone else on the team. This is something to treasure and not take for granted during your next year. For me, being in the hospital and working with classmates and physicians was extremely enjoyable, and while there will be moments when patients or teammates upset you, never forget that your greatest asset during third year is the time you have to spend on patients; to learn their story, build relationships, and aid in their treatment. Mr. C was not the most patient of men, nor was he entirely polite, but it was obvious he was uncertain of his future and was anxious and frightened. Our interactions were brief from the onset, but I remember a particular afternoon as I was leaving his room that he called me back to say he really appreciated my company. While only a simple gesture, it caught me by surprise and made me realize how much our efforts and presence are of value to the medical team. Learn as much as you can and help in any way possible, but always remember, that sometimes your willingness to spend time with patients and ease their pain, in the end, may be just as important to them as the medical care you provide.

Stephen Unterberg
Congratulations on making it past USMLE I to third year. You've succeeded thus far in medical school, and with some more hard work, you will succeed in third year. I am a firm believer that you by now should know what works and does not work for you, so this letter will not contain study tips, but tips on how to shine third year as a student in order to get great letters of recommendation, to get along well with your team, and to have some fun along the way.

1. Never be late. This cannot be said enough, yet there is always that student who is perpetually late. Really this is one of your only jobs that you have as a third year. You will not be graded on your ability to present correctly with the complete and correct plan, nor will you be graded on how many patients you are looking after at one time. You WILL be noticed in a very negative way if you simply do not show up on time and are not ready on time when the resident or attending is ready to round. I cannot stress this enough. Never be late. Got it? Never be late.

2. Be an asset to the team. Believe it or not, people will notice the gunners who throw other students under the buss. Throughout your career as a doctor, your practice will be a team effort, and working well as a team member will be noticed.

3. Eliminate the negatives: When you're on a rotation eliminate anything negative you say or a negative attitude that you may have. Word will spread very fast if you start saying negative things, especially about one of the house-staff.

4. Show some interest: Even if you know that you will never be a psychiatrist or an OB/GYN, show some interest while on the rotation. This may be the only time you are ever exposed to the material so get the most out of your rotation. Remember, only you and the patients are paying to be in the hospital. Might as will make something of that time and money.

5. If you want to go above and beyond, bring in relevant articles about patients cases, but this is not a necessity for success.

6. Ask for letters at the end of your rotation if you felt like you could get a really strong letter from one of your attendings. Let them know that at the beginning of fourth year that you will bring them a CV and instructions on when and where to send the letter. Even if you are between specialties, ask for letters after rotations just in case you end up needing them.

7. Finally and possibly most importantly: Third year can be very isolating. Don’t forget about your significant other and friends. It may be hard for them to understand how time consuming third year can be, but really make an effort to connect with them every chance you are able to.

Brad Venghaus
Dear 3rd year Medical Students:

Congratulations! You are 50% a doctor!! (Whatever that means). You have successfully completed the basic science portion of your education and are about to embark into the clinical sciences.

The key to 3rd year can be described into two words that share the same starting letter: application and adaptation. Everything you learned during your first two years of medical school, in some way or another, you will have to apply to this year and for the rest of your life. Don't believe me? Let me show you.

Let's take a 30-year-old male that just arrived to the ED. The paramedics shout out that he was found laying on a street and a passerby called 911. They are unable to provide more information about him, as he is obtunded and homeless. You gather quickly that he suffers from diabetes (he is wearing a diabetes bracelet) and get right to work assessing the patient.

In your CAP and ACES classes you learned how to properly take a history and physical exam. You assess the patient’s orientation to person, place and time and noticed he has altered mental status. Unable to further inquire about his history, you proceed with the physical exam. On your PE, you noticed vomit on his shirt, dry oral mucosa, poor skin turgor, fruity smelly breath, Kussmaul respirations, grimacing on the patient's face upon palpation of the abdomen diffusely, right lower extremity ulcer that appears infected, hypotension, tachycardia from his vital signs and blood sugar level of 300 mg/dl from the blood glucose meter.

As you start formulating a differential diagnosis in your head, you start applying the information you learned from the basic sciences.

In Anatomy/Neuroscience you learned that somatic pain is often dull and can be localized as emanating from a particular structure as opposed to visceral pain that is described as being more diffuse due to the sharing nature of its fibers with other nerve tracts.

In Histology/Pathology you learned that the pancreas of Type I diabetics shows infiltration in the Islet of Langerhans by lymphocytes causing the destruction of the beta cells that secrete insulin thus rendering your patient's body in a constant insulin deficient state.

In Biochemistry, you learned that hepatic gluconeogenesis occurs secondary to insulin deficiency thus causing hyperglycemia. The impairment of carbohydrate utilization ultimately leads to a build up of acetyl Coenzyme A, which is rerouted to ketogenesis and the formation of ketones, the build up of which cause fruity odor breath, nausea and vomiting.

In Physiology/ICS you learned about the different etiologies of metabolic acidosis and the respiratory compensation that could ensue in such patients. The drop in pH from the ketoacidosis triggers the patient to hyperventilate in a rapid and shallow manner (Kussmaul respirations) to try and restore the body's pH.

In Pharmacology, you learned that insulin causes uptake of glucose in the liver, activates protein synthesis from amino acids and glycogen and inhibits breakdown of triglycerides in adipose tissue and gluconeogenesis in the liver all with the ultimate result of lowering blood sugar.

In Immunology/Microbiology, you learned that the patient's white blood cells are in the process of margination and phagocytizing the bacteria in this patient's infected ulcer and can expect an increase in his WBC count on his blood test.

In the Becoming a Doctor classes/Psychopathology you learned how his disease and quality of life (homeless) could impact his psychological well being, and you try to pursue a morally right and ethical therapeutic management while keeping in mind the implications of his autonomy as the patient.
With all of this mind and after careful consideration of multiple diagnoses, you arrive at the conclusion that your patient is suffering from diabetic ketoacidosis.

My point with this example is to demonstrate that this is when the fun of medical school really begins. Once you start applying everything you have learned, and begin to formulate diagnoses and therapeutic modalities, that is when you’ll begin to feel like a “real doctor” in training.

The other key to 3rd year is adaptation. You must be able to adapt and adapt quickly. During this year you will be working with many physicians, students and other health care providers, each with a distinct set of values and personalities that may not fit yours. You still have to work alongside them and be efficient, so be tolerant and respectful. You will work many hours, sleep very little on some rotations but you must always study regardless. You must READ EVERYDAY. This implies that you might have to read at the hospital because you might be too tired when you get home, so always have something on you to read. The goal, of course, is to apply what you read to provide better care to your patients.

Adapt and apply and you will be fine.

Good luck!

Sincerely,

Ariel Vinas
Dear Third Year Medical Students,

At this point you’ve finished two years of class work and, more recently, your Step 1. Give yourselves a pat on the back, because it wasn’t easy. But now comes what you all actually came to experience. Your third year of medical school, as I’ve been learning since July, is where everything finally starts coming together. All of those pages of syllabus that you read and studied, and may now be afraid you’ll never be able to recall, will start to show their usefulness. You’ve read about almost every kind of physiology and pathology that you will come across. The memories of those labs where you all gathered around a patient and listened to murmur, or saw the crippling effects of arthritis, will be on your mind while you exam patients. So while you may be afraid right now, perhaps even feeling a severe lack of confidence, don’t waste your time on worrying. You’re prepared for the next step, you’ve been taught well for these past two years and you’re ready. So don’t be afraid of the coming year, look forward to it.

However, for many of you third year may still be an enigma. There are an infinite number of unknowns because third year is unlike anything you’ve experienced before. You may wonder what exactly your responsibilities will be, what the hours will be like, etc. Unfortunately, there’s no way to answer these questions because the answers will be constantly changing for you. But there are some tips for getting the most out of this year. The best advice I can think of is to always be flexible, be attentive, be interested, and be prepared.

You have to be flexible, because sometimes your role will change day to day. Your role on one team may be to strictly gather data. On your next service you may be expected to see patients, write the note, and develop a plan all on your own. Just always ask the attending or residents what their expectations of your responsibilities are, and then work hard to meet those goals. Don’t get too discouraged if you don’t feel particularly useful to a team at some points. Just try your hardest to do what the team needs. You’re often helping them out in ways you didn’t even know about.

Next, always be attentive. On rounds, even when the team is talking about a patient that isn’t yours, pay attention. Attendings will absolutely take notice. But beyond that, it’s to your benefit. Rounds are meant for teaching more than anything. Attendings will often know most of the info being presented to them before they even arrive. So be attentive and you’ll learn a lot and look great. Related to this is being interested, or at least appearing interested. Even if you have absolutely no interest in the rotation you’re on right now, appear interested, ask questions, and show initiative. This will also be noticed. And the more interested you appear, the more attendings and residents will let you do and the more they’ll take you under their wing and teach you.

Finally, be prepared. You won’t want to read when you finally get some free time. But try and read a little bit as often as you can. It’s uncanny how often I’ve read even two paragraphs about a random topic and the next day that little tidbit I picked up was pertinent to a patient. Also, when you see a patient, come up with a plan. It may be completely wrong, but when your attending asks you what you want to do with your patient, the only incorrect answer is silence. Don’t worry about being wrong. In fact, expect to be wrong. Often. That’s how you learn.

In the end, third year is so diverse that no two people will have the same exact experience. But it’s not all about your schedule and rotations. It’s about the patients you will see. Just read through the pages of this book and you’ll find plenty amazing stories of medical students connecting with their patients. This is the heart of third year. Patients’ faces will begin to replace the mnemonics of first and second year. You can read about the treatment of a disease 100 times, but not understand it as well as you will after caring for an actual human being with a name, and a face, and history who suffers with that disease. These experiences are around every corner. It may be an open thoracotomy on a stab wound victim on your 2nd day of third year while on trauma call, or it may be the random patient in the hall who asked for directions. These are all experiences to learn and to take something away from. You don’t want to be unprepared when these opportunities present themselves. So be flexible. Be attentive. Be interested. And be prepared. That’s the best advice I can give. So have fun and enjoy the ride, because this will be a year you will remember for the rest of your life.

Gregg Wendorf
Dear friends,

Step 1 is over! Breathe, take a moment to relax, but only a moment because you still have to study for midterm exams, shelf exams, and Steps 2 & 3, but fortunately, none are as stressful as Step 1. You have already been informed of the most important advice for third year: be early and be happy – or, at the very least, fake it well. Remember, perception is reality and no one likes a Debbie Downer. To cinch the good evaluations and help your teammates/interns/patients, you have to be an active participant. Each rotation will be different, but every day you set foot in the clinic or hospital is an opportunity to learn.

There is no more passive learning in 3rd year. You have to be constantly seeking opportunities to be actively involved in patient care and avoid the temptation to sit in front of the computer, checking email and reading Case Files. Go with your patient to see his endoscopy or bronchoscopy. Ask to be called when the Procedure Team comes by to perform the thoracentesis/paracentesis or lumbar puncture. Drop by your patient’s room when the respiratory or physical therapist is there and ask questions about the treatment plan for your patient. Help your interns/residents out in any way possible, and never complain. I cannot stress that last point enough so I’ll say it again, “Never complain.” Just remember that you’ll be working with residents and attendings that have been exactly where you’re currently standing (by the way, two plus hour rounds can be killer on your feet, so wear comfortable shoes).

I think the most challenging part of third year (besides the lack of sleep and vague expectations) is not giving in to the “do your work, then sit in a corner and study until someone asks you to do something” attitude. It is very easy to do the bare minimum and then utilize your daytime hours by reading a textbook, but your residents will notice if you are actively trying to learn by being involved in your patient’s day-to-day care. You will be exhausted at the end of each day and there will be weeklong stretches where you don’t see sunlight. But you’ll be surprised about how much information you absorb by being involved in the treatment of patients at an academic hospital. Everyone (almost) is willing to teach, as long as you appear eager to learn. This year will be stressful and frustrating at times but you will have wonderful and gratifying moments. Good luck MS 3's.

Sincerely,

Elizabeth Wilder
Dear Class of 2014,

Ah, the beginning of third year. Everyone is nervous, no one has any idea what’s going on and all anyone wants is some certainty about what exactly his or her job is. The simple truth about third year is that it is an entirely individual experience. Personal interests, groups of residents, personalities of the attendings all play significant roles in how you will perceive each rotation. My advice stems from my experiences as a third year. I hope that some of you might find it useful.

Listen to Dr. Keeton’s advice. Get to work early. Leave late. Be positive. Do your work. Don’t complain. Be aware of your surroundings. Simple rules that seem common sense, but as third year progresses, it’s obvious that not everyone adheres to them. Trust me, attendings notice, residents notice, nurses notice and it shows up on evaluations. Oh and be nice to nurses. Seriously. They can make your life much easier, especially when you have no idea what you are doing.

Get ready to be tired. Seriously. Tired. This is different than the “I’ve been studying for way too long” kind of tired. There are days that emotionally and physically drain you. I used to scoff at the advice I got before I started: “If you can manage to study an hour a day, you are doing great.” After the first two years of med school, we are professionals at studying. An hour is nothing. Third year comes around and the idea of cracking a book at the end of the day is tantamount to jumping in front of a car. Just study what you can, when you can. Any up to date review book will have most of the necessary info. Just be efficient with your time.

Make the most of your time at home. Don’t forget that your significant others, children, parents, brothers, sisters and friends have supported you up until this point. Value the time you do have to spend with your families and realize that they are going through this process along with you. We may be working fourteen hour days, but they are dealing with us being away from home for that amount of time. It’s a big transition for everyone. At the end of the day, the support from family and friends is what will get you through medical school and beyond.

Know everything about your patients. This gets easier as the year progresses. Eventually, the morning routine before rounds becomes second nature and you gather essential info quickly. At the beginning, however, this takes some time. Know the histories, interventions, vitals, labs (normal and abnormal), and various other studies the best you can. You will learn what you really have to present on rounds, but it’s always better to have the answer for the attending if he or she asks.

Learn to be okay with getting pimped. You don’t always have to know the right answer. On some rotations, you may never have the right answer. What is important is that you always look like you are thinking. Pimping can really get you prepared for an exam if it’s being done correctly. It’s best just to embrace it as best you can, rather than living in fear of every question asked your way.

Help your teammates. The more of a team player you are, the better the rotation will go. You will get to go home sooner, the residents will like you more and the group’s evaluations will end up better. Cover for your classmates when they are running late. Don’t throw them under the bus on rounds. If someone is having a horrible day, help them out, you never know when you might need for them to return the favor. Just take care of each other.

Be willing to do anything. If you haven’t done something before, ask for someone to show you how. Don’t complain. Scut work needs to get done and no one enjoys doing it. Quite frankly, the intern is way more tired than you are anyway. Help the poor guy out. The more you help, the more likely that you will get to do the cool stuff when it comes up.

Finally, the patients are what matter most. There are patients who will stick with you for the rest of your careers. Often enough, our role in their care is pretty minimal, maybe even non-existent. As rare as they may be, there are moments when you really are the difference maker in a patient’s hospital course. Maybe a pericardial friction rub no one else noticed. Maybe a new motor deficit that wasn’t there before. Things that only you will find because you have the fewest patients on the team, the most time to spend with them, and on a great many rotations, the only one with a stethoscope, penlight, etc.
Enjoy your third year. This is what you came to medical school for. There are no more marathon lecture days. You have a tremendous amount of knowledge. Step 1 is finally over. Now it's time to see it happen in real life. You will start to feel like a doctor. You have an incredible opportunity ahead of you and don’t forget what a privilege it is to be in medical school and on your way to becoming a physician. Internship is just around the corner.

Best of luck to you,

Marcel Wiley
I know what it’s like to watch a loved one die. Over a year ago, after another bout of pneumonia, my grandmother rapidly passed away. Fortunately, my family and I could travel to Florida in time to say goodbye. The skilled nursing facility, or SNF, as I’ve come to understand the lexicon, provided a comfortable environment for her. We had no complaints, though bereaved by the occasion. During the past year, I’ve seen death from the perspective of a health care worker.

“Is he a full code?” I overheard a nurse discuss at the station. Rounding the corner, I pushed through a congested hall before standing on the fringes of a throng of people conducting the code. The patient’s wife exited tearfully and visibly upset, crying and moaning. After a few minutes of chaotic frenzy, they transported this somnolent, obtunded man to the ICU. My intern stood nearby. Stunned, he told me that he happened to be in the room when the patient became unresponsive and pulseless. Telemetry even indicated asystole at the exact moment he called the code. Thanks to the intern’s quick actions, the patient lived on for awhile longer, much to the relief of his family.

Prior to this event, I would visit the patient about three times per day, usually talking with one of his brothers or wife, whoever was on-shift. They unanimously desired and almost insisted on a full recovery from this cancer at the start of hospitalization, despite the known obstacles. I educated them continually on the nature of metastatic renal cancer and the unfolding prognosis, relaying what information I could from the residents and attending. The investment of my time earned me a place of trust over time. They addressed me as a doctor, though my badge was clearly labeled “MEDICAL STUDENT.” I would hide my chagrin at first with a polite smile and thank-you-but-I’m-only-a-student reply. I could see that they respected me anyways, and despite the fact that I am not a Muslim or from Turkey, like they are. In a spiritual sense, I could see that I belonged in this struggle, as the family slowly prepared for a fate they had not accepted before. Eventually, it was time for me to leave the rotation and leave this family behind while they decided how to proceed with the care of their loved one. As we hugged and said goodbye, the brothers handed me business cards as an added gesture of kindness. It was a situation I could not have prepared myself for without having been involved in before.

During third year clerkships, I’ve not had another patient encounter like this. The vast majority of my patients left in better condition than in the hours or days beforehand. I have many pleasant and fun memories that I could share as well. There will be many cases left unresolved as you rotate through, and you won’t be responsible for them afterwards. In the limited time you have though, you can still connect with patients and families as people, learning relational skills that will not improve without practice. The more acquainted you are with a patient, subjectively and objectively, the better your care will be. Holistic medicine, after all, essentially focuses on “the whole person.” Don’t forget what makes a person whole.

David Wilson
“Success simply comes from going from failure to failure without loss of enthusiasm.” – Winston Churchill

Dear Third Year Medical Student,

Congrats on being done with basic sciences and Step 1! You don’t know this yet, but this is a huge accomplishment and a testament to how far willpower can take you. I remember looking back at the beginning of my third year, and being excited purely by the thought of being outside of the classroom and finally into the real world. All the promises in this book are true; unfortunately so are all the warnings.

I promise that you will be a different person by the end of your 3rd year. You will see people differently. The hospital will feel like home. You will realize life is full of injustices ranging from being diagnosed with metastatic cancer, to needing an imaging study but not having the means to pay for it. At first, you’ll feel defeated but eventually you’ll realize what battles are worth it and which ones you should let go. One of the hardest things to endure is seeing a patient die under your care. An elderly patient of mine came into the hospital after a motor vehicle collision, and when I first met him he was not badly injured but he did have a small brain bleed and a femur fracture. Unexpectedly, he started deteriorating and his family decided it would be in his best interest to not attempt resuscitation. One day after rounds, my teammate and I decided to randomly pay him a visit. He started showing signs of impending death, and while we wanted to hold on to his life, there was nothing we could do but watch. I knew both of us had gone through the “change” because neither of us had any words to express, but we just silently proceeded to remove his tubes and IV lines so that his family could have a proper farewell.

I promise that people will view you differently as well. Patients will look to you to explain what their disease process is, how long they have to live, what their life is going to be like once they leave the hospital. A lot of times you will not know these answers, but when you are able to give them a confident answer, you become an important part of their lives.

Just a warning – at least one time during 3rd year, you will start describing yourself as being “burnt out.” Take a break. It is ok! This is not like 2nd year where if you miss a weekend of studying, you are destined to fail the shelf. Take the weekend to get out of town, go to the farmer’s market, hang out with friends, anything to get yourself away from the healthcare setting. You’ll be surprised how much you can bounce back after a full night of sleep, or a delicious meal with a friend.

Another warning is that when you walk out of a shelf exam, you will not always feel good about how you did. You will see neurology material on an Ob/Gyn shelf and insect taxonomy on a Family Medicine shelf. Time will be an issue. Don’t get discouraged by how you do on your first shelf. Trust yourself that by the middle of the fall semester you’ll catch on how to study better and what to expect.

Finally, I promise that life will be easier if you work as a team. You never know when you’ll need a favor, and being 5 good medical students is stronger than being the only excellent gunner. Plus, you do not want to be that one classmate that people dread working with.

You do not need luck, you just need a good question bank,

Eunice Yook
Practical Guide to “Getting to know your patients.”

You will hear a lot of people say, “get to know your patients.” If you are like me, you’ll think “Okay…How do I do that?” I feel the key to knowing your patients is having a good template. First I’ll give you some pointers on templates and how your superiors seem to know more than you at all times. Then I will lead you through my morning ritual of filling in my template so I know my patients.

Why use a template? They help you to give a smooth, consistent, logical, info-packed presentation that holds all patient info that is necessary for you to know (and your attending).

Your attendings will use small pieces of blank paper, upper-level residents usually have a larger blank sheet of paper. Interns almost always use templates. Attendings don’t need all the little data points, upper residents don’t need all the little data points. Interns and med-students need all the little data points (like how patient R’s glucose is trending over two days). You may think, “My god, how does my attending know so much with only a 3x5 index card half scribbled on?” Well, they have interns and med-students to act as mobile medical records to be accessed on rounds. They also have lots of experience and probably scanned the records before rounding and needed a refresher. Don’t worry, they’ve been doing this longer than you have. You’ll be like them in 5 years.

Templates are awesome. Find one and use it. If you don’t have one, I’ll give you mine. Trust the template. Fill in the template. Use it for every patient, every day for at least two weeks. After two weeks of using only the template you may feel more comfortable using full pieces of blank copy paper and just write the template on it.

A good template will lead you exactly through how to present (CC, HPI, assessment & plans, or on recurrent patients: “SOAP”). If you have to periodically look at your template when rounding, that’s fine just make sure you have the numbers and consults for your resident or attending. If you don’t, just stick with it. You will get used to the order and eventually you will be able to present without it BUT you have to go through it, over and over and over again. Like I said, at least two weeks—two weeks with 2-3 patients per day = 20-30 practices and double that if you present separately to your resident and then your attending.

I obsessed over making the perfect template for about two weeks then used it for two weeks. Just as the four-week rotation was over, I was giving really good presentations. Don’t be like me and reinvent the boat; use my mangled wreckage as a warning of shallow shores to stick with a template on day 1 or 2 and go with it.

Now that I’ve harped about having a template AND using it, lets go through my routine in the morning. I usually have a stack of blank templates or it will be stored on UH “My Documents” and I print one off.

Routine for new patients:
1. Arrive in the morning and look at whiteboard or electronic medical records or sheet of names to see patients and their chief complaint, ex “chest pain, Suicidal ideation” On template I write their name, age, ID, and CC on it.
2. Find, then read/print, a previous note for admission. (No one gets to you without someone--nurse, PA, MD, front office receptionist--writing something about why that person is here.)
3. Read the note. Check what medications they are on right now and write those down in the template area marked “meds” and include dosage and time of administration.
4. Get the recent numbers from EMR or notes (vital signs, CBC, Chem7, other labs)
5. Look at any imaging or consults and write the impression or summary down.

Now I half-way know my patient. Lets go see them and get the other half. If I see their nurse on the way, I’ll get more info on
how the patient is doing.

6. Go see patient. After talking to and examining the patient, write it all down on my template.

7. Head back to sitting area/command post.

8. Attempt to come up with an assessment and plan. When I say attempt, I mean at least 2 problems and have a guess of what to do for each.

I now know my patient and can proceed with helping them.

Routine for recurrent patients:

1. Same as for new patients except I have my template with the previous days stuff on it.

2. Copy important stuff to new template.

3. See step 4 in new patients and go from there.

Now you might be thinking, “I’ll be carrying lots of papers.” Maybe, but you have lots of pockets and strong trapezii from all those books in your backpack during first and second year. It’s not that bad. Stick with it. You will get more efficient and more comfortable.

See you around. Wear comfortable shoes.

Sincerely,

**Chris Zernial, Class of 2013**

P.S. I have templates for Medicine wards, Psych inpatient/PES, NICU, Peds, Ob/Gyn, Surg as xxx.doc.
Letters to a third-year student – from the class of 2013

Dearest Third years,

First of all, Congratulations on making it to third year!! It is going to be a great experience (overall) and you are going to learn so much about yourself. Here is a list of advice for you all (because I could not pick a touching story to tell). I spent my third year in Harlingen, but most of this applies to everyone.

1. If you are a full-time RAHC student, get used to other students looking down on you and making comments. They will say things like RAHC students are lazy, don't work as hard, have it too easy, don't get good residency spots, etc. This is not true AT ALL, we are not lazy, and we work just as hard as everyone else, we just don't get our time wasted as much. When there is nothing to do, we are usually sent home to study rather than just sit around in the hospital or clinic. And as far as residency goes, every student in the previous class matched with most of them getting their first choice. The RAHC isn't for everyone but given my learning style, it was the best decision I ever made for myself.

2. Don't be afraid to ask to change your schedule or the attending/specialty (this is more RAHC specific). Most of the time it can be done if you give the clerkship coordinators enough notice. Don't be shy, this is your education and it is up to you to get the most out of it.

3. Remember when Dr. Keeton said “Third year is where hard work makes up for lack of knowledge,” this is true. Third year is not about knowing all the answers but knowing how to find them.

4. On your first day, firmly shake your attending’s hand, look them in the eye and say “Nice to meet you.” Another pearl from Dr. Keeton.

5. Do NOT put too much information on Facebook. You may think it is funny to talk about a crazy patient you had that day, or complain about an attending, but it’s very unprofessional. You never know who will read it and what the consequences will be.

6. If you want to do something (drive the scope on GI, watch an ultrasound, close an incision on surgery, etc.) don’t be afraid to ask. Sometimes the attendings won’t think to let you do it, but it’s ok to ask, it makes you look interested.

7. Don’t compare yourself to other students, and don’t let others do it to you. You are unique and you have strengths where others have weaknesses and vice versa. It should not be about competing with other students but working together and learning from each other. And just an observation I have made over the years: when someone is constantly bragging about themselves, they are usually lying. When most people are actually doing well, they don’t feel the need to go around telling everyone.

8. Observe your superior’s behaviors and take mental notes of what kind of physician you do and DO NOT want to be.

9. Get used to (and laugh about) the idea of looking stupid every.single.day. Embrace it.

10. Keep your mind open to every specialty and try to learn from it. You never know what you might fall in love with.

11. Don’t be too hard on yourself and obsess over evaluations. As hard as they try, evaluations are never completely objective. Just give your best at all times and don’t worry over the small stuff.

12. Have your fellow student’s backs. There is no point in throwing someone under the bus, it just makes you look bad, and it’s bad karma. If another student is being pimped and you know an answer they don’t, keep your mouth shut unless you are specifically addressed. Either try to secretly sign or mouth the answer to them but do NOT jump in and answer for them.
13. Don't judge your patients. Our job as future physicians is to be the most neutral person in the room and provide equal care to every patient regardless of our personal beliefs. You never know a person's history and rather than condemn them, show them compassion.

14. Never lie. It is better to look like an utter fool than to be known as a liar. Trust is important.

15. Professionalism is key. You will see a lot of unprofessional behaviors around you, but treat the position you are in with respect and dignity.

16. Take care of yourself. Exercise, eat right, keep your hobbies, go to the beach (if you're in Harlingen J) and make time for your family and friends.

17. Be nice to everyone and smile.

18. Lastly, always keep a positive attitude and remind yourself daily of how lucky you are to be a third year medical student.

Third year is an amazing journey and you are going to learn sooo much! Have fun!!

Best of luck!!

**Tiffany Castellano**
To a third year medical student and colleague,

Congratulations on finishing the basic science years! Your learning environment moves this year from the lecture halls to the hospital wards. You’ll face many challenges, but when you stop to reflect, and I hope you do, you’ll realize what a gift we’ve been given each day.

Being a student at the RAHC shares many characteristics with being in San Antonio. One difference however is you bravely chose to add adjusting to life in a new city to the stress of being a third year. Inevitably it will happen. You won’t sleep well the night before your first day. It might even happen at the beginning of every rotation. Even though you get more comfortable there will always be some unknown to each start. Don’t be burdened by it though. You will make mistakes. You will get two of ten questions right during a pimping session. You will show up to the wrong place. And after all is said and done, you’ll be okay. I speak from experience.

Understand that you need to work hard every day. Sure, you’ll be tired and there will be patients that are difficult to care for but that cannot change your approach. The faculty and staff down here are for you. They’re in your corner. The academic coordinators are incredible. They are an invaluable resource here so use them. Dr. Valdez really is interested in making this the best experience possible for students so she responds quickly when you need help and takes your feedback seriously. There are some attendings you mesh with better than others, but all of them are willing to teach. Don’t be afraid to ask questions. There aren’t many students down here, so you’re front line. You’ll help with procedures, be first or second assist in surgeries, deliver babies, and be the only one who gets asked questions. There are fewer places to hide, but I think that’s one of the better qualities. It forces you step up. Watch your residents and attendings and build a mosaic from their styles. Try to implement the things different people do particularly well.

Sometimes it can feel like your role in the team is pretty small. Do your due diligence and try to understand why tests are ordered and decisions are made. Waking patients up in the morning to ask how they are doing and when their last bowel movement was may not seem too thrilling, but it is what happens. Part of caring for patients as a team is to cover each other when we make mistakes or overlook things. I remember pointing out to the team a patient had positive blood cultures before a procedure. The procedure got cancelled because of it. I otherwise felt the work I was doing was repetitive but in this case it made a difference. Take time to get to know your patients. My most memorable experiences are not from when I delivered a presentation well or came up with my own assessment and plan, but when patients thanked me personally. One was a woman crying the first time we met who I spent forty five minutes with the next morning hearing about what she was dealing with. Another was a patient who I delivered news to regarding her diagnosis because my resident couldn’t speak Spanish. And of course there are more stories. This year your impact with patients may not be diagnosing, but that doesn’t mean you can’t play an important role in their care.

Finally, Harlingen is not the most active, young place but there is plenty to do. Make the time to get to know other students here. Do happy hour or go out to eat somewhere. Some days you’ll convince yourself you don’t have time when more than likely you do. Take care of business, but be social as well. South Padre Island is less than an hour away. Go, relax, have fun, and then do it again next weekend. You need to balance the studying and time in clinic with time where you check out. Overall, enjoy the year. It will go by quickly.

Jeff Chambliss
Dear MS3,

If you made the decision to come to Harlingen for the year, good for you. I spent the year in Harlingen and it was one of the best decisions I have ever made. Here are my thoughts on why I think you made a great decision. I’ll sprinkle in bits of advice along the way.

I did the Medicine Clerkship first, and first 2 months were not much fun. I blamed this on being in Harlingen, but later learned that it was the clerkship that made life a little difficult, not my location. Starting your 3rd year is stressful and the feeling that you have to do everything perfectly from day one is hard to deal with.

*First piece of advice, take it easy on yourself. This year will put you into positions that you may have never been in before. The work can be demanding and it takes time to get comfortable. No one is perfect and everyone takes time to adjust. Do the best you can, prepare as much as you can, learn from your mistakes and pay attention to advice from your residents and attendings.

*Second piece of advice, trust what you learned during your first and second years. You know a lot about medicine. There is a moment when you realized that the things you learned about in the last two years are real, and that you can apply your knowledge to help someone. Some of you may have already realized this. For those of you who have not, it will happen, trust me. After that you will start to believe that you have what it takes. You do.

Back to the story…My friends in San Antonio were having the same problems I was (having to wake up early, studying all the time, having to learn the hospital EMR, etc). Once I realized this, the benefits of being here in Harlingen became more apparent. One of the biggest benefits is the great support system you have here. Take advantage of the great people in Administration and in the Dean’s Office. Also, turn to your classmates for support.

*Third piece of advice, if you are not sure about something ask a classmate. It is likely you will find a classmate who has already done the clerkship you are on. It is also likely that he/she and had the same questions you do.

*Fourth piece of advice, be there for your classmates. The things you struggled with can make their lives much easier. Being able to help your classmates makes the stress you went through worth it.

I’d like to leave you with these thoughts about your decision to be a full-time RAHC student:

1.) The students that come down to the RAHC for the year are a special group. They are the type of people you want to surround yourself with during the stresses of 3rd year. They are all friendly and ready to help you at a moment’s notice. Whether it’s doing research on your patients, running errands for residents, pulling you away from school to relax, etc. Also, take advantage of the clerkship administrators and the people in the dean’s office. It is obvious from day 1 that your education is their #1 priority. You can ask about anything you need and they will “bend over backwards” to help.

2.) While I missed my friends, staying in San Antonio would not have solved this problem. Most of my friends in San Antonio were too busy to get together the way we did during 1st and 2nd year. The only time some friends saw each other was when I went up to San Antonio to visit. If you are not friends with the other full-time RAHC students before the year starts, you will become friends very quickly.
3.) Spending the year in Harlingen shows that you have the courage and resourcefulness to go off the “beaten path”. I use the term “beaten path” lightly because the staff and physicians here provide a top-notch education. Spending the year at a regional campus (like the RAHC) is excellent material when it comes to residency interviews.

I am excited that you decided to spend the year in Harlingen. You will meet people and do things that you will remember for the rest of your life.

Have a great year.

Robert Martinez
In 3rd year, life begins anew and you truly become reacquainted with the reasons why you chose this most noble profession. You get more sleep overall, study less, and get to actually see and manage real life patients. You get to see things that you either have never seen or not seen in a long while. For example, when I started pediatrics, I was amazed to see what a baby looked like in real life. I hadn’t seen one since my little brother, and I became terrified of carrying one for fear that I might somehow injure them during examination. Half-way through my pediatric rotation I was examining babies like nothing, lifting them up, turning them this way and that way, going through all the reflexes, as if I had been working with babies for a long time. Then in OB/GYN you get to actually deliver babies, especially in Harlingen. 3rd year at the RAHC in Harlingen affords one many unique opportunities. That you’re located near the border, that you’re sent all over the valley and get to see a plethora of different patients, that you’re always awake and alert because you get fed great food here. Half-way through 3rd year you’ll already have seen hundreds of patients and feel fully confident in walking into any room and examining any patients and speaking to however many numbers of family members may be in the room. And if you know a little Spanish, but didn’t get to practice it, you’ll become fully fluent in Spanglish during your 3rd year. Many times there have been sweet, older patients who have sat patiently while I finished my assessment and plan to them in what I believed was completely perfect Spanish, only to have them correct me afterward and find out I said the wrong word for “constipation” by saying the English word, but with an accent. You’ll discover some attending’s are good, and others are great and sit down with you and take you under their wing. You’ll also discover that you may not always want to correct nurses or PA’s who call you “Doctor” because it has a nice ring to it, but of course you will. And when you discover that you are able to do a whole lot of “hands-on” procedures and actually do them, you realize just how amazing and diverse the field of medicine is. You’ll wake up each morning excited to see what the next day has in store, you’ll realize that you’re becoming the doctor you were always meant to be. You’ll be proud to be wearing the UTHSCSA patch on your white coat and to be carrying every known medical instrument ever made in your white coat pockets along with a board review book, ready to heal the world, one patient at a time.

Omar Najera
To the incoming MS3's:

To me, the biggest challenge of third year is being stuck in the awkward transition away from being just a student. It challenges us to strike a balance between the student concerns of studying for exams and getting good evaluations and the professional concerns of learning to actually practice medicine and contributing to the care of patients. There are a few guiding concepts that I think have helped me make it through the year.

1. Enjoy yourself. You have no real responsibility and a plethora of opportunity. You can sulk in the miserable parts of third year or focus on the highlights. Deliver babies, spend extra time talking to patients you like, participate in procedures you think are cool, etc. Make it fun and don’t get dragged down by negativity.

2. You’re not locked in the library anymore. You’re working with a constant stream of real people now. You’ll be asked about yourself dozens of times. Show the same interest in other people around you. It’s easy to get so caught up in the student role that you forget to interact with the people around you.

3. You’re not just a student anymore. Find ways to be productive and help your team. You’re still a student and still primarily focused on learning but it’s time to start being a contributing member of society. Don’t hide behind the student title.

4. A good team is more noticeable than an excellent individual. You get a lot more mileage out of helping your team excel as a whole than you ever will by doing well only as an individual. Get on top of your responsibilities and then help others with theirs.

5. Make learning a habit and dive a little deeper than the review books. Read a few pages every morning, set a medical blog to your homepage, find a medical podcast you find interesting, etc. Find things you’re excited about and keep yourself learning.

6. Accept feedback. You’ve probably heard that before but take it to heart. Take criticism as a chance to assess yourself. Be especially careful with feedback from those you don’t get along with. Readily disregard the malignant but don’t ignore a good point just because of the messenger.

7. Act like the kind of physician you want to be. If you start out sloppy you’ll just cut more corners once the pressure is really on. If you’re not going to take the time to do a solid physical or to provide some support to your patient now, when will you?

8. Enjoy yourself. It’s really worth repeating.

It may seem a bit masochistic at times but third year really is a fun ride if you give it a chance. Cultivate the positive experiences and enjoy the year for all its ups and downs. You’ll feel better, be more productive, and hopefully some of your attitude will spread to those around you. The year can be insane but you just have to learn to relish in it and laugh at the craziness. Even the worst day will quickly become a good story. You can either let the year break you down or build you up.

Sincerely,

Bryan Wilson
Dear third year,

Congratulations! You’ve finally made it to your clinical years where the real fun begins. Below is a simple list of categorized bullet points that I found helpful this past year. I hope it is useful to you, too.

**General**

- From my experience, the shelf is what often separates an A from a B student. Keep this in mind and remember your priorities. Make sure to save some energy for studying when you’re not working.

- Some attendings are very academically driven and love to hear about the latest news about their field. Bringing in a relevant article that will enhance the care of a patient and teach them something new is always looked upon favorably.

- I personally thought that First Aid for the Wards was helpful to skim through prior to starting a rotation, because it often went through useful practical everyday tips and a basic summary of the highlights of different fields.

- Often times I had to shift my schedule so that I would sleep after I got home and would wake up early to study. Find what works for you.

- After seeing a patient read as much as you can about their diagnosis and sear their history and physical into your memory to recall later.

- Attempt to speak Spanish. Just introducing yourself and then using a translator shows that you are making some effort to communicate better.

- Maintain your good physical exam skills and habits now. Don’t give into sloppiness, but stay efficient.

- This is the most time you will ever have to spend with a patient. Take time to really get to know your patient and own his/her care. Strive to be the first to know about new results of tests and imaging.

- Don’t be afraid to be independent. Start IV lines for your patients and ask to do procedures. Gain experience now before people are watching during fourth year.

**Harlingen**

- Google maps is NOT reliable. Use the directions that the academic coordinators give to you to find clinical sites.

- Get a list of all the VBMC codes for different departments. It will make your first days much easier.

- The RAHC’s faculty and staff are so wonderful and helpful and go above and beyond. Make sure to use this useful resource.

- The attendings go out of their way to make you feel welcomed. Don’t be surprised if they take you out to a meal, introduce you to their family, or invite you over to watch a game.

- Someone is usually always around to hear what you are saying. Word travels quickly in such a small town.
OBGYN
- OBGYN schedules are very fickle because of deliveries so always clarify your schedule and bring material to study in case they run a little late.

Psych
- Don’t go into a room by yourself without someone knowing you are there. Follow your gut, if you feel unsafe.

Medicine / Family
- Have someone who has completed the rotation take you through the hospital to show you around and go through the normal routine. It’s okay to feel lost at first. You’ll be surprised how quickly it takes you to get the hang of things.

- Dr. Hanley, the Internal Medicine residency director, is your friend. Don’t be intimidated by him and instead have fun during morning report. The sooner you become okay with being wrong or not knowing, the more enjoyable it will be.

- When making your assessment and plans think everything through on your own. Don’t just copy what you’ve heard from your resident or intern. Do your own research and contribute to the group, especially if it’s a difficult patient.

- Most physicians at VBMC are very open to talking with students. Don’t be afraid to talk to consults about your patient. They often will give you a mini-lecture or offer to let you watch a procedure.

Pediatrics
- Some kids become so much easier to work with if they know they’ll get a sticker. Dora the Explorer, Toy Story, Disney Princesses, and Sports stickers seem to be the most popular.

Surgery
- Before starting a surgery, introduce yourself to the medical team and get your own gloves and gown so it’s ready when you need it.

- Go over the names of the instruments, knot tying, and anatomy prior to starting.

Best of luck,
Krista Young