

Letters to a third-year Student

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“There’s always the possibility that we will come to a new understanding and to perceive the body as a primal mystery and therefore sacred. Again and again, in patients deformed or ravaged by disease, we are stunned by a sudden radiance.

This is not always comforting; there is terror in occasions that lift the veil from the ordinary world.”

Letters to a Young Doctor, Richard Selzer MD

*Letters
to a third-year Student
2008*

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Foreword

To our third year students

I still feel the miracle of every birth that I attend.
I still feel the joy when a patient recovers from an acute illness.
I still feel the pain when one of my patients dies.

As a physician, you are honored to share these critical moments in the lives of your patients and their families.

When they are happy, you can share their joy.
When they are in pain, you can be there to comfort.

You can go from being a stranger to becoming part of the family in almost no time at all. It is not always easy, but it is always rewarding.
You may worry that you don't have the same knowledge or experience as a real physician. Fortunately, your knowledge and experience can only grow from here.
However, what you do have is the ability to care, to listen, and to be there.
Dr. Lonnie Fuller wrote in JAMA,
"No one cares how much you know, until they know how much you care."

Hold onto your caring skills and share in the joy and sadness of your patients.
Listen, and be there for them.
Heal when you can, and comfort always.
Enjoy your new role.
It is truly a privilege.

I originally wrote this poem to read to beginning third-year students at UCLA in 1998 and I updated it for you. You may wonder if this really a poem? Where is the iambic pentameter? Yes this may only be prose disguised as a poem but I have never claimed to be a poet. However, I am a doctor and a teacher. I have had the privilege to teach thousands of medical students over the past twenty five years. Every one of you is a special unique person with so much to give to your patients and the world. I have especially enjoyed my role as advisor and mentor.

This is such an incredible time in your lives as you become doctors. The third-year is the year of great growth and transition. It is a year filled with wonderful opportunities and some hazards. The letters in this book are filled with heartfelt and thoughtful advice from the students that have gone before you. Read them now and again when you need a booster. While my third-year of medical school happened twenty seven years ago in New York City, every one of these letters could have been written by one of my classmates. The third year of medical school is more than a right of passage it is a year of personal and professional growth that will never be forgotten.

Now it is my time for me to give you some advice.

- Take care of yourself. Doctors and medical students are very good at caring for others but self-sacrifice comes too easily for those of us driven to help others.
- Don't skip meals and sleep when you can (not during rounds - it might affect your evaluation).

- Find a way to fit in exercise so your body doesn't atrophy while your mind hypertrophies. This can include the stairs in the hospital. I also encourage more freeing and pleasurable exercise such as running, swimming and cycling. That doesn't mean you have to train for a triathlon, reserve that for fourth year.
- Spend time with the people and animals you love. If you love your classmates that's great but don't forget you're spouses, significant others, family and pets. They will keep you healthy and help support you when times get tough.
- Fatigue, sleep deprivation, pressure to perform on tests and on the wards, patient loss and being there for families and patients experiencing tragedy can lead to depression in any one of us. Don't ignore these feelings, this is when you need to be most kind to yourself, care for yourself and get help from others. Sometimes all you will need is a good run, a good movie or good friend to talk to. If that doesn't work and depression persists please get help from a professional. Counseling and antidepressants work.
- Have fun caring for patients and learning. This is the time to apply all that you have learned in the classrooms and in life. Your patients will value you and you will make a difference.

Congratulations for getting this far. I wish you all the best and have confidence that you have what it takes to be a great doctor.

Warmest regards,

Richard P. Usatine, MD

Professor, Family and Community Medicine
Advisor, Student-run Clinics



Personal/Professional advice

Dear 3rd year student,

It's the advice you were given in elementary school,
It's the same advice your parents/caretakers told you repeatedly,
It's the same advice your teachers in undergrad and UTHSCSA reiterated,
It's the knowledge that you already have within you,
"Good attitude, hard work, TEAM PLAYER, and integrity" always pay off.

I cannot over emphasize how crucial the above mantra helped me survive 3rd year. My overall experience of 3rd year was wonderful, I learned so much clinically as well as about interpersonal relationships w/colleagues, superiors and patient's families. I'm not the first or the last person to tell you that "friendship" and "work ethic" are two different things; you will be pleasantly and unpleasantly surprised by your classmates.

There were times that I had been up working for more than 24 hours and was still expected to scrub in surgery and participate fully, not to mention being pimped endlessly during the procedure. I wanted to tell my Attending and the residents that I did not really care, did not want to be a surgeon, did not want to be at the hospital, did not want to talk, let alone think, all I was craving for was not even food but my bed! But I kept telling myself that a good attitude and hard work would pay off in the end. All they were doing were making sure that I learned crucial information that would help me save lives in the future. Of course after this, I headed off to the lectures/quiz, not my bed! In life, you don't always get to do what you want all the time. I reassured myself that others had gone before me and excelled under the same conditions, I too would survive.

There were times that for whatever reason (may be I was tired, had a bad day, a long day, curt, tired interns/resident/attending?) that I felt that I had been dealt a bad hand - ending up with challenging patients, more work or feeling that I was being pimped more than my colleagues. All I wanted to do was whine and complain and point fingers, but I kept reminding myself that this day would pass and that I would be evaluated based on how I did under pressure. So I held on. I urge you to get a friend (classmate 3rd year) that you can vent to in case the need arises. It'll help ease the burden.

During your entire year of clinical rotations, you will work with over 200 people (techs/nurses/classmates/interns/residents/attendings), definitely not all 200 of them will think you are great. So, basically be realistic about your expectations/evaluations.

You will be surprised at how much the interns/residents/attendings notice and pick up about your study habits and interpersonal relations w/your team. You will be further surprised when the good things you did and thought nobody cared enough to notice show up in your evaluations (gateway to residency programs).

Medicine is very hierarchical; please respect the chain of command! Please be courteous to all staff, especially the nurses and techs. Some of them have worked for decades with your Attendings and will make comments (neg/positive) to them about your attitude. Please remember that they "technically" know more than you about the daily runnings of a clinic or minor procedures. If you are observant, you will learn a lot from them.

I would urge you not to take things or comments from interns/residents or Attendings personally unless it's a serious issue. Remember they are human too and get tired and stressed out; their priority is to save lives. So when that intern/resident cuts you short during your



presentation or looks at you as if you are in their way, just empathize with them. Just realize that he/she is making life and death decisions on a human being at that exact moment.

In the end, it will all work out fine.

You will meet some extraordinary interns/residents/Attendings, please never forget to thank them if they have made an impact in your life - it may be in the form of teaching, encouragement, tips on how to improve, or someone who displays qualities that you would like to emulate in the future.

You will have bad days, but if you are a hard worker, team player, punctual, reliable, and appreciative, I promise you that your wonderful days will outnumber your bad days by far. It will all work out well in the end.

Thanks!
Anonymous



Dear MS3,

First and foremost, this year will be the best and worst year of your life. You will feel a high you have ever felt before when you see medicine at its best and you feel partly responsible for the care involved in changing someone's life forever. You will also feel lower than you have ever felt before when you have been awake for 30 hrs and doing nothing but taking a mental beating by your attending and residents for not being able to answer an easy question because you're so tired you can't even think.

The greatest change from first and second year to third year is the loss of freedom. In the first two years, you had choices. You could choose if you wanted to go to class and you could choose your study time. Never in your life will you have as little freedom as your third year of medical school. You will be told when you are working and for how long. You will be at the mercy of your attending and/or resident to let you go home and study. When you are "on," work hard. When you are done with your work, pick up a book. You will spend enough time at the hospital or clinic. When you are "off," make sure you are off. Be a normal person and get as far away from medicine as you can.

Those of you with families, always tell your spouse that you will be home at the latest possible time. If you come home late, then it is expected. If you come home early then you will be loved. This tip will also help you mentally prepare for the worst and hope for the best.

Finally, always choose clinical experience over reading. If your resident has a good case, put your book down and follow the resident. There is no substitute for experience. You will see people and diseases this year that you will remember for the rest of your life.

Have as much fun as you can and take each day as an opportunity to learn something new and exciting. And remember, you will soon be a doctor.

Sincerely

MS N



Dear Future Physician,

It's amazing what a year can do. When I was where you are, I felt like I was ready to take on the world. I had no idea the changes that would take place over these twelve months, how I would grow, how I would become more confident, how I would be acutely aware of how much I have to learn, how unaware I was of how tough this job really is going to be.

There are so many things I wish I had known when I was in your shoes, when my coat was still crisp and my feet had fewer calluses. You'll learn what you need to carry in your coat pockets and you'll figure out where everything is and how to get where you need to be.

I am not the face of wisdom. I make no pretences that I know everything there is to know about being a third year medical student. But there are some things I wish someone had told me before I started that I'd like to share with you.

First of all, remember your sense of humor. When you're sent to do a rectal exam on a very demented and very hard of hearing veteran with a history of violent outbursts and you've screamed at him for the fifth time, "I have to check your bottom", in a room with four other patients and several nurses with only curtains to block your voice, take a step back and realize just how funny this situation really is. It's those little moments that will get you through your days that can sometimes be a little dull.

Remember how hard your interns and residents work. Regardless of what service you're on, they carry more patients, have ten times the responsibility, and do ten times the work as we do. So, be kind to them. Realize, especially on surgery, that they're running on 45 minutes of sleep in a 36 hour period on a good day. Get them a cup of coffee. Ignore them if they snap at you. It's not personal. They're just exhausted.

Remember that you will make mistakes. You will write something down incorrectly. You will lack information that's important. You will ask the wrong questions. You will come to the wrong diagnosis. You will forget an answer on rounds. You will completely forget to record things. You will be in the wrong place at the wrong time. You will get lost. You will suggest an inappropriate plan. You will drop instruments. You will break sterile field. We've all done it. None of us is immune. The most important thing is to learn from those mistakes. If we were all perfect, third year would be unnecessary. Mistakes are what make us stronger.

Remember you are stronger than you think you are. You can endure more than you ever thought you could, and you know more than you think you do. Trust yourself and trust your instincts. This year you will learn how to be patient with yourself and with your patients. You will learn how to really listen and not just hear. You will learn what you're good at and what you're not so good at. You will learn what you like and what you hate. But you have to be willing to trust your intuition and really examine yourself in order to become as strong as you can be. Beneath the surface in all of us is an amazing strength to persevere in the face of anything. You will find that strength this year, and it will be a wonderful discovery.

Lastly, remember your humanity. This year you will be invited into the most private moments of your patients' lives. You will witness the birth of their child. You will stand with them at the death of their loved one. You will watch as they make the decision to discontinue treatment. You will rejoice with them when they get better. You will observe just how hard physicians can fight to maintain a beating heart. You will hear stories that will shock you. You will meet patients whose strength will awe you. Your patients are your true teachers this year through their diverse and oftentimes contrasting human experiences. Listen to them and learn from them. Remember them and your year will have been a successful one.

Anonymous



What My Patient Taught Me

Second year ended and after the USMLE Step 1 was behind me, I felt as if I had arrived. Finally, no more long days of dry lectures that attempt to put into words clinical knowledge that can only really be attained by experiencing it. No more esoteric test questions like who invented the APGAR scoring system (that would be Virginia Apgar apparently) when the real money is in knowing that it is a nifty acronym for **A**ppearance, **P**ulse, **G**rimace, **A**ctivity and **R**espiration that helps assess a newborn immediately after birth to help identify those requiring resuscitation. Yes, I had finally evolved from being that lowly book worm cooped up in the library to being what I signed up for in the first place, a practicing “doctor.” That feeling was solidified at the Student Clinician Ceremony when I received the elusive little green nametag with my name on it. Maybe it was because it gave meaning to my white coat or maybe it was because I had secretly desired one ever since first year; I am not sure. But either way, when I put that inexpensive piece of plastic on my left breast pocket, my white coat had meaning. I was somebody.

The student doctor, and my patients. We were two entities. Patients came to see me and I treated them accordingly. I tolerated a little small talk, but, in all honesty, all I wanted to hear was their chief complaint so I could start reeling off a differential in my head in order to be prepared for my attending when he/she would begin to “hammer pimp” me when I presented. I wasn’t interested in where they were from, if they were telling me the truth in regards to their social history or what their past history was. We were different. We were from opposite sides of the tracks. I had a white coat and they didn’t. They were sick and I was invincible.

Or so I thought.

It had been a long day in surgery and I was ready to go home. Worn out from 10 weeks of waking up at 4:15am and with Christmas only weeks away, I had cashed in my chips long ago. I worked hard and did what I was told, but my interest was dwindling fast and I began to go through the motions. I could prep a patient for surgery with my eyes closed, place a foley with the best of them and even do a reasonable job sewing up an incision. So when my attending surgeon asked me to close while he wrote his note, I began to do what I had done time and time before almost instinctively. I grabbed the needle holder and needle and went to town.

Then my life changed.

Like a bolt of lightning, a fiery sensation traveled down my spine and covered me from head to toe similar to how molten lava covers a volcano after it erupts. The suture needle had stuck me. For a moment, I was paralyzed. Voices in my head were telling me to take off my glove a go running to the health center while others were being rational and saying that it was just a prick and there was nothing to worry about. After several seconds of this tug-of-war in my head, I hastily removed my glove and assessed both it and my finger. No hole. No blood. I was good.

I re-gloved and finished the task at hand. However, I couldn’t get what had happened out of my head. What if it did break the glove and I didn’t notice it? What if *this*? What if *that*? My invincible persona had been penetrated by a measly solid bore suture needle.

Immediately, I became vulnerable. Does this patient have HIV? Does he have Hepatitis C from the tattoos he has covering his arms and legs? What were his risk factors? Did he use IV drugs? Did he have unprotected sex with millions of people? I found myself asking these and many more questions in my head, all the while desperately wishing I had been more thorough during my H&P. In a split second, the gap I perceived between the patient and I was closed. We were no longer two separate entities. We were no one; especially if there was transfer.

And as much as I wanted to run and find my white coat and put it on as a comfort mechanism like a child does when clenches his blanket in a strange environment, I fought to keep my composure. “I can do this,” I would tell myself. “This has happened to every surgeon at some point. I am no different.”



The surgery was over and I left the room and the incident behind.

As I walked out to the parking lot, I made a decision. With all my rational knowledge of the event and of blood borne pathogen transmission and with the knowledge imparted by the attending and the scrub tech, I would chalk this up to a learning experience for being careless. I then proceeded to repeatedly convince myself that nothing had happened. Besides, aren't the needle-sticks we really need to worry about are the hollow bore ones? And, even so, the patient would have to be positive for something, right?

So I went home that night and acted like nothing had happened.

Over the next few days, I realized I didn't believe my decision. I played the incident over in my head a hundred times; dissecting it like a play-by-play announcer does a football game. And each time I would come out with the same result; nothing could have possibly happened. But, inevitably, I wouldn't believe myself. I was going crazy. Who could I turn to? The attending? No, he already said not to worry about it. Plus, maybe it will reflect poorly on my evaluation. The residents? No, they don't care. They would just try to act tough anyways. The patient? I tried, but he spoke little English and didn't seem to understand my broken Spanish.

I read through the patient's admission H&P over and over trying to find some glimmer of information I had overlooked before that might help to convince me he did not, in fact, have HIV or Hepatitis C. I went through his records on the computer hoping that he had some past blood tests. But every time, my investigative work came up empty handed. All the while, this filmstrip of the incident was running on repeat in my head. I would see my finger and feel that same warm feeling cover me, making me want to cut it off. My personality changed and I began to feel dead inside. That was when I decided to get tested.

The next day, I went to the Student Health Clinic and informed them of what had happened. The first thing they told me was that I was out of the window to receive anti-viral treatment. I told them I knew that and that I really don't believe anything happened, but I needed to know for sure. So we got the paper work started to get blood work on both me and the patient. But, just my luck, the patient was discharged that afternoon and his contact numbers were out of order. My only hope was that he would return in a week for his follow-up wound care appointment or else I may have to live with this uncertainty for ever.

I must have prayed at least 20 times a day for those 7 days asking God to please bring this patient back. I prayed that what I was going through was God's way of opening my eyes to the reality of the career I had chosen. I asked Him how He could create a profession that is composed of people who want to help others only to put them in harm's way. I asked him for a sign that everything would work out. And he delivered.

The patient did show up for his follow-up appointment as scheduled. He was brought in by his brother who said that he was staying with him out in the country where cell phones didn't get much service. Relieved and thankful that they had shown up, I explained to the brother, who spoke English, what had happened and that I wanted to collect some blood. He translated it for my patient and everyone agreed. Like a warden watching over prisoners, I walked my patient and his brother down the long, cool, barren corridor to the lab and we had our blood drawn together.

The next few days were gut-wrenching waiting for the results. I played out every scenario in my head trying to prepare myself for both the good and the bad. I would check the lab status on the computer at every chance I had, just to see that one sweet word, "negative." I continued to pray and ask God for strength for I knew what was ultimately going to happen was in His plan.

Then, five days after I had my blood drawn, in the middle of lecture, my phone rang. It was the Student Health Center. My results were in. "Negative HIV, negative Hepatitis C," the angelic



female voice on the other end said. I sighed, took a deep breath and smiled. Like a truck that had just unhitched a trailer, a weight was lifted from my shoulders and I felt alive once again.

As I reflect back on this experience, I realize that it is only now that I have truly arrived. This event was more than just a learning experience to be more careful and aware while in the OR, it was an awakening. My initial perspective on the patient-provider encounter was completely off base. It is true that we, as physicians, are different from our patients in the sense that we are able to do things others may not be able to, like open a chest and see a beating heart or learn the most intimate details of a person's life under the guise that it allows us to provide the best care possible or prescribe a drug that lets a previously wheelchair bound person to walk again. However, it is important to realize that, in reality, we are not different and that we are all people, whether we have a white coat or not. This incident made me realize this fact. A white coat is nothing more than just a symbol of our profession; it doesn't separate us from anyone. We put it on and it shows we are a doctor, but it doesn't form a barrier between us and the patients. Its mystique is penetrable, as evidenced by this one small suture needle.

I am now a fourth year and believe that in the last 6 months of dealing with this event, I have learned more than any textbook or lecture could have taught me about the practice of medicine. I have grown and matured and fostered a new perspective on interacting with patients. I no longer want to perceive myself or be perceived by others as someone who only is interested in the chief complaint. I want to know the whole story. I want to know my patients inside and out because that is the way I would want to be treated.

After all, we are all the same.

-- *Anonymous*



Dear Third Year,

Right about now you are probably thinking, “Did I put my rotations in the right order? If I want to do surgery and I put it last, does that mean they will grade me harder, or I will do better? What if I do something that kills my patient? What if I get sued? What if...” I thought all of these things one year ago, but here I am now, and I have survived so far without any real catastrophes. I now know that the order of rotations didn’t really matter and we have far too much supervision to ever get even close to killing a patient.

What I did realize is how much better you, as the student can make a patient’s experience in the hospital. You will have fewer patients and more time than anyone else. You will wake them up in the morning, and often be the only person who sees them more than one time a day. They will trust you and ask you questions you may or may not be able to answer, but if you are honest with them and take the time to explain what you know to them, they will feel they are better cared for.

After spending a year in the hospital and spending time with hundreds of patients and doing (or often watching) many procedures, the times I spent with my patients are the experiences that taught me the most. The hours I spent with my patients has taught me far more than the time I spent reading and studying about being a good physician.

My advice to you is to listen to your patient’s questions and concerns and to respond to them as best you can. The little knowledge that we have as students is far more than the patient’s and your explanation can give them peace of mind about what is being done for them in the hospital. Though you are in the hospital to learn, the ultimate purpose is to care for the patient. My patient’s have been my best teachers.

Good Luck!



3rd Year: Day One

I was happy to start the year on CT Surgery. I had heard the schedule was brutal, the surgeries long, the patients sick: CT would make a great tempering fire.

I got there at 4:30, my intern told me 5:00, but I was nervous.

The interns assigned Cindy and me a patient apiece. Cindy, the other third year, got an older British gentleman - a doctor in his younger years - who'd been through a routine CABG and was recovering well. My patient, an ornery old man status post esophagectomy, had stepped down from the ICU at midnight.

Emphasize your strengths, control your weaknesses. I knew that I could talk, but I knew nothing of esophagectomies.

I walked in:

In front of me lay a sleeping man who appeared older than his stated age of 65. A tube drained green fluid from his nose to the gurgling wall suction. A flat tube poked through dressings on his R chest, a twin tube on his left: both leaked salmon-colored fluid onto the white bed sheets. Over his sternum, more gauze, and from his abdomen, another tube - this one with a tan chalky substance sitting motionless inside. Two clear hollow balls, each half-full (though I was beginning to think half-empty) of blood, rested on either side of him. Flat, blood-filled tubes buoyed the balls to his chest.

I opened my mouth:

"Good morning, Mr. Cannon. I'm David. I'm a medical student, and you're my first patient!"

"Hmm? Oh, get out."

"Mr. Cannon, we have to talk before the team rounds on you."

"Who's doing what on me?"

"The team, we're... How are you feeling?"

"Not well kid. I want some coffee... and a cigarette."

I put on my 'concerned face,' and asked Mr. Cannon the questions I was told to ask: the questions a fourth year told me were the key to surgery.

"Have you peed?"

"No, I got this tube comin' out of my business."

"Have you pooped?"

"I can't get out of bed and I ain't had nothin' to eat. I want some food, kid."

"Are you walking?"

"What did I just say?"

"Are you eating?"

"Get out."

My physical exam was limited by the morbid fear of killing a patient with a physical exam. I didn't move the dressing, I didn't check the drains. His pupils, I was sure, were equally round and reactive to light and accommodation.

I asked the nurse about our plans for the patient. "He's got a J-tube [huh?]. We gotta get it goin' then get him to eat. That's pretty much it." It sounded simple, sweet, smart, and experienced. I liked her.

I prepared my presentation. The intern, relaxed to the TICU beat of beeps and buzzers, claimed my practice presentation would be "fine for your first day."

"Besides," he added, "we're rounding with the fellow first and the attending later. The fellow's real laid back. We'll church it up before the attending gets up here. Settle down."



PreRounds began at 5:30; we'd finished PreRounding. Dr. Smith, a West Virginia mountain-man-turned-CT fellow, smiled at Cindy when she finished her presentation.

"That's good. Especially for your first day," he encouraged.

"My patient is a doctor," she laughed, "he told me everything to present."

"Then," he smiled and laughed with the interns, "How's Mr. Cannon this morning?"

Dr. Smith leaned back against the wall next to room 1242.

I had practiced all the phrases, the ones that make you sound confident. I knew "Regular Rate and Rhythm," and "Soft, Nontender, Nondistended." This was going to be a mind-blowing, awesome presentation.

I slowly inhaled, prepared to machine-gun this thing at a thousand words a minute. Behind me, the double doors swung open. I stepped to the side to allow room for a nurse, family member, patient on a bed, or whatever was coming through.

Some fourth year, an idiot no doubt, promised me that signing up for UH CT opted me out of certain unpleasanties. He promised me that some attendings, or at least one, typically stay at Santa Rosa. My parents promised me before turning out the light, "There's no monsters in your closet." They were right, but the fourth year was wrong.

John Wheat strode through the doors and took his place against the wall, next to his fellow.

Dr. Smith, supposed 'nice guy,' smiled, winked, and shrugged his shoulders. I looked down to my note paper. On it, the overnight events, vitals, Is & Os, and recent lab data. I timidly peeked around my notes, my paper shield, at the fire-breathing attending thirsty for fresh third year flesh.

Dr. Wheat looked through my eyes to the back of my head and saw the empty space normally home to a clue.

What came next, I won't detail. No one in that hallway heard my crafted expressions or my S then O then A then P style - nothing approaching style came out of my mouth. Style is that of poetry, art, and music. I didn't make music of my presentation. I stammered through one insignificant finding after another. I read normal lab value after normal radiology report with the courage and confidence of an uncertain and scared 24 year old in his third year of post-graduate work.

"What's the plan?" I apparently went over my time. Wheat's interruption provoked a sigh, "relief," I thought. "No one expects the med student to know the plan." From the same fourth year, the same bad advice.

Dr. Wheat raised his eyebrows, expecting what, I cannot say.

I did what unoriginal, clueless students have been doing since Socrates pipped them under the olive trees - plagiarized. "Well, he's got a J-tube. Let's get it goin' then get him to p o." I only hoped they wouldn't see through my brilliant plan, knowing no 1st day 3rd year could formulate such a masterful scheme. "Excellent fund of knowledge, manages patients like a PGY2," I was already reading my dean's letter.

"Your plan," Dr Wheat concluded, "is to kill the patient."

"Nuh uh," I contended.

Dr. Smith stepped in, briefly explaining that after an esophagectomy a patient needs time before starting tube feeds. A patient needs weeks or even months before he tolerates feeding by mouth.

"It doesn't matter," Dr. Wheat added, "the patient's already dead. You didn't mention any vital signs."

"What? Oh, ha. Um. Regular rate and rhythm, no. Pulse 82 to 98, blood pressure 113 to 144 over 76 to 90 - "

"Vital signs are important in a presentation," Dr. Wheat interjected. "It's how we know



someone's alive. Comes from Latin, vitae - life."

My morning was over, and rounds were through. With the resident's hand on my back, I followed in Wheat's wake. At the back of the pack, Cindy and I regrouped. Tomorrow we'd arrive an extra thirty minutes early, at 0400. We'd have time to help the interns gather labs and images and prepare the list of patients for the fellows. Cindy would need the extra time to pick up her next patient, and I would have the time to look up vitals. "Tomorrow, I will know life when I see it."

Anonymous



Dear third year students,

This past year was one that was both challenging and fulfilling. It is why, as most of you will come to experience, the reason you came to medical school and why you are on this journey to become a physician. You will come to see that quite frequently, the patients that are assigned to you see you as their “doctor”. Patients will often depend on you to inform your team of their physical, psychological and social status. You will come to (and should strive to) know not only how your patients have been sleeping, eating and their various lab results, but you will also come to understand their family dynamics, financial issues as well as other social variables that play into their disease process. Above all, you will come to connect with your patients not at the level of simply what illness they are being treated for but rather as fellow human beings who are possibly at their most vulnerable state and are trusting you with their life. While on the wards, I had the opportunity to care for a patient who taught me that effective communication goes a long way in facilitating medical management and achieving treatment goals.

The patient was a middle aged gentleman whom we can refer to as Mr. Smith. He had a long history of alcohol and cocaine abuse as well as antisocial characteristics that had caused him confrontations with the legal system. He was admitted for chronic kidney disease and subsequent kidney failure secondary to uncontrolled diabetes mellitus. Mr. Smith’s potassium levels were >5.6 mEq/L and an elevated BUN and creatinine also indicated that his kidneys were no longer functioning. Because Mr. Smith was uremic, his mental status often fluctuated during the day and at times he was agitated and angry towards staff members. He often complained that he did not understand who the different teams were and had a difficult time with the medical jargon concerning his condition. All teams had decided that the only way to save this gentleman’s life was for him to undergo dialysis, but he had refused repeatedly. After much contemplation as to how we ought to approach our frustrated and non-compliant patient, our team decided it best to first educate Mr. Smith and then try to better understand his reasons for resistance to treatment. We respected Mr. Smith’s decision, but we believed that he did not fully comprehend the implications of his disease process. Every morning, we hoped and prayed that Mr. Smith’s electrolyte levels would not end his life that day. We struggled by the hour to keep his levels within normal limits.

I spent the following mornings explaining to Mr. Smith what was happening to his kidneys. I explained to him what urea was and why he was experiencing the physiologic effects consistent with its elevation. We talked about “potassium” and why we were worried about his heart. This type of patient education meant that I had to get to the wards 40 minutes earlier so that Mr. Smith could make sense of all of the medical jargon he had been inundated with in the hospital. Mr. Smith, a bright man with little formal education, began to realize why dialysis was crucial to his survival. However, there was still an obstacle that kept him from consenting to treatment. That obstacle was the fact that he was homeless. He made the valid point that he could not be a chronic, life-long dialysis patient when he had nowhere to sleep at night. He saw his homelessness as an obstacle that had to be dealt with before he could organize himself enough to seek dialysis on a weekly basis. We quickly worked with our social workers to arrange a home for Mr. Smith. This dilemma of shelter was the final piece of the puzzle that allowed our patient to take the life saving step of agreeing to dialysis.

This experience taught me the following important points: 1. Listen to your patients. Find out what social and familial dilemmas impede their treatment. Work with various members of your team, such as social workers, to better help your patients. 2. While some patients may at first appear antisocial and non-cooperative, often they may simply be frustrated and confused by unfamiliar surroundings and jargon that has to be explained to them. Thus, take the time to educate your patients at an appropriate level that will either assist in treatment or help them make



an informed decision. 3. Work with everyone on your team. This is a golden opportunity that you have to learn from your attendings, residents, interns, fellow students, social workers, nurses and patients. Treat all members of your team with respect.

Anonymous



To My Fellow Medical Student:

As you begin your third year, I am sure that you will receive plenty of advice about which books to use or not use, what tools to bring where, what residents to be sure to run into, and handy tips for getting through some of your most difficult moments in your medical education. Rather than repeat what's already been said, I'd like to offer one bit of advice I wish someone had told me a year ago. For some of you, it may go without saying, but if you're like me, a helpful reminder may be in order.

As I began my clerkship rotations, I had a "good ole boy" mentality—just do good and good will come to you. I believed what Dr. Keeton told us...come early, be happy...etc. And in general, this is true. There is absolutely no substitute for a good work ethic and a willingness to learn and follow directions. But what I underestimated was the importance of not only *doing* good, but also making a good impression on the right people. I found this out when I received my surgery evaluation. I knew I had great interactions with a certain physician on a certain service; I had worked with him extensively and now he was impressed. But, much to my dismay, *that physician was not the one doing my evaluation!* Instead, the comment at the bottom of my evaluation was "Average student." WHAT?!? I'm not an average student, and I certainly did not present myself as merely an average student. I simply presented myself so well to the wrong person. He was an attending physician on the service on which I was working. But not the right one, and I got forever labeled as "average."

Now, granted, certain attending physicians and clerkship directors rely more or less heavily upon comments made and opinions held by residents and staff. We should do our best at everything we do. But the point I'd like to drive home is that, while you should be on best behavior for everyone, you should find out on **day one** who is doing your evaluation, and treat that person as though he or she were your employer. For all practical purposes, that person is your employer: What he or she says about you will go on your Dean's Letter, which will go with your residency application—a job resume for your brand new career. So don't underestimate the importance of showing your new employer your great work ethic. Work hard, be early, smile a lot, be willing to get there first and stay till last. But don't naively think that everyone knows how hard you're working. Impress the one signing your "paycheck."

Anonymous



Dear Class of 2009,

On the one hand, I'm jealous. I remember so vividly my first day as a third year, and not knowing what to expect out "in the field." I loved my first rotation and I was so excited and eager. I worked hard, stayed late. I bought three or four more books than I had time to read which I'm sure you will, too. I bought not one but two baby shower presents for the two pregnant ladies who worked at the office. I wrote a thank you note to my attending at the end of the six-week rotation, as well as one for the other physician I had followed for 2 days while my attending was out of town. It was a nice gesture on my part, but completely unnecessary as I found out on subsequent rotations.

On the other hand, I'm relieved it's over. I was still eager and enthusiastic on my second rotation, pediatrics. It was during my third rotation, surgery, that I think I really could call myself a third year. I am most proud of making it through that rite of passage.

I tried to think of some other advice I could give that would not be given elsewhere. Such as, do not lend your kitty to a friend thinking that it would "lighten your load" during a hard rotation where you are often on call. I was more emotionally distraught without my pet to come home to, especially after a long, hard day at work. I got her back and I was much happier even if I was feeling guilty for never being home.

Also, despite what other people might have told you, you will not come home in tears every day. I heard a few female peers say this about third year, and it is absolutely not true. I only cried twice, in all honesty, both as a result of frustration and stress more than anything else.

My last piece of advice is to look upon this year as an opportunity to learn so much and make new friends. Try harnessing your trepidation of things to come for the year, and turn that fear into a motivation to do well on your first rotations. Hold off on judgment of rotations until after you've tried them. I loved rotations I didn't expect to, and vice versa. I made friends with members on my teams that I at first thought were unfriendly. I've had great days on the worst rotation, and awful days on my favorite rotations. Keep your mind open, work hard, and try to have fun.

Best wishes,

Melissa Batt



Dear Third Year,

I wanted to write you a note but I find that the things that I write are often better when I write them more for my own benefit than as an “assignment” (quotation marks because the writings that make up this book were all written voluntarily). I thought about it for a while and decided to include something I wrote following an experience I had during my first month of third year. I pasted it below, exactly as it was when I wrote it nearly a year ago.

(Finished July 18, 2006)

Last Friday I was down in the ER waiting on a patient to be moved so I could get her history and physical before admitting her. While I was standing there, a man who'd had what I assume was a heart attack was brought in. CPR was being performed on him, and I decided to stand by and watch. I had never seen CPR being performed on anyone who wasn't made of peach plastic before...

I watched the orderly chaos... at least seven or eight people surrounding this man... this stranger... and all of them trying their hardest to save him, even though none of them had ever known him, had ever seen him for even one second when he was awake.

I don't really know how to describe it in a way that would do the experience justice. I think that the word “powerful” is kind of over-used and non-specific, but that's really the best thing I can think of. It really was. I was absolutely transfixed. It was awful, it was wonderful, it was suspenseful, it was surreal, it was hopeful, it was scary, it was solemn... Nothing else seemed even remotely important. And, too, it was desperate and almost primal. I mean, this man was dying and pretty much all we had for him were chest compressions and ventilation with a bag. It just seemed like we should have it figured out better... but that kind of thinking is really just a result of everyone now expecting everything to be possible, even easy... and that's just not the case (*especially* in medicine). It wasn't the case that day, for sure... And anyway, it was more primal in just the raw feeling of the moment- human beings trying desperately to save another human being, for the sole reason that he, too, was a human.

I watched people work on him... They got tired and were relieved... and then relieved again... and then... whoever was in charge asked how long he'd been down... inquired about his heart and brain activity... and then... called it... “Time of death: 14:04.”

Everyone stepped back from the table.

It was over.

I stood there, just sort of staring. When I thought about it later, I realized he'd really been dead before he even got to the hospital, but still... they'd called it at 14:04, when I was standing just feet away... I stood there... and then, it was like in the movies... I felt my lip doing that stereotypical tremble... I suppressed my tears and stepped back and out of the room... I hurried around the corner and out the double doors, around another corner to where no one was around. I thought about what I'd just seen... I thought about the man's family. I wondered if they knew yet, if they



were right outside in the waiting room or if they didn't even know anything had happened. Tears welled up in my eyes, and I realized I'd only been in the hospital about a week and a half and I'd already cried, though fortunately not in front of anyone. I'm a crier, and I worried that someone would come around the corner and see me. I calmed myself down and got in the elevator, where I decided I really needed a few more minutes to compose myself... so I made it to the 11th floor and locked myself in the bathroom and cried like I needed to. I didn't all-out sob or anything; I knew if I did that I'd be red-faced and obvious for an hour. I just shook silently for a while as a few tears wet my cheeks.

I couldn't stop hearing the numbers "14:04," and I thought about how I knew I'd eventually get desensitized to things like that- I'd have to. It would be impossible to be productive if everyone broke down after every patient got sicker or died... and then how could the patients get the best care? And how could healthcare workers possibly live and work that way? Humans can adapt to just about anything, and thank goodness for that. They have to. And I will, too. But at the time, I almost felt *guilty* about knowing I would adapt, like it just seemed wrong. It's weird how our feelings evolve over time... but they do... and I know I don't feel the same now as I did in that moment, or even the same as when I started typing this two days ago. But talking and writing about it is comforting. It is validating, even.

This ends differently than it would have if I had written it that same day instead of five days later. It even ends differently than it would have two days ago, when it was going to end, "But I still won't ever forget 'Time of death: 14:04!'"... Because although I still believe that's true, that I won't ever forget that number, that's not the main content of my thoughts now about what I saw. Now, even though it still makes me sad to think about that man, more than anything it makes me feel grateful about being able to work in health care and help people when they're at their most vulnerable and helpless, when they're sick and scared, even when they don't or never will know that you helped or tried to help them. I know there will be times when it will be awful, when things won't work out and you'll question if you could have done anything better, anything else that would have made the difference for someone. But you do all you can and you do it the best you can... and that's all you can do.

Third year can be overwhelming at times and you may find yourself laughing one minute and close to tears the next. I think that's normal and that writing about your experiences can be very beneficial. It will help you process and contextualize the things that happen in the hospital and how they affect you. Plus, research has repeatedly demonstrated that people who write about difficult experiences in their lives are healthier as measured by fewer visits to the doctor, fewer sick days, etc, so the advice to write really is evidence-based! Start practicing your EBM on yourself!

Always remember that whoever your patient is, they are loved and cared for by somebody, and you should be appreciative and humbled by the fact that you are helping to take care of them. Not every patient is as easy to like as the next, but they are *all* in the midst of a very stressful time in their lives. You never really know everything that is going on with them. For all you know they could be dealing with some other life-altering stressor in addition to the illness that put them in the hospital. Just try as hard as you can to give them all the benefit of the doubt and be kind to them, *no matter what*. Be kind to *everyone*, including those you work with.

I spent some time in a Pain Management clinic and I have always had an interest in psych and in talking to people, so I spent a lot more time talking to some of the patients. The doctors appreciated that I'd stayed so long to talk to these chronically ill patients. I believe the quote was,



“Oh thank heaven for little girls and medical students,” and I know they were sort of teasing me but overall impressed with the genuine concern I had demonstrated for my patients. During third year, in some cases you will have the leisure of having more time to spend just talking with your patients than other members of your team will. I recommend that you take advantage of that. You will hear some great stories and make some meaningful connections and when you leave at the end of the day, you really will feel good about that little extra time you spent, and more importantly, so will your patients. You might hear that you should try to avoid getting emotionally involved with patients and their families (as if that were possible), but I disagree. If something happens that invokes strong emotions in you, that’s ok! There are worse things than crying in the hospital. Just try not to let the crying, if you do it, happen over something like your resident or attending critiquing you. You are there to learn so *don’t take it personally*. You will be new at practically *everything*, but you *will* get the hang of things so try not to be too frustrated. You really aren’t expected to already know everything, I promise!

So maybe to sum it all up, don’t let the sleep deprivation or stress beat your enthusiasm and compassion out of you. I think we all came to medical school because we want to take care of people, so remember that taking care of people very often constitutes more than just making sure their blood pressure is being controlled and that they are getting their potassium appropriately replaced. And it is very, very difficult to be motivated to take care of others when you are not taking care of yourself, so make that a priority. Exercise, write, *try* to eat healthy (good luck when eating at the hospital!), *try* to get enough sleep (hahahahaha) and make sure to keep in touch with your family, classmates, and other friends, who will help you make it through the tough times. Did I mention study? Heh, that should probably be part of your game plan, too. You’ll get through third year! You’ll enjoy a whole lot of it! And it will go by so much faster than you could imagine. Almost faster than reading this whole long note. ☺

Best of luck,

Erin Brown
(MS4!)



Letters to a Third Year

During my first month on inpatient medicine, I had the privilege of working with a wonderful African American man admitted for an exacerbation of his congestive heart failure amongst poorly controlled diabetes, hypertension and renal failure: a familiar presentation at the VA hospital. I spent a greater part of 2 weeks talking with him about a variety of topics including his symptoms, his family and even his new favorite condiment, Mrs. Dash. We developed a wonderful relationship--he even told me I was the best nurse he's ever met. During my usual morning visit on the day of discharge, he appeared very anxious and concerned. He was very worried that he would not remember the names of his many medications, when to take them and what they were for. I only knew one way to help, so I sat down with his list of discharge medications and a blank piece of paper. I wrote out each medication by name and what it was for...like hydrochlorothiazine = water pill to help with the swelling in his legs and to help his lungs stay fluid-free. We went over each medication until he felt comfortable and ready to manage his care on his own.

A few weeks later, I saw my patient at the VA outpatient laboratory. He was about to attend one of his many follow-up appointments. We exchanged pleasantries like two old friends reunited after years apart. He told me he wanted to show me something. He opened up his briefcase and while expecting to see a picture of his family, you could imagine my surprise when he removed the list of medications we had so diligently worked on his day of discharge. It was folded and worn, with obvious signs of use. He told me he looked at it every day and he was feeling much better.

Never underestimate the impact you can make in a patient's life.

Kristin Brozina

Class of 2008



June 16, 2007

Dear MS3,

There are three things that I would like to share with you in this letter: 1) learn, 2) life goes on, 3) keep going.

1) Your patients will undoubtedly be one of the more important teachers, but your fellow students, residents, and attendings will all have something to teach you. The most difficult thing about 3rd year is that you are expected to use your brain to think about how to best learn and act. Everyone will have their way of doing things and you just have to roll with the punches – some will hit harder than others. We are in a field where we cannot afford to stop learning. Learn about everything. Learn how to use the copier and make faxes; learn how to be nice to even the meanest people; learn how to think ahead; learn how to make patients feel comfortable; learn when to keep your mouth shut and when to ask questions; learn how to always keep your personal items, especially your stethoscope, close to you lest it sprout legs and run away. Learn, learn, learn. If you make mistakes, learn from them. The patients were a living textbook for me and I would often visualize them during the exams. Watching the residents I learned what techniques and phrases I found helpful and which habits I did not want to develop. If the residents and/or attending do not really teach in the true sense, then ask questions and have them explain things to you.

2) My second point is that life does not stop even though it feels like you have left the planet temporarily and don't have time for anything except work. Third year is a lot of fun but it can be made into something very miserable. You need to make time for life's little events because the big events will happen whether you want them to or not. It felt as if everyone and their dog was engaged or having a baby during third year. You are only human and need time to relax and enjoy things like regular human beings. Also, like Dr. Keeton said, call your parents and friends once and a while; let them know that you are surviving or at least alive.

3) Lastly, many days I felt like the team's "water girl." I would make copies and run things to different offices or go pick up dinner for the team. It was all for the team and most importantly for the patient. But these are all memories in the making and at the time it seems as if it is the worst thing in the world and you can look back on it in a few months or years and say, "I'm glad I got past that." Everyone will have a story to tell, like the one where a classmate found basal cell carcinoma on a patient while he was on the psych rotation; or how about the one where a patient's family phoned the student at home to let him know that the patient had passed away; or how a student was performing cardiac compressions on a lifeless heart. I did not have stories as "cool" as these, but I enjoyed sharing them with my friends. There were many nights after call where I felt that I really did not want to continue and that I made a mistake by coming to medical school. But just realize that there is an end to all this and we will all reach the same place and graduate with our MD. My favorite part of the year was the end, not because the year was over, but because I can look back and realize how much I had accomplished. You too will survive.

In summary, keep your eyes, ears, and heart open next year for all your teachers; make room for life's little details because the big events will happen regardless of what you do; and lastly, there is a light at the end of the 3rd year tunnel and you will get there if you don't give up.

Good luck,

Tira Chaicha



Dear Third Years:

Congratulations! You've made it through half of med school. Now is your chance to stand up and stretch and have some fun.

Third year is an amazing whirlwind ride through medicine and humanity. You will feel, see, hear, and smell the full spectrum of medicine. I know I will never forget the smell of a gangrenous foot or holding it while it gets amputated while I was on surgery. Life-saving heart surgery will never cease to amaze me. Hearing the stories of and interacting with the suicidal, the psychotic, or the manic patients on Psychiatry made me realize the struggle that these people must go through in life; the far-reaching impact that these diseases have; and sometimes the healing power of medicines and of talking through a problem. This year was the first time I watched someone pass away, in one case tragically and in another mercifully, and it was also exciting to welcome someone new to the world. The stories, faces, and experiences like these will stick with you forever.

Third year will also stretch your compassion and patience to the limits as well as your ability to stay awake. There will be days when you might question why you ever decided to become a doctor, but as you look back, you will realize more than ever why you DID choose to become a doctor.

As far as getting through the year in general, always be early, work hard, keep a positive attitude, SMILE, and be helpful to EVERYONE, including the nurses and hospital staff. Here are some other helpful hints to guide you through third year (in no certain order):

1. Be sure to eat while on some of those tougher rotations, like Medicine or Surgery. Make use of those big white-coat pockets and stash some food there. If you have to eat at UH cafeteria late at night (unless you have a penchant for grease) I'd recommend the veggie burger from the grill. But don't worry, there will also be plenty of chances at free food. After all, you have had two years to practice your med student scavenging skills.
2. Bring a toothbrush and toothpaste with you on call. Your patients and colleagues will thank you.
3. Get a UH coffee mug from the gift store. Drinks are free at the cafeteria, which comes in handy when you need that extra dose of caffeine.
4. Always back your teammates up. It's bad form to ditch them. Plus, you might need their help later on down the line.
5. HAVE FUN!
6. Write down important numbers on those blank patient ID stickies and stick them somewhere where you'll never lose it, like the back of your ID or your pocket references.
7. If you're driving the camera for a laparoscopic procedure, don't fall asleep when that light goes down! And always keep the horizon level— you'll really impress your attending.



8. It's OK to cry when you're having that really bad day. Who knows, it just might get you some sympathy from the police and keep you from getting that ticket.
9. Wear comfortable shoes! You'll be on your feet a lot.
10. Learn to type and be sure to memorize the number to the help desk for SUNRISE.
11. Be sure to take time off! Go fishing, or have a picnic; go to happy hour or go to church; visit with friends and especially stay in contact with family before they decide to file a missing persons report.
12. Ask lots of questions and act like you're interested, even though you might be scrubbed in on the 50th lap chole of the rotation.
13. Be prepared to be yelled at, but don't take it personally. Even the nicest attending will have a bad day.
14. By the way, did I mention to have fun?

Best of luck! You will do well.

Annie Chan=)



Dear Third Years,

Congratulations! You're half a doctor! After successfully navigating your way through the first two years of med school and the ominous Step 1, you finally get to do what you've been waiting for since you applied: see real, living patients with actual pathology. No longer will you simply read about all sorts of crazy symptoms, diagnostic tests, and drugs you couldn't possibly spell (much less pronounce). The days of sitting through lectures are over, my friends. Now you will get to see those real patients at 6:00 AM. You'll be able to put a face to each disease, be able to picture or feel each sign or symptom instead of simply recite a list. You'll get to recite lists of signs and symptoms to attendings as they pimp you on rounds unmercifully. Everything you learned over the past 2 years will become real.

That seems a little daunting, right? Right now many of you are excited to dress up and play doctor. I know I was, and that enthusiasm alone got me through my first rotation. Some of you are scared to death, fearing that you may hurt someone or that you won't know enough. It's natural. UH and the VA are scary places. However, you can rest assured that you have plenty of layers of supervisory insulation that protect the patient from anything you may do to hurt (or kill) them. Oh yeah, and no matter how much you study you'll never know it all. It takes a long time to become a doctor and you're just two years in. You've still got a long way to go, despite the unrealistic expectations of many attendings.

Your first day on the wards will be challenging, mostly because you have no idea what the heck is going on. You aren't really expected to know anything, so focus your energy on getting to know your environment and the hierarchy of the ward. At the top of the food chain are attendings. They are real docs who finished residency and who may or may not have witty, sage advice to give. Depending on the service, you may or may not see them very often. Depending on the attending, that may be a good thing. Fellows are next highest on the list. They've completed residency and are continuing to work towards certification in a subspecialty, like cardiology or critical care. Internal medicine has Chief Residents, who decided to tack another year on their residency. They aren't fellows, but many will begin their fellowship at the end of the year. Both fellows and IM chiefs residents essentially function as attendings, so don't be fooled. Below them are the residents. These folks will make or break your evaluations, since they actually get to fill out the forms and in many cases will tell the attendings how to evaluate you as well. Many of them also enjoy teaching, so take advantage of those who do. The next players are the interns. While they don't get an official say in the evaluations, they do talk to the residents. You will get the most direct face time with these guys, so be sure to help them out. They also just finished their fourth year and forgot everything they knew and chances are they'll be running around like chickens with their heads cut off, so they need a lot of help. Of everyone you see, they will have the best recollection of what it was like to be a student on the wards so go to them for advice if you need it. Just above you on the totem pole is the nursing staff. You aren't a doctor yet and they know it. They can be your (and every doctor's) best friend if you treat them well. You'll be amazed at how smoothly things can run if the nurses are happy, and conversely at how well they can make your life (and every doctor's) pretty miserable if they catch a lot of crap. At the bottom of the totem pole resides you, the third year medical student. On surgery there's a saying that things roll downhill. I'm sure you'll be able to figure that out soon enough. At the same time, there's a lot of freedom that comes with sporting the short coat. You'll be able to figure that out pretty soon too.



Many of you will see and do things you've never been able to see or do before. You will be put into situations with which you're unfamiliar or completely foreign. I passed out during a delivery on my first day. Yes, it was embarrassing when I woke up and had to step outside. After eating the animal crackers and juice brought to me by a nurse, I jumped up and went back into the delivery room. Thankfully I managed to stay on my feet the second time around. That situation went from potential disaster (at least in my mind) to something I was able to joke about with the residents. You may not hit the deck like I did, but you will face situations that make you want to pull back your efforts or even quit. Everyone above you has been there at one point or another. It is expected. The difference is your response; you will remember (and be remembered) based on your reaction. And if you get lucky, you'll get some animal crackers and juice in the process.

One of the biggest challenges a neurotic med student (and we are all a little neurotic) faces is admitting that they don't know something. While you may think it a defeat to profess your lack of knowledge, it can save you a lot of grief. If you do know something, say it with pride. If you guess and use the "I think I know but it sounds like I'm asking" intonation, it doesn't matter if you get it right or not because they think you don't know it anyway. If you guess incorrectly, at least say it like you really think you're right. Following an incorrect answer, you may get a variety of responses; (1) some will tell you to look it up and possibly give a short presentation later that day. (2) a few will give you a brief explanation of the correct answer, and (3) you may get a puzzled look of confusion, as if they're wondering what's wrong with you.

If you don't know an answer and just say you don't know, you will probably get the same responses but without the uncomfortable, confused stare. Remember, it's impossible to know everything and it's okay to admit it. On a similar note, don't be afraid to ask for help. Most people would rather you get assistance and do something right the first time (and know how to do whatever it is correctly down the road) than wing it, mess up somehow, and then have to fix your mistake and have to do it over the right way. It's one thing to make a little mistake filling out a radiology request, but it's completely different when you're sticking or cutting on a patient. Help is available, so don't be too proud to seek it.

More than anything, your higher-ups have to see (or at least believe) that you're interested in what they do. You may be an orthopod, born and bred, but that doesn't mean you can't learn from a psychiatrist or a gynecologist. You can easily make up for not knowing information by taking an active interest in what's going on. At times it may be difficult, but try your hardest to avoid becoming aloof. Feign interest if you must, but don't make it obvious. You will be asked numerous times about what kind of doctor you want to be. Just tell them you want to be a good doctor. If they continue to prod, tell them you're keeping an open mind until you've seen everything third year has to offer. Don't let them break you with their interrogation, but don't lie by telling them that you, Captain Ortho, are considering gynecology after all. Just maintain an active interest in what happens with the patients, keep a smile on your face, and pretend to not be miserable during that 6th pelvic exam of the day.

That brings me to the Keeton advice. If you haven't figured it out already, Dr. Keeton understands medical students and what we go through more than perhaps anyone else at this school. He knows what he's talking about, so heed his wisdom. 1. Show up on time. 2. Have a smile on your face. 3. Work hard. Learn it, live it, love it. You may have scut thrown all over you, being asked to do all sorts of stuff you don't want to do. You will have your eyes on the clock only to be told to do a few more "favors" before you go home. You will wonder many times why you went to med



school to become a personal secretary. You can think all sorts of bad, mean, rude thoughts about your team all you want, but never stop working hard and keep that smile on your face. And be sure to say hello when you see Dr. Keeton in the hallways.

The most daunting aspect of third year is finding balance. You won't truly appreciate how wonderful sleep can be until you only get 4 hours a night. All of your friends will have differing schedules, so the social life becomes a little less active. Despite what you've heard all year about time on the wards being invaluable in your education, you will still have to sit down with a book for an hour or two every night. Amidst all of the craziness, though, it is possible to find ways to maintain your sanity. Yes, you can still play intramural sports or hit the gym. You can still find time to go out with friends to enjoy a cold beverage. The tendency is to take school more seriously at the expense of life during the first few months. After that, though, you can find just how much is necessary for you to do well. The trick is to not let the pendulum swing too far towards being a slacker.

This will probably be the busiest year of your life to date. It will get scary at times. Thankfully, you won't be alone on this adventure. You can take solace in that 200+ other people are going through the same throughout the year. Many new friendships are formed in foxholes (misery loves company after all). Your family, friends, pets, and teammates can carry you through a lot of tough, frustrating times if you let them. They're all going to be calling you for advice and scrips one day anyway.

I'll go ahead and stop here. As you can see, third year is a pretty big deal. Have fun with it, laugh every chance you get, and realize that the most glorious year of your life is only 12 short months away.

All the best!

Lane Cooper



Dearest, Largely Unknown Third Years,

You have all probably heard now from various friends, family, and faculty about the joys and perils awaiting you in your third year of medicine: the stress, the excitement, the lack of sleep, the novelty, etc. etc. etc. You've probably also heard now about how third year will affect you as a person. How you'll learn so much finally practical knowledge. How you'll begin to develop confidence in yourself as a novice clinician. How you'll develop a taste of the variety that medicine has to offer. How you'll run faster and jump higher. All this is true, and I don't mean to detract from any of it. What I felt was not conveyed to us – or to me at the very least – was something completely different.

Somewhere near the end of your first clinical year – or earlier if you're particularly introspective – you'll look at yourself and you'll realize, "medical school has changed me." Despite your best efforts to remain a caring and ethical medical student – volunteering a little bit here, resisting those accursedly friendly drug reps there – it's a challenging battle. There's just too much change, too much stress, too many demands, and, simply, too much to adjust to. Perhaps some may resist this inevitable decline, but even if you deal in a healthy and positive manner to what comes at you, not regressing, splitting, or repressing, you'll change in many ways for the worse.

This is not to say that third year will totally change you. Hopefully the medical school application process successfully filtered all those types out, but you will certainly be a little bit more "short tempered." You'll find yourself a little more impatient in the car, a little less graceful with the errors of others, a little less generous with what you have, a little less inclined to call back a friend if its no big thing, and a little more likely to put yourself ahead of those you care about. Not only in stressful situations does this apply. Yes you'll be irritable after a long night of scrubbing debris out of the wounds of an unconscious patient in the ER, but everyone knows that, accepts that, and it's nothing particularly telling of one's character.

All of this said, I do not mean to be negative. Go out eat, drink, and be merry. Even during the worst of times – even during the controlled chaos of general surgery – you'll still be able to find time to enjoy yourselves and still remain much the same charming person you always were. Instead I'd like only to issue a small advisory. Like all of life third year will have its ups and downs, and for some it may even means new highs and new lows. Some of you will do just fine, and some of you, despite my melodramatic introduction, will even likely with little effort become better human beings. The majority, however, I'd be willing to bet will be made just a little worse for wear. Use this then as an opportunity. The injury to character obviously need not be a lasting thing. Instead it can be the first uncomfortable stages of durable personal change – a forge, a crucible, a whetstone, whatever metaphor you want to use. Sometimes to become better we must first identify what is especially in need of improvement. The first step in this process often involves insight, however, and so I write you all briefly to encourage self-reflection. To those unobservant, such as myself, these changes can go unnoticed till you have to work to undo what's been done, but with a little bit of honesty and vigilance a rough year can be made a stepping stone for greater personal development.

Go Spurs Go,

Scott Crabtree
MS3



Dear Class of 2009,

I am writing you today to let you know some of the things I learned during my third year. Although on the first day you start out completely overwhelmed with all the new information you are receiving from deans, attendings, residents and fellow medical students, by the end of the year you will think back and smile because it now seems so obvious and easy.

Third year is so emotionally charged. You will have some of the best days of your life when you finally find that one field of medicine that just “clicks” with you, and you know that is exactly what you want to do for the rest of your life. You will also be extremely mad when a resident or attending takes their anger about something else on you. You will be sad and possibly cry with patients and their families, as you are involved in their journey in the hospital and relaying news both good and bad. You will be annoyed and frustrated with your fellow classmates after spending thirty-six hours in a row with them when you are over worked and sleep deprived. You will at the same time love these same classmates as you share in parts in their life such as engagements, weddings, pregnancy, and death. It is the journey you go through, as a class, which will connect you together for the rest of your life.

Everyone tells you the same things: never be late, have a good attitude, help as much as possible. While these are all true, you will be surprised how many people are unable to follow through. When you are running late, let someone know (flat tires, dead batteries, even oversleeping do happen). If you are in a bad mood, try to find meaning to your day by finding something to learn from or a reason that you are there. It is surprising how this can turn your day around. Even when you think there is nothing to do, always ask. Many times residents will say they have everything under control, but if you offer to learn how to do something that lessens their workload, you both benefit. Third year is really about working as a team.

Overall, third year will fly by quickly. There is so much to learn about medicine and yourself in this short time. You will be successful, and the class of 2008 is here for you if you need any help.

Sincerely,
Steph Deter



Dear 3rd years,

I held a man's heart. Cool, huh. There is not much more you should have to say to capture someone's attention. And it definitely is not something that many people can honestly say they have done. That's why I was initially going to write about that experience, and how I was later allowed to throw a stitch on a CABG. But as I thought about what to say, I had a realization. During third year, as I was, you will be able to see and do things that most people will never get the privilege to see and do. You will be intrigued... and challenged... and frustrated more times than you think is possible in one year. You will be excited about things that may disgust others outside of medicine. You will be told by those close to you how proud they are of you. You may see or hear about things that cause you to become a little jaded. You may run the gambit - feeling like an integral part of a team to feeling like you are in the way. There may even be times when you feel disconnected from the "real world", or all alone in your experience. I, like many of my classmates, and many of those before me have had times where we contemplated whether we made the right decision to become a doctor. It will likely happen to you too.

But through all of your experiences, you must try to stay grounded. Try to stay in contact with those who helped you get to this point and those who have made you who you are. As the year progresses, try to keep in mind the privileges that have been granted to you by your patients. Respect the fact that you will see parts of their body that very few people will ever see. You will see their child before they do. They may even tell you things about themselves that they are not willing to tell people in their family. They are entrusting you with their hopes, fears, and their health. Try to remember that even the patients who don't take their medications or comply with their medical regimens deserve respect, and in many cases are scared because of their situation.

This year, you will make the transition from the classroom to the hospital. You will finally get to do some of the things that you dreamed of when you decided to come to medical school. You will have tons of stories to tell after the year is over. You will have both good and bad days. So my advice to you is... cherish the moments, learn from the experiences, and grow as a person.

Sincerely,

Marquinn Duke



Letter to a 3rd year

Dear Third Year,

As you prepare to leave the confines of the classroom to start your clinical years, there's bound to be a lot of excitement, anxiety and, for some of you, self-doubt. You're not alone. Just about everyone in my class felt that way and...keep this quiet...we all survived. You will too. That doesn't mean, however, that we did it alone. Along the way, there were several faculty members, mentors, residents, nurses and even patients that helped us. From my experience, these are the more important things that I can share with you...

Be early and be prepared: This might seem obvious but you would be surprised how quickly you can forget during the course of the year. First, set two alarm clocks so that you don't oversleep. I overslept once and it wasn't fun trying to explain it my attending. If possible, read up on all your patients before the attending gets in. I did this in the mornings with the help of Emedicine.com. Know your patient's conditions, the treatment and the course of the ailment and always have pocket-sized reference ready to get information in case you're unable to access the internet.

Be friendly and respectful: Nothing will count more this year than being friendly to the residents, staff, patients and nurses. This is especially true and challenging when you're tired and frustrated. Imagine how hard it is to break a smile at 2 a.m. after you've been working for 14 hours. Remember, each resident should be addressed as doctor and each patient should be addressed Mr. or Mrs.

"Be in the moment:" This is probably the best advice I got this year. Show interest in what's going on that day, regardless of the service. This extra work will enhance your knowledge and skills. Ultimately, it will not only make you a better doctor, but it will also get you a better evaluation.

Study for the NBME exams every night: After a long day's work in the clinic, it's really easy to go home and sleep or watch television. Don't do it! Your grade on your shelf exam can make or break you as far as your grade in the clerkship goes. It might seem ridiculous to ask you to study nightly, but you have a lot to learn and this is the only way to get everything done. Remember-3rd year is not a walk in the park. In the end, it will pay off.

Always remember that other people have gone through this and lived to tell about it. You will, too.

Good luck.
Joseph Elizondo
MS4



It's only been a year since I was in your shoes but it seems like so much has happened and I've learned so much in just one year. I vividly remember how nervous I was about being thrown out into the wards and feeling clueless about what to do or say on my very first day as a third year. I probably can't do much to assuage your first day jitters but I would like to impart some advice on what helped me make the best out of this new and exciting adventure.

Surgery. It was my first rotation and I had no idea how I would stay awake through the long call hours given that I knew how poorly I functioned without sleep. I was at the hospital over 100 hours my first week and it was definitely a test of endurance. Somehow, even though I was tired, it was not as bad as I thought it would be. Part of it was the adrenaline rush of all the cool things I saw during trauma call. However, a huge part of it was because I had a really good team. You guys need to help each other out. This is how you survive. I can't emphasize this enough. You are in this together. Do not try to make yourself look better than your peers just so you can get a better evaluation or to impress your attending. Although this may seem like common sense, I still heard of and witnessed such lack of comradery in other rotations. You may also occasionally encounter an intern who gets overzealous about making you guys "suffer" just because he or she was treated poorly as a medical student. When you help and support each other none of this matters. Just divide and conquer and I promise your attendings will be a lot more impressed at your ability to work as a team than your ability to spit out all the answers to the pimping questions. The attendings love to teach so take advantage of it and have fun.

Psychiatry. I have to say this was one of the most entertaining rotations, especially at the VA. There, you are the intern. You decide what the patients need, put in the orders, and write the daily notes. Yes, it may sound overwhelming but you always have your attendings there to look over your work or to ask questions. And of course, you have each other. It's great because you are given the freedom to really take care of your patients and learn about all the intricacies of their illness including the long list of meds. I was slowing weaning away from my struggle to decipher which brand name went with the generic names we learned in pharmacology. Psychiatry is not a very demanding rotation but listen to your patients. They genuinely appreciate you taking the time to listen to their stories. It can give you perspective on life and make you realize that you really don't have much to complain about.

Ob/Gyn. The shift work was definitely hard to get used to. There is no such thing as day and night because you are switching back and forth between the two. When you are on ob, make sure you are checking up on your patients. Some of those deliveries happen so fast that you will miss it if you are not constantly going back and forth between triage and the patient rooms. Plus, it's a matter of respect. The patients are being kind enough to allow you to see the birth of their child. The least you could do is introduce yourself, check on them, and always ask if it is okay for you to be in the room during the delivery. I remember my first delivery and how excited the mom was to share with her family that I delivered her baby. She kept thanking me for checking on her throughout the day, especially since her husband could not be there. In my eyes, I did not do much, but to her, I could tell it meant a lot. Don't ever forget about how much the little things you do can really make a difference in the eyes of your patients.

Medicine. You learn so much about everything on this rotation. At UH you get to see a variety of illnesses that you thought you would only read about and have to memorize for a test. UH also has a very high patient load and interns take on a lot of patients. So do your best to help them out. Yes, you may have to do some scut work but most will not ask for much. Be prepared



to write long progress notes with huge differentials. Pocket Medicine is key. This is one of those rotations where it is difficult to find time to study so take advantage of your down time and during ambulatory/neuro as this was one of the hardest shelf exams.

Pediatrics. This rotation goes by so fast. As soon as you are getting comfortable with your team it is times to move on and start all over again. Learning to do a physical on a child may seem daunting at first but if you learn to play with them and distract them while you are examining them it makes things a lot easier. Heme-Onc was personally one of my favorite rotations on pediatrics. You get to do and see a lot and the children are so amazing to work with. Because of my bilingual skills I translated and sat in on some of the most intense family meetings. I will never forget when we had to break the news to a family that after several years of remission their son's cancer had come back. I kept my mind focused on translating but inside I just wanted to cry with them. I realized how important it was to stay focused through any difficult situation especially when the patients look up to you as their physician. I expressed my condolences and gave them a big hug. When I got home I shed a couple tears as I thought of what the family was going through. I was told on a couple occasions that I should not get attached to my patients or what they are going through because it would affect my work. Truthfully, it's human nature to feel sympathy and I don't ever want to just function as a robot. It's okay to feel sad or cry. To me, it's a reminder of why I chose this career. Don't let anyone tell you it makes you weak.

Family Medicine. If you have this as your last rotation in Corpus Christi you are cruising! By this point you have seen a little of everything and in Corpus you are working with some of the nicest most laid back group of doctors. As long as you show enthusiasm they are more than happy to have you there. Make sure and take advantage of the beach while you are there!

Remember, 3rd year is what you make of it. Many of the rotations will be team dependent. Work hard, help each other out, and be enthusiastic. You will make some great friends and realize that some people were not the people you thought they were. You will have great days and days where you wonder whether you are good enough to take on this career. By the end, I hope like me, you will find your passion in one of the many fields medicine has to offer. Always maintain a positive attitude and don't forget to make time for family and friends!

Best wishes!

Sandra Frasser



Dear Third Year Students,

Welcome to the reward for all the hard work you have put in over the last two years. I could spend this time regaling you with stories and events that I experienced during my third year, but instead I would like to pass on some of the important tips and pointers that helped me get through the year.

1. You will not like every rotation you are on, but it is important that no one else knows that, most importantly your attending.
2. That being said, please do not be that student who says, 'Yes, I want to be a [insert name of current rotation].'" No one likes that and everyone knows you are lying.
3. Buy a Tivo or DVR, and learn to love it.
4. You will forget the names and faces of everyone who does not work in the hospital and after a few months they will forget you too.
5. If you bring in an article to make it look like you are interested, make sure you have read the article. Because the odds are your attending or one of your residents has and they will ask you about it.
6. If you really like to study, then read every book written for your rotations. Otherwise, **THE BIBLES** are called Pre-Test and Case Files, and they are like Cliff's Notes for your shelf exams.
7. 48 y/o HF c ESRD s/p AVF for RDT. C/O RUQ pain for 3 days; W/DWN, NAD, O/TOR for LC, NPO a MN. **Translation:** 48 year old Hispanic female with End stage renal disease status post Arteriovenous Fistula placement for Renal Dialysis therapy. Complaining of Right upper quadrant pain for 3 days; well developed, well nourished, in no acute distress, on call to the operating room for Laparoscopic Cholecystectomy, Nothing by mouth after midnight. When you run across an abbreviation you do not know in a note, go to google.com, type in 'Medical Abbreviations' and go to the first site: www.pharma-lexicon.com.
8. Do not print out your full computer note from the day before to round with, it makes you look like you have no clue what is going on with your patients, just use scut notes.
9. Buy a University Hospital mug... Free refills!!
10. You will not know how to do anything at the beginning of the year and no one will expect you to.
11. You will not know how to do everything at the end of the year, and most people will expect you to.
12. Best advice I ever got was from Doc Keeton....always look for more to do. Your job as a third year is two fold: 1) To learn 2) To get your team out of the hospital. That means if there is scut to do, you do it, and you do it with a big smile.
13. Life is not fair. You will not get the evaluations you deserve on every rotation. Some will be better, others will be worse....deal with it.
14. That being said: Welcome to the real world, you will not like everyone, and everyone will not like you, it is not a requirement.
15. You will work more than 80 hours a week, do not complain. If you are working 90 hours, then someone else is too. The 80 hour work week is an average over 4 weeks....do the math.
16. No one likes a whiner. Unless the whiner is the other student you are working with because you will look like a rock star.



17. At the beginning of the year, you never want to do a rectal, a pelvic, or a hernia exam. By the end of the year, you just get a chaperone and do it. Realizing it is more uncomfortable for the patient than for you.
18. "The Four Rules of Surgery" according to Dr. Deel:
 - Eat when you can
 - Sleep when you can
 - Have relations when you can
 - Never **** with the pancreas, it really likes to bleed.
19. Deel Rounds will continue to be held every Wednesday at 6:30 pm.
20. Never drive to get food when Goodwiler is working in the PIT.
21. Everyone wants to do anesthesia, be original say you want to do Pediatric Neurosurgery.
22. You will eat at University Hospital Cafeteria all the time. It is food, not good food, but food. No really it is.
23. Santa Rosa has the best food, they feed you all the time, and it's free.
24. Most OR scrub techs and nurses do not like medical students, so do not give them a reason to focus on not liking you. Say "Yes sir," "No ma'am," pull your own gloves, and never touch the Mayo table without asking.
25. Some of the suture scissors in the OR are not sharp. Everyone will assume you were dropped as a child because you cannot cut your sutures.
26. Never cut prolene on the knot.
27. Never cut the knot.
28. If your patient has a K+ of 2.6, you need to call your resident ASAP. And if your patient needs a Fecal occult blood test, just go ahead and put a glove on and do a rectal.
29. Learn how to use the Acronym expander on Sunrise. Make a template and you can cut your note writing time in half.
30. The V.A. hospital is called the "VA SPA" for a reason. Everything happens at a snail's pace.
31. While you can make it the whole year without writing orders, you are only cheating yourself. Eventually, you will be the one writing orders so you need to learn how to do it, and again it makes your resident's life easier.
32. People want to see four things when reading your eval's:
 - Works hard
 - Excellent fund of Knowledge
 - Learns well
 - Team player
 So that means you need to do what is necessary so that those things will be written about you.
33. Do not take everything personally. You can be the world's biggest idiot and a rocket scientist all in the same hour.
34. Finally, while you are still a student, it is just a job. Leave work at work. Find time to study and most importantly do whatever you do to relax as much as possible.

Sincerely,

*Nick Harrel with Ritha Belizaire,
Jamie Berger & Matt Patillo*

MS IV



Dear New MS3s,

Welcome to 3rd year, a year in which you will learn so much; about yourself, about others, and about medicine. It's a great year! The time to get out of the classroom and begin doing what you came here for has arrived. Yes, you still have to study, but it is less intense and more applicable to the people you are taking care of.

Many laughs came about recently as I was reminiscing on the past year with other classmates about all the embarrassing things we all did throughout the year. Just know – you too will do such things – that at the time do not seem so funny. Take for example, your first time in the OR – trying to understand exactly what is being asked of you through masks and usually to suction or retract in an area you can't see into. A friend of mine was told to suction the smoke, and reasonably she started waving the suction around in the air – well in fact they wanted her to suction right where the smoke was coming out so they could see better. Who knew? OB/Gyn is full of great moments from the delivery to the pelvic exams, even if you do it the last rotation as I did. Those sterile gloves are tricky to put on, especially when in a hurry. Many students struggle with this, so don't freight if you find yourself dropping gloves on the floor many a times or fumbling only to get them on and turn around to see the baby is out. I could go and on of great memories, but you shall each make your own.

Third Year has many firsts.

--Your first night on over night Trauma call – You will survive not sleeping for over 30 hours. When you don't know what to do check pulses, have your shears ready to cut off clothes, and get warm blankets ready.

--The first time to present – everyone is nervous. It helps to take some extra time the first weeks or so and write out things in the order you will say it. SOAP, remember this (Maxwell's helps as well). And come up with a Plan even if they shoot it down (which happens a lot), it shows good thought-input.

--Your first time to be "pimped" – the first will quickly turn into the tenth. It's okay if you get every question wrong but at least make thoughtful guesses. Usually the person just wants to teach you something.

--The first time to scrub into a case – introduce yourself to the scrub tech, they can be very helpful to you during the case and get you more involved in the case -- so be nice. Pull your own gloves and ask if the tech needs anything else before scrubbing in. If you get there early you can ask the nurse to put the Foley in, if you so desire. And after the surgery stay and help move the patient and leave when the patient leaves unless told otherwise.

These are a few of the many FIRSTS.

I think the best advice for third year is to be a hard worker for your patients' and your team, and a nice person to work alongside. Your whole team will pick up on this. Be thoughtful to the other students – help them out, look out for them, work together, don't try to make them look bad on rounds, etc. Be helpful to your residents – think of what they would need to be done to help them finish their work. Another thing is get to know your patients. You will learn so much from them and they think of you as their doctor – along with this is that will ask you all kinds of questions about their medical problems. I think more than all, the memories I have of specific patients will be what I take from third year. Enjoy yours – it goes fast.

Your fellow Medical Student,

Rachel Hassan



Dear Third Year Students:

You are going to be hearing loads of advice in these pages, some repetitive and some not. I'd like to talk about the importance of music. Yes, Music Therapy for the Med student.

There were some days that I would come home in tears, maybe from a resident who did not know how to teach or maybe a day when nothing went right. It was perhaps serendipity that one of the hit songs from last summer was "Bad Day" by Daniel Powter. I would blast that on the radio whenever I was driving home and would need a little pick-me-up.

I would have good days too. I would head off from the day with songs on my iPod like "We are the Champions" or "The Time of My Life" after an especially good day on the ward.

Music gets you through working. There is a radio in GLA for Psychiatry at the VA, and we would take turns bringing different types of music to listen to as we typed our notes. You certainly learn about some of the different music types out there when your unique co-workers bring their collections.

Many surgeons like music in the OR. My favorite memory of all of Surgery is my general surgeon in Harlingen who would regularly sing and to the music (especially "Crazy" by Gnarls Barkley) during surgeries.

Music also keeps you awake as you are walking or driving home from being on all night on call. Music signals on your alarm that it is time to get up and start another day.

I came up with a neat trick during pediatrics to make the child show you their tonsils: make them start singing loudly, and their palate will lift and you can examine them without sticking a tongue blade down their throat. You can also tell if they are congested or not.

The point of all of this is that you must find something that keeps makes you happy when you are sad, keeps you happy when you already are, bonds you to your fellow students, and overall makes you a better doctor.

Way to go, third years. You, too, will find your song.

Deborah Hendryx
MS IV



August 3, 2007

Class of 2009

Dear Third Year Student:

Congratulations on making it this far. I am sure you have been looking forward to this day for some time, probably since the first day of medical school. Even though second year is over for you now, one day you will actually miss sitting in the lecture halls (or the library). The master of your own schedule- not so from now on.

I just wanted to give you a little advice, some things I learned over the past few months. When I began third year, I felt so inadequate. I felt like I knew nothing and meant nothing. We 3rd years are the bottom of the totem pole. But this is my advice- hold your head up high. Speak up when asked questions. You'll never be right if you always hold your tongue. Take an educated guess. You know so much more than you think you know. I hated when I would answer, "I don't know," only to have the resident tell me something I really did know, but was too scared of being wrong to speak up. It's almost always better if you at least try; that's the only way they'll know you have a brain.

Don't be scared. Every one of your superiors was once where you are now, with the same fears and anxieties. Let them go, or they will hold you back. When presented with new learning opportunities, don't shy away, saying, "Well, I've never done that before." Jump right in enthusiastically, "I'd love to learn how to do that!" Suture at every opportunity; and remember, they're usually properly anesthetized- you won't hurt them. I used to be so timid in the beginning. Once a surgeon told me, "She's **out!** She can't feel a thing. You're here to help her. Help her!" I missed out on several opportunities because I was timid. Don't make the same mistake.

Be confident. Your professors have taught you well, and you have studied hard. Be confident. It's not that you are going to be a doctor "one day"; NO, you are becoming one now. I just figured that out. During Family Medicine, a patient called me "Doc" and I quickly corrected him, almost apologetically, "I'm just a third year, not a doctor." Then he said, "Anyone who's made it through the third year is a doctor to me." Only then did it start to set in for me- this whole year- we're a work in progress. That's what this year is about. You are a work in progress, you are becoming a doctor. It doesn't happen overnight, but it is happening now. Don't shy back with the thought, "I'm just a third year." Be proud of it; you've worked so hard to get to this point. Don't demean yourself (no matter how residents/nurses may make you feel). Respect yourself and others will respect you. And if someone pays you the greatest compliment of calling you a doctor, enjoy it for a moment, you've earned it.

Sincerely,

Vivian Herrero
MS4



Dear soon to be MSIII's,

It's ok to hate third year. You work your butt off. You read like a fiend. You work 36 hour shifts on surgery. You work with house staff who wish that you weren't there (and tell you as much). You undergo malicious pimping. You work with interns that aren't as smart as you but who you are supposed to respect. You have to rotate through specialties you will never do, that you have no interest in. You spend mind-numbing hours at the hospital waiting for your resident to tell you its ok to go home. You spend whatever free time you have reading and preparing for that shelf exam that has little to with anything you've learned over the last 6 to 12 weeks. You spend the rest of your energy trying to maintain some resemblance of a life. You work hard to make your marriage/girlfriend/boyfriend work. You work hard to maintain your friendships. You have to go to the grocery store, pay bills, get gas. Oh, yeah, and try to exercise so you don't get a stroke from your elevated blood pressure or a heart attack from all the food you ate from University Hospital. It's ok to not like third year. It'll probably be the hardest you've ever worked.

Even though you're might hate parts of it, watch out. There will be moments that grabs your attention, and reminds you why you're doing what you're doing this next year. Mine happened the second to the last week of the year. I was on call for newborn nursery and was up in the NICU. There was a baby up there who had been born with Trisomy 18 and a single ventricle. Her parents had decided to withdraw care because the only thing keeping her alive was us. While I was in and out of the NICU I saw mom preparing her little baby for death. She washed her and dressed her in a little outfit she'd bought at Walmart. She had little knit socks and a colorful cap. When the parents were ready we extubated the little girl while mom sat next to her and wept. Their girl did well at first, her heart rate stayed normal, with good respiratory rate, and pressures. But after about 10 minutes her heart rate plummeted to the 40's. We all saw that the end was near. We shut off her vital monitors and pulled over a little partition to give the family some privacy while they waited. Ten minutes later she was gone. The experience reminded me of the compassion that pushed me into medicine, the desire to help hurting people and support them in some of their largest times of crisis.

So you may hate parts of third year. You may even discover things you don't like about medicine. But through it all try to hold on to that passion that made you want to be a doctor in the first place.

Tips for success:

- 1) Read. Read. Read. Nothing that appears on your shelf exam will be something you learned on rounds (unless you read it).
- 2) Work hard, but not at the expense of reading. You have a lot to remember/learn.
- 3) Pay attention to what you like and what you don't about each rotation that you are on. Then try to figure out what makes each specialty in medicine unique. It'll help you decide what you want to be when you grow up.
- 4) Vent! Tell someone (or journal) what you like about each rotation and what you don't. When each rotation is over it's hard to remember the bad. You forget about how unpleasant the 36 hour surgery shifts were, or how much you didn't like GYN triage. If you have some kind of record, it will help you remember what you liked and didn't like about each specialty.



- 5) The end of the year is the busiest time of the year. There's tons of work that goes into making your schedule, meeting with faculty advisors, trying to set up away rotations, getting ready to apply for residency. It's easily the toughest part of the year, regardless of what rotation you're on
- 6) Realize that you can say "no". You are not an intern. If there is something you are not comfortable doing, or if you don't want to pick up that new patient at 5:30, then tell your resident. They generally understand and are ok with you going home.

Well, best of luck. Third year's a trip. You'll look back next year and you might not even recognize yourself.

Philip Houser
a glad MSIV



Memorable experience:

I went to work at 04:45 a.m that morning expecting to do my usual routine; round on my patients, round with the residents/fellows; round with the Attending, write a progress note and scrub in for surgeries the whole day (cardiothoracic). But, there was nothing usual about this day.

I came back from the OR around 1:00pm for a short lunch break only to get a call from chief resident/ fellow telling us that there was going to be a heart transplant surgery, and therefore, one of us needed to go with the procurement team to harvest the heart while the other student scrubbed in for surgery preparing the transplant patient. Oh and by the way, we found out that the harvesting team was leaving in about 15 minutes.

My partner was to scrub in for the surgery while I traveled with the organ procurement team that consisted of: cardiothoracic surgeon, invited guest, transplant coordinator, and a resident. The 5 of us were whisked by an ambulance from the hospital to a private waiting Lear jet in minutes. The pilot and copilot were very courteous to us offering us all kinds of snacks and drinks during the flight. We landed in Wichita Kansas and were taken by an ambulance to the hospital where the harvesting of the organ would take place. It was strange meeting surgeons from other institutions who had jetted in to harvest other organs from the same patient as well. It was team work with all these surgeons sharing the surgical field, some working in the thoracic area, others in the abdomen area or taking turns evaluating organs. My Attending and our harvest coordinator were in constant communication with our transplant surgeon back in San Antonio. He was already prepping the transplant patient and needed to be informed on whether or not the heart was suitable for harvest/transplant.

The final decision regarding the suitability of the donor heart can be made only by direct inspection by an experienced surgeon. Our surgeon deemed the donor heart fit for procurement.

As I watched my Attending at work, I kept thinking about this brain dead patient who had made a decision to donate her organs to save others. I wondered how many lives in total she was going to save, how many families were going to be forever indebted to her, and whether it had been an easy decision for her to make. Her organs were probably going to save many lives yet she would not be around to see the relief and joy that would be experienced by all these patients and their families.

The clock begins ticking after the resection of the major heart vessels (donors); the faster the organ reaches the patient, the better the chance for a successful transplantation. Data shows that survival rate of a heart transplant patient is directly and significantly related to the length of time an organ is without blood between the donor and the recipient surgeries. The heart tolerates a preservation time of 4-6 h, but majority of surgeons cap it at 4 hours.

We were whisked to the airport by an ambulance and flown back in the same Lear jet; we had dinner on our flight back. Overall, it was as if everything was done at a super-speed time.

I was present for the transplantation of this new heart into the recipient. It was amazing to watch our renowned surgeon perform this surgery. Getting another heart is like having a second lease in life; it was like watching a rebirth, the difference was that this time the person would probably appreciate life more if they could understand that they had been "snatched from the jaws of death" figuratively speaking. Technically, not everybody gets a heart when they need one, the number of people requiring a life-saving transplant continues to rise faster than the number of available donors. As of May, 2007, Texans registered on the waiting list for a heart transplant are 333, nationally the number is 2,761. Waiting period varies from days to months; some of these patients will die while waiting for a heart.

It was a privilege being part of the entire transplant surgery procedure; it's not an everyday surgery that medical students or even all physicians get to witness. It was awesome watching and



learning from the renowned transplant surgeon as he performed the procedure. It reminded me of how far medicine has come since the “Stone Age” days.

After the patient was wheeled to the ICU, I paused and said a silent prayer that “she would use her heart wisely”.

This patient was doing very well the last time I spoke with the surgeon.

Grace Akinji-Joseph



Dear Third Year:

What you are to embark on is a journey every physician has taken - it is a passage into the very core of medicine. People in all positions – some desperate, some in their frailest state, some in their most happiest of moments, some angered, some afraid, others destitute or alone, and most with years more experience and wisdom than you - look to you and ask you questions you have no clue the answer to; they confide in you some of the secrets even their closest loved ones know nothing of; they express their emotions candidly; and you see them in a light that others who have been around them all their life have not seen them in. And there you are in your first weeks of clinical training – wet behind the ears not only in youth and experience but in knowledge as well, panicked and wishing your attending or a resident was near by to throw you a life preserver. But as the year progresses, you transform unknowingly. You realize that you have grown much too fast without knowing it. You have grown into the beginnings of a physician.

Remember, to take care of another human being is a privilege; to have another person's trust is something you must earn. You are in a position that is revered by many, and do not ever forget your family and friends for they are in this with you every step of the way. You have made such tremendous accomplishments and have tread deep waters to earn your white coat - you deserve to be in the wards, you deserve to learn as much as you can, you deserve to be the best that you can be, and you will someday be in the position to teach young students such as yourself.

Some words of advice:

- Learn as much as you can in every rotation whether you like the rotation or despise it – this will benefit you, your team, and importantly, patient care. I have always found that it is more important to learn the materials by going through a preparation book and question book a couple of times than going by through several different materials just once. Share books with your classmates to avoid adding a new wing to your library; it definitely helps cut down on the cost. The school library has up to date books you can check out as well. You will learn the most important information from your patients, so spend as much time with them as you can. Know every thing about your patients – even the minutiae may be something that your attending thinks is important.
- Boards and Wards. Use it throughout the year. Try reading the section for your rotation prior to the beginning of your rotation or during the first week, and keep it up to date with notes during lectures. Use it for Step 2 and Step 3; your interns and residents swear by it.
- Be enthusiastic, be yourself, and be on time, preferably early. Work well with your team especially your fellow medical students and you will shine; your attending will always notice your role in the team dynamics.
- Throughout the year, make it your goal to come up with assessments and plans and differentials on your own and discuss them with your intern or resident. Epocrates is useful for this and every thing else during your rotations. You will definitely get better by the end of third year, but it is a difficult skill you will need to practice and get better with; after all, this is what you will be doing on your own as an intern.
- Work hard. This will be the hardest year thus far physically, mentally, and emotionally, but it is definitely the most satisfying. You matter to the team. You matter to your patients. So work hard for them and you will get so much more in return. Be early to gather as much information on your patients and organize your presentation; ask your resident or



intern to help with your presentation prior to attending rounds as this will make rounds go more efficiently and it is an important part of your evaluation.

- Carry gum in your white coats – every one needs a fresh breath especially at 5 in the morning. Always have your stethoscope, multiple pens, a pad of paper, Maxwell's, your PDA with Epocrates, and a granola bar with you at all times. Stickers will save your life on pediatrics. Avoid being caffeine dependent – there are other ways to stay up besides becoming an addict and giving half of your student loans to Starbucks. Bring your music with you – you never know when you'll need it, especially to avoid having to talk when you need to get stuff done.
- If you feel faint, please don't fall into the sterile field – just walk away and land anywhere but the sterile field. The scrub techs will help you. And don't get embarrassed – it's an initiation.
- Consider doing the Step 2 CS very soon after third year. I did mine a week after third year ended with internal medicine, and used First Aid to prepare. I thought it went very well; probably better than after doing all pediatric rotations fourth year then trying to do it then.
- Eat, sleep, work out, and have fun when you can. Spend time with your family, friends, and significant others as much as you can for they are truly neglected more often than you realize this year. Lavish as much attention as you can on them in the rotations you can afford to do so. Even little post-its with sweet little notes last a long time when you have not been home in 48 hours.
- Do not worry if you have not found your dream job and it is nearing the end of third year; something will most likely click with you if you keep an open mind. A word of advice a wise man handed down to me – “the truth is, everyone picks a specialty and hopes they like it... and most of us either love our choice or can convince ourselves that we don't mind it.” Spend some time during winter break if you feel it necessary to explore some of the rotations you will not get a chance to rotate through. Keep in mind externship applications are due in late spring.
- Books I recommend in order of preference and some recommendations:

Family Medicine	First Aid, Appleton & Lange	Keep your camera handy at all times.
Pediatrics	First Aid, Appleton & Lange	Stickers are a must. Don't leave home without them.
OB/Gyn	High Yield, Case Files, Appleton & Lange, Blue prints	Have an OB wheel with you at all times. This rotation will test your patience. Always try to be at a delivery and always introduce yourself to the patient and the family. If you're not helping with the actual delivery, volunteer to do the Apgars and play with the baby; also you can be the “scrub tech” for your intern or resident. Learn Spanish fast and do not avoid the Spanish speaking patients!!
Surgery	First Aid, Pestana (the department will give this to you when you begin surgery), Case Files, Appleton & Lange, Recall (for pimping usage only)	Do NOT wear your stethoscope around your neck. Remember: pooping, peeing, sleeping, eating, drinking, walking. Your job is to be a human weight when you pull out lines; your one goal is to not give your patients a hematoma. Ask for help if you're not confident or sure what to do for a procedure. Try to suture as much as you can. Learn as much as you can to read films, CTs, and MRIs. Always try to be busy and stay awake like your life depended on it. You will learn from your many, many mistakes.



Psychiatry	Blueprints, Appleton & Lange	Spend as much time with your patients as you can; get to know them and get comfortable with them. These patients need you. Know drug side effects. Volunteer to do child psych at least once. Avoid trying to diagnose your friends and family – they don't like that.
Internal Medicine	Step Up, MKSAP 2, the "blue book", Up to Date	Up to Date is a wonderful resource your upper levels constantly use. Always try to use the phrase, "From what I read..." and watch your attending smile. In all rotations, and especially for this rotation, "be your patient's doctor" – this is a great opportunity to practice for intern year no matter what you are going into.

Don't forget to have fun and wear your sunscreen!

Kathy Kordy



Dear Third Year,

An incredible year lies ahead of you. You will face many challenges and experience all emotions that come from your hard work. You will discover yourself and find your place in the field of medicine. What I have for you is not a letter, but a few bits of advice I have heard or wish I had heard before I started my year. Consider this a little instruction book for the 3rd year student.

- expect the unexpected—what other students say about a rotation is usually not what it's really like
- when you hear a student tell you a test at the end of a rotation was easy, it was probably because they did a good job studying for it. Just so you know, they're all hard.
- Study for the quizzes in surgery & pediatrics. Trust me. And go to every grand rounds—you will need the extra points.
- Cooperate with fellow students and team members. The key to being the best player on the team is to be the best team player.
- Choose your words wisely—someone's always listening.
- Slack off on your time off—not at work.
- You will receive a page with just 5 numbers and have to call it back. Ask on your first day what the other two numbers are. This may be confusing right now, you will see what I mean soon enough.
- If a student receives a page, be nervous. You're probably not where you're supposed to be.
- Don't ask to leave, instead say "What else can we help with?"
- Be the first person there for every surgery before the residents and attendings. Take the time to prepare—even the night before.
- Memorize the surgeries for lap chole's & hernia repairs. They usually ask anatomy questions— an excellent time to shine.
- Pay attention during a surgery before they have to tell you to pay attention.
- One of the most privileged experiences you will have in your 3rd year is to see the anatomy of the human body during a surgery. Always see it for yourself and ask questions.
- Bring stickers—lots of stickers—on the pediatrics rotation. Dress in costume on Halloween (pediatric rotation only!)
- Bring snacks/coffee to the nurses—always say it's from all of the medical students & not just yourself.
- It's okay to laugh. Find humor in every day.
- Try to be in a good mood all the time or at least have the appearance of one. No one wants to be around someone in a bad mood.
- Against all odds, you might oversleep one day. To prevent this, always set 2 alarms, including one out of reach from your bed.
- Overnight calls will not be as bad as you think—they're often busy & exciting. Do not, however, ask to go sleep in the callroom. Wait until you're told then don't ask questions.
- Get to know the friendly staff at your local Starbucks—it will be 4am, you will have gotten 3 hours of sleep, you will be confused & they will know your name and order *for* you.
- If at all possible, be able to recognize classic rock songs. You will get major points during surgeries if you can "name that tune". These are some of the toughest questions you will ever get asked.
- If you're having a tough time, find a classmate/friend/family to talk to. Support is essential; nothing helps more than hearing a fellow student say that they're feeling overwhelmed also.
- Try to avoid making major life decisions unless you have to during the third year. Try to wait for vacation breaks or the weekend after a rotation is over to reduce your stress.



- Learn Spanish or die trying.
- There are people you may not look forward to working with. You may not agree with them or approve of what they do, but you must get along and be polite. This is not optional.
- In your pocket you should have: 5 black pens, extra paper, your PDA, drug reference book, Maxwell's little book, tape, scissors, penlight, reflex hammer, study materials, "the list", stethoscope, pregnancy wheel for OB rotation, stickers on the pediatric rotation, ophthalmoscope (optional), etc. This means you will get laughed at because of your big pockets. When everyone else is unprepared, you will have the last laugh.
- Don't take a sick day if you're not sick. These people are doctors. It's their job to know the difference.
- Buy a teammate breakfast on their birthday—no one wants to be in a hospital on their birthday & this will really make their day.
- Bribes don't work on residents but they work on fellow students—bring your teammates candy/food/coffee and they will love you.
- A patient will tell you things they've never told anyone before just because you showed compassion. Honor their trust.
- Sometimes you will have a patient who is lying to you. Try to find a way to get the truth and why they lied without saying "why are you lying to me?"
- Consider breath mints & bubble gum as community property—for everyone's benefit, share your stash.
- Give words of encouragement to each other. If someone did something well, tell them they did. Third year is about getting through together and is not the time for competition.
- The day will come when you'll tell a classmate you have to be there at 8am and they will be jealous because it means you get to sleep in.
- There is more truth to the phrase "Denial transcends all levels of education" than you can imagine. All patients are scared of their disease. Respect their fear.
- You will constantly be asked "What do you think you're going into?" Respond with "I'm still not sure but I'm keeping an open mind to _____" Fill in the blank with whatever rotation you're on.
- Don't call interns/residents by their first name until they tell you to. You might get funny looks, but they deserve respect for their hard work.
- It's good to be personal with your team.
- You may have to deliver a baby on your first day of OB/GYN. Read the "how-to" instruction packet *beforehand*. Trust me.

I hope you find this information useful and I wish you well on your journey.

Sincerely,

Heather Martin
Class of 2008



Dear MS 3,

Congratulations on making it through your first two years of medical school! Now marks the beginning of one the best years in your medical education. Third year provides a great opportunity for you to finally have the contact with the patient population you all were longing for since writing your personal statement for medical school! This year will definitely give you a glimpse into what your future will hold, making it worthwhile to go through the grueling hours on call and waking up after 2 hours of sleep to go back to lecture! Here are some of my suggestions for third year. I hope you all have good time and have fun making memories with your classmates during each of your rotations.

Surgery – Learn to work with your team! Do the LIST even when it is said that we are not supposed to. It does help you learn your patients and will make your team shine in front of the attending. Invest in some comfortable shoes since you will be on your feet all day long! Keep Surgery Recall with you AT ALL TIMES! That book has everything you need. Carry handy supplies in your white coat pocket (gauze, trauma shears, cotton swabs, tongue depressors, tape, alcohol swabs) and whip them out whenever your interns are looking around for supplies. This also saves you time running down the hall to find a nurse who can get them out of the pyxis system for you! Do not wear your stethoscope around your neck; otherwise people will confuse you as an internal med student. Keep suture material on your draw strings of your scrubs always. Practice tying knots whenever you get a chance in order to shine in the OR when you REALLY have to perform. Know your patients well, especially before going into a case. Learn to not eat at regular hours, eat whenever you get a chance! This is no time to be on a diet ;) Power bars and midnight chicken strips are your friend! Trauma call was my favorite part of the rotation. You get many chances to do minor procedures, which are NOT minor as an MS3. Trauma call can be grueling as well. Don't let people intimidate you, be confident and don't be afraid to ask for help. You will learn how to stay awake soon enough, adding coffee and snacks are key! Keep some toothpaste and face wash on hand to refresh yourself before starting the next day after call...trust me, it will make a difference!

Psychiatry – This is a fun and interesting rotation! After this rotation, nothing will phase you. You will see a lot of PTSD, alcohol withdrawal, schizophrenia and bipolar disorder. You will be given a lot more responsibility than other rotations. You act like an intern. At the VA, the patients will be quite interesting and their stories will live with you forever! Have fun during this rotation. It is definitely less demanding than some of the other ones. Learn your AMSIT note and know your psychotropic drugs and their side effects! Lots of pimping questions on DSM IV criteria and drugs. PES call is not too bad, however, if you are claustrophobic, good luck working in that narrow room!

OB/Gyn – This rotation by far has the weirdest hours. Keep track of when you are on call and when you are in clinic. There is no logic behind the schedule. Keep a pregnancy wheel, pen, something to write on, name tag and a stethoscope. Leave your white coat and rest of the supplies in it at home! Keep a jacket/sweater with you; it is always freezing in the rooms. Keep your ears open for the overhead announcement "Medical Student for Delivery." This is the ONLY way you will know someone is delivering and that they need you. Work with your classmates on figuring out who will be going in on which deliveries. There are plenty to see, so no need to fight for them. All your patients will speak Spanish, but no need to worry. You will pick up phrases as you go.



Internal Medicine – Learn to write novels and round till your feet are numb. Actually, I really enjoyed this rotation. You definitely will learn a lot during this rotation. It will give you a great basis for all your other rotations to come. If you have already had surgery, forget our short H&P, go back to your MS2 days and learn to do a COMPLETE H&P and write a good progress note with differentials. Up to date online will be your friend during ward months. Pocket Medicine is another great source to quick read and differential on your patients. Keep an antimicrobial guide with you either in book format or on your PDA. You will form some strong bonds with your patients on this rotation. You will know not only their medical problems but also their social issues. Don't be afraid to be an advocate for your patients concerns. Ambulatory month is great break from the ward months, especially since there are no call days! Harlingen gives you a great opportunity to see certain specialties in detail! Cardiology there was awesome! Hours were bad, but you get to cath patients! Study Step Up Medicine and MKSAP for your shelf.

Pediatrics – Santa Rosa treats you very nicely! Free breakfast on certain days and free lunch everyday! That will be the memory you will keep from this rotation Babies are always cute. They definitely keep you going when there is nothing to do all day. You do not need a Pedi stethoscope, there are plenty available at the hospitals. The NICU was a lot of fun to work in too. Don't be afraid to touch your NICU babies. They are more resilient than they look in their incubators. But, make sure you get permission from their nurses first! Learn to calculate the calories and feed goals. Computer age has not infiltrated the Pediatric rotation yet. You will learn to write all your progress and admit H&Ps by hand at Santa Rosa. When you are on Santa Rosa inpatient team, get to the morning report early. You want a good spot in the front. They will pimp each medical student for differential diagnosis and the closer to the beginning you sit, the less you have to rack your brain that early in the morning. When in doubt, go with tumor. Learn your immunization and developmental schedules well! You will have fun during this rotation with the children. You will discover your inner child very quickly and find yourself making faces and voices at random children outside of the hospital like the grocery store line!

Family Practice – A great to rotation to end on! This is definitely a more relaxed rotation. There is no call so your weekends are YOURS! I did my rotation in Corpus Christi! THE BEST LOCATION FOR THIS! Enjoy this city to the fullest! The weather is great and the ocean view around the city relaxes you at all times. Enjoy studying by the beach, running by the water and just exploring the town. The rotation itself is unique in that we get to do two week of inpatient service and then the rest in clinic rotations. I felt that we get a good sense of what a true family medicine physician does through the variety of rotations offered at this site. The staff is great and very accommodating. We even got to pick specialties we were all interested in going into to explore our last week of the rotation. Some people scrubbed into surgeries, saw colonoscopies, worked in the ER, delivered babies, etc. Review Case Files for family and other question books for the shelf. Review the Derm Atlas. Keep your camera on you at all times. You never know when your next photoround picture will come from. I used this rotation as a spring board to studying for my USMLE Step 2. Great way to end the third year!

Once again, congratulations on making it to your third year! Remember to stay sane and balanced. Everyone has made it through these rotations and you will too. Good luck and most of all, enjoy this year since these experiences will be priceless!

Best wishes,
Neha Mathur



Dear MS III's

I know it sounds weird right now to hear yourselves called that. You've been through the worst of medical school; the hours upon hours of sitting through classes, and now you get to do what you came to medical school to do – take care of patients. It's an exciting time. If you're like I was one year ago, though, you're also scared to death that you're going to drop the ball on something and a patient will suffer because you didn't know something. I'm here to tell you, don't worry. Let me explain:

It was my 2nd day on labor and delivery during my OB/GYN rotation and it was my goal to deliver at least one baby during my 3 weeks on the floor. We had a woman go into active labor and so I ran into the room with the doctor on her way. We got into the room and as I stood by to watch, she asked me, "What are you doing over there? You're going to deliver this baby." I was astounded because the day before I had only seen one delivery, and I wasn't able to help at all. How was I supposed to know how to do this? Not wanting to look scared or inexperienced, I jumped right in and she guided me through every step. When the baby was born, I caught him and it was the scariest thing I have ever had to do...much worse than taking the MCAT and Step I. All I could think about was "Don't drop the baby, don't drop the baby." She continued to help me suction the baby's nose and mouth and cut the umbilical cord and tell me a lot of what I'm sure was very useful information, but all that was running through my head were those same 4 words, "don't drop the baby". After the baby was safely in the hands of the nurses, I had to step back, take a deep breath, and ask her to repeat everything she said because I hadn't heard a word of it.

Looking back, this was a good lesson to learn during third year. There are going to be some very intense and very nerve-wracking times during the next year and probably throughout the rest of our careers. For the following year, though, there are going to be tons of doctors, residents, interns, and fourth-years who are here to make sure that you don't "drop the baby". They are here to teach you and to help you. You have a huge support system – take advantage of it and learn as much as you can.

Sincerely,

Catherine Meshew



Letter to an upcoming MS3:

When I think back to where I was in June 2006 – finished with 2 long years of studying and board exams – I remember feeling ready. I was ready to get out of the library and into the hospital, ready to spend my days taking care of patients and learning at the bedside. However, as the first day of third year drew near, I began to get nervous. So nervous, in fact, that I passed out on my very first day of Inpatient Internal Medicine at the VA. After an hour and a half of walking rounds and a few questions from the attending, the room started spinning, I began to feel nauseated, and well, that's about all I remember. Lucky for me, the intern noticed my pallor and wobbling and caught me as I headed for the floor. I guess you could say I started Medicine with a bang.

We have all been nervous, and we have all been third years. Come to find out, there's not a whole lot to be nervous about once you get accustomed to life in the hospital. Some attendings and residents are more approachable than others, but generally speaking, if you know your patient, know something about his or her disease, and work hard, you will do just fine. There's always a bit of anxiety gnawing at my stomach on the first day of each new rotation, but I haven't lost consciousness over it since.

As a third year you enjoy the privilege of working with *la gente* of South Texas. Your patients are your teachers. You have the opportunity to share in the most intimate aspects of their lives, as well as the occasion to learn from incredible residents and faculty. I was persistently amazed by my experiences during third year – draining 4 liters of malignant ascites out of a man's abdomen, shocking the heart of a patient in V-fib on the operating table, counseling pregnant teenagers about genital warts, caring for a 25 week old baby, and watching the transformation of floridly psychotic patients into functioning members of society, to name a few – I will never forget them.

I think the key to third year is effort – putting forth the effort to be on time, to read about the pathophysiology of your patients' disease processes and available treatment options, and to ensure that all the work gets done. Remember that your patients are people – they are not illnesses, they are not computer notes, and they certainly are not happy to be in the hospital. So do your best to care for the person, not the illness. Spend your time examining the patient, not the computer values. Demonstrate that you care, that you want to learn, and that you're ready to work harder than you ever have before.

Tiffany Milner
MS3



Read sleep drink

Vic"embers" Moulin



Dear MS3,

As you embark on your clinical years, I'm sure you are experiencing a wide range of emotions, as I did at the start of third year – excitement, anxiety, anticipation, maybe even a little fear? These feelings will certainly repeat over and over again throughout third year, as it is a year full of firsts – first clinical decisions, first time in the OR, first time participating in a code, first death of a patient who was your responsibility. Good and bad, these “firsts” will help to shape you into the doctor you will become. The third year of medical school is a time to take it all in with an open mind to the many new experiences to be had.

Some of you may already know what type of medicine you want to specialize in, while others of you may have no idea. Either way, I recommend starting each clerkship with an open mind, because you may be very surprised by what you do and don't like. You will also find that the different specialties in medicine are closely intertwined, and you will be practicing internal medicine on surgery, pediatrics on OB/GYN, and psychiatry in all other specialties. Each clerkship has valuable lessons to offer which you will use regardless of your final career choice.

Finally, remember that third year is all about learning. I've learned more this year than I could ever have imagined. There is certainly less time for formal studying, but there are so many new clinical resources to take advantage of. Your interns, residents, and attendings all have different experiences and knowledge bases to share with you. Your patients are also wonderful teachers, as they can give you a picture to go along with what you've learned in the classroom. Your patients will also teach you the value of patience, compassion, and honesty, and ultimately they will teach you how to be a good doctor.

So, have fun this year, because this year is so valuable and will pass so quickly. Remember to read about your patients, and also remember to balance your new hours with the rest of your life, because even doctors (and third year medical students) are people first. I wish you the best of luck for third year!

Sincerely,

Shelley Naiser



Dearest MSIII,

I wanted to give you a heads up that change is coming! Don't be alarmed though, not all change is bad. Thinking back to my first week as an MSIII, I remember the excitement of walking into the hospital instead of the lecture hall. I thought I would be eased into things by being allowed to observe and learn and would be smoothly transitioned into responsibility. On day one, my resident quickly informed me that I would be expected to carry 2 patients depending on the census. Not a problem! I had my yellow card and my gray card in my pocket, I had my 300 point exam in my bag, my stethoscope, and I had taken good notes in the Sunrise computer training class. Talking to and examining the patients was no problem thanks to CIC and ACES.

Then came the patient presentation. What and how my attending and chief resident wanted me to present was not what I had learned. Fumbling through that first few days of presenting was a bit painful because I am a self proclaimed perfectionist and am accustomed to being able to perform at or above the bar set for me. Then there was the note writing. In ACES it took multiple hours to write up an H & P but now I was supposed to do it in less than an hour and less than a page. Not only that, but the floor I worked on was not yet on the Sunrise computer system. There was some enigma that I was supposed to use called MTEK. How could I possibly write a progress note if I didn't even know how to log on to the program? There were so many other questions during that first week like: What exactly does she mean by "write orders for a.m. labs?" Why does my heart beat so fast when I'm being "pimped" or better yet why can't I answer these questions? How did I make it through the last 2 years? When are my board scores coming? Oh my goodness, did I pass?

Thankfully there was an MSIV on my service. I thought he must have been a genius or at least the number 1 AOA for his class! He was able to look-up and interpret lab values, able to not only concisely present a patient, but also to make suggestions for further work-up and treatment. I don't know if he could sense my distress, but while my ears were ringing and palms were sweating he sat beside me and asked how things were going. He was able to give me a quick orientation to MTEK, pointers on how to focus my daily physical exams, and a brief format for how to present a patient on the ward. When I asked how he became so confident in presenting and had enough insight to make assessments and plans, he smiled and said, "You'll be able to do it too." I listened, but didn't know when the change would come.

As the year progressed there were many "ah ha!" moments that signified change for the better. I'm giving you a short list of good changes to look forward to so that you don't get discouraged when you feel like the battle is all up hill.

1. Realizing that the doors that say "restricted area" or "physicians only" include you when your on that service
2. Referring to someone as "my patient" instead of "the patient"
3. Transitioning from introducing yourself as "I'm a medical student" to "I'm student doctor...."
4. Realizing that staying up all night or working 30 plus straight hours is not torture or to be feared, but a right of passage that few get the privilege to experience
5. Changing from saying "I'll be in school then" to saying "I don't know what shift I'll be working then"
6. Having a patient with a diagnosis you read about but never really understood



7. Wishing you had an attending/resident that would let you do something instead of hoping you are only asked to shadow for the day

To help ease the transition, learn how to use Up-to-Date. It is a quick way to review a disease process before presenting a patient. It helps make the pimping a little less anxiety provoking! Epocrates is your friend. Know why medications are being used if they are on the patient's med list. Embrace the phrase, "I don't know, but I will look it up". Take a deep breath, don't be too hard on yourself, and know that you aren't the first student that couldn't answer the question nor will you be the last. Ask for direction or assistance if given an assignment that you aren't comfortable with because there is no room for pride when you are dealing with someone's health. Residents and nurses will appreciate you asking for guidance instead of messing up something they will have to fix. The patient will appreciate it too!

There are many emotions, opportunities, and accomplishments to be experienced during the year to come. Admittedly, some will be painful and will challenge your patience and ability to bite your tongue. For the most part, however, you will find that a good foundation has been laid and you are well on the way to "becoming" a doctor.

All the best to you!

Nekesha Oliphant

Class of 2008



Dear third year students,

This past year was one that was both challenging and fulfilling. It is why, as most of you will come to experience, the reason you came to medical school and why you are on this journey to become a physician. You will come to see that quite frequently, the patients that are assigned to you see you as their “doctor”. Patients will often depend on you to inform your team of their physical, psychological and social status. You will come to (and should strive to) know not only how your patients have been sleeping, eating and their various lab results, but you will also come to understand their family dynamics, financial issues as well as other social variables that play into their disease process. Above all, you will come to connect with your patients not at the level of simply what illness they are being treated for but rather as fellow human beings who are possibly at their most vulnerable state and are trusting you with their life. While on the wards, I had the opportunity to care for a patient who taught me that effective communication goes a long way in facilitating medical management and achieving treatment goals.

The patient was a middle aged gentleman whom we can refer to as Mr. Smith. He had a long history of alcohol and cocaine abuse as well as antisocial characteristics that had caused him confrontations with the legal system. He was admitted for chronic kidney disease and subsequent kidney failure secondary to uncontrolled diabetes mellitus. Mr. Smith’s potassium levels were >5.6 mEq/L and an elevated BUN and creatinine also indicated that his kidneys were no longer functioning. Because Mr. Smith was uremic, his mental status often fluctuated during the day and at times he was agitated and angry towards staff members. He often complained that he did not understand who the different teams were and had a difficult time with the medical jargon concerning his condition. All teams had decided that the only way to save this gentleman’s life was for him to undergo dialysis, but he had refused repeatedly. After much contemplation as to how we ought to approach our frustrated and non-compliant patient, our team decided it best to first educate Mr. Smith and then try to better understand his reasons for resistance to treatment. We respected Mr. Smith’s decision, but we believed that he did not fully comprehend the implications of his disease process, death. Every morning, we hoped and prayed that Mr. Smith’s electrolyte levels would not end his life that day. We struggled by the hour to keep his levels within normal limits.

I spent the following mornings explaining to Mr. Smith what was happening to his kidneys. I explained to him what urea was and why he was experiencing the physiologic effects consistent with its elevation. We talked about “potassium” and why we were worried about his heart. This type of patient education meant that I had to get to the wards 40 minutes earlier so that Mr. Smith could make sense of all of the medical jargon he had been inundated with in the hospital. Mr. Smith, a bright man with little formal education, began to realize why dialysis was crucial to his survival. However, there was still an obstacle that kept him from consenting to treatment. That obstacle was the fact that he was homeless. He made the valid point that he could not be a chronic, life-long dialysis patient when he had nowhere to sleep at night. He saw his homelessness as an obstacle that had to be dealt with before he could organize himself enough to seek dialysis on a weekly basis. We quickly worked with our social workers to arrange for a home Mr. Smith could be discharged to upon leaving the hospital. This dilemma of shelter was the final piece of the puzzle that allowed our patient to take the life saving step of agreeing to dialysis.

This experience taught me the following important points: 1. Listen to your patients. Find out what social and familial dilemmas impede their treatment. Work with various members of your team, such as social workers, to better help your patients. 2. While some patients may at first appear antisocial and non-cooperative, often they may simply be frustrated and confused by unfamiliar surroundings and jargon that has to be explained to them. Thus, take the time to



educate your patients at an appropriate level that will either assist in treatment or help them make an informed decision. 3. Work with everyone on your team. This is a golden opportunity that you have to learn from your attendings, residents, interns, fellow students, social workers, nurses and patients. Treat all members of your team with respect.

Sincerely,

Mahdieh Parizi



Dear 3rd years,

I wanted to take a quick second to wish you guys the best of luck this year and to pass on the essentials of each rotation and most importantly, the shelf exams. Each rotation had its ups and downs and there are a few things I wish I had known beforehand.

Shelf Exams:

Simply put, the shelf exams are the key to getting As on the rotations. Everyone gets pretty decent evaluations, unless you really have a bad attitude or show no effort or interest in the rotation. Almost without exception, by the end of a rotation, you'll have a shot at an A. Study as you go along so you can rock the exams. First Aid was a good review for most rotations. Above all, do Case Files and a question book for each and every shelf exam. I started off with psych and ob/gyn and did only First Aid and Case Files, but no question book. Big mistake! My scores definitely improved after I started doing question books 2-3 weeks before the test. In general, Pretest was my favorite. MkSap was great for Medicine. Also, watch your time very carefully on these exams. It's important to get through every question. You don't have time to dwell on an answer to make sure you're 100% confident like you did the first two years of medical school. Usually it's best to put the first reasonable answer that comes to mind (the cliché "first instincts are best instincts") and quickly move on. Read the question first and then read the stem quickly with an idea of what you're looking for to answer the question. This helps sift through extraneous information and saves valuable time. Do the last 20 questions first because they have the most answer choices (sometimes A-M) and your chance of guessing correctly if you run out of time is slim. Sometimes they are matching-type questions and you can answer them quickly and easily.

Psychiatry:

Good rotation. Hours were great. Patient interactions were fun. Show interest and compassion toward your patients. Don't take the test too lightly. I actually thought this was the hardest exam. The material seems simple and it's easy to feel overconfident. Question stems are very long, making time an issue for this test.

Ob/gyn:

This rotation can be frustrating because the schedule is so inconsistent and the residents are very busy. Try to stay positive and learn something from each patient. It's easy to feel unimportant and overlooked. But at the end of the day, remember you're learning important physical exam techniques and delivering babies. What's cooler than that? Always be proactive and ask every time there's a delivery if you can deliver the baby. Otherwise the intern will jump in and do the fun part. Always ask if you can do the pelvic exams in clinic or triage. Sometimes residents get in "the zone" and will do everything themselves to keep things moving. Try to get in on the action.

Medicine:

Good rotation. Infinite amount of material to learn, so always be reading and reviewing. Hours are not terrible so take advantage and read. Most residents and attendings are very nice and happy to answer questions. If you really want to be a stud, frequently print and read up-to-date articles about the diseases your patients have and bring that information to rounds. Always try to learn a bunch from every patient you follow. Most patients have many health problems, so there is always plenty to learn. MkSap is key for the exam. Case files was helpful too.



Pediatrics:

Good rotation. Well-organized. People are generally nice and eager to help you out and answer your questions. As always, show interest and ask questions. Study for the quizzes like they are exams. There's a lot of information in only 6 weeks, so it helps to learn the material well as you go along.

Family Medicine:

Opinions of this rotation were highly variable, depending on what sites we all worked at. Overall, it is a good rotation. Hours are good. No call or weekends. It is a good review of medicine, pediatrics, and ob/gyn. I was glad I took this rotation late in the year. It made studying for the exam reasonable because I had already taken those three rotations. Case Files was very good for this test. It is easy to get bored with the day-to-day work, but try to remain positive and energetic. There's always something to learn or review from each patient, even if his or her problems seem routine. This and Medicine were the best opportunities to review pharmacology.

Surgery:

This was the gauntlet of my third year. Hours are terrible. You have little time to study and are always tired. But you certainly see the coolest stuff on surgery. Morale is very important. It's easy to become jaded and frustrated. Try to stay positive. Be very proactive. The more you try to do and the more you show interest, the more stuff they'll let you do. It's that simple. I wish I had asked to suture more and do more procedures. Practice tying knots at home early on so you'll look like a stud in the OR. I didn't do this at first because I was too busy trying to study in my few hours at home. But it doesn't take much to acquire adequate knot-tying skills. It makes the OR more bearable when you are involved. If you know how to tie and consistently ask to suture, residents will definitely throw you a bone. Also, study your notes, Case Files, and Pestana for the quizzes. All together they are worth as much as the midterm. If you rock the quizzes and midterm, you'll have a little padding for the shelf exam.

Sincerely,

Jonathan Ramirez



Dear Future Doctor,

November 7th, 2006 was the day I will never forget third year. I was on CT surgery, in the middle of holding the camera during a lung biopsy, when one of the fourth years came in with a look of concern and said “your mother’s on the phone.” At that moment, it didn’t compute- hearing that in the OR is like hearing someone say “Hey, there’s pink elephant in the room.” I just said “okay” and went back to what I was doing. “No, Rachel, your mother’s on the phone, you need to talk to her now.” And then it hit. I started taking off my gown and walking towards the door when the attending asked me what I was doing, and I just said something to the effect of “My mother’s on the phone, there’s some kind of family emergency.” And he said, “Oh, okay, go.” I knew before I picked up the phone in the SICU what my mother was going to tell me. She was weeping when she told me that my sister Sarah had committed suicide earlier that morning. Strangely enough though, the only thing that popped into my head right at that moment was “I can’t cry in the SICU, can I?”

Sarah had bipolar disorder, borderline personality disorder, and ADHD, although the diagnoses had changed from doctor to doctor over the years. Thirteen years had elapsed from her first diagnosis to the time of her suicide. She was everything you’d imagine someone with those diagnoses to be, impulsive and reckless- she prostituted, was a stripper at Anna Nicole Smith’s old strip club in Houston, she had been arrested multiple times for assault and other various misdemeanors, she had stabbed my mother with a knife. And there were multiple suicide attempts- pills, wrist cutting, car crashes, jumping off overpasses. In the weeks before her death, she had been planning to run away to Costa Rica. All of this slowly wore down my family over the years, especially my mother. And for all of us, there was endless anger and resentment. Her moods and behaviors were cyclical- if things had been good for awhile we all started to get uneasy, knowing that we were “due” for something bad to happen, another crises was waiting for us right around the corner. As a result, an endless uneasiness permeated our lives from day to day, as we never knew when we would get the “dreaded phone call.”

My sister and I were one year and two months apart in age, and yet had so little in common. I was the one that went to medical school, the successful one, the stereotypical overachieving oldest child, who never got a traffic ticket, and she was the statistic. My life was full of endless dreams and opportunity while her life simply ended one morning after an overdose of Xanax and Paxil, washed down with a Mike’s Hard Lemonade, and a split second jump off a cliff. How does that happen? We both came from the same parents- upper middle class background, my father was a cardiologist in the Army, mother an ICU nurse, wonderful normal professional, well-educated people from the Northeast. Surely this is something that happens to other people, other families, right? Wrong. The truth is, like any disease, mental illness doesn’t discriminate- it doesn’t care who you are, where you live, how nice your parents are. And this was the hardest and most important lesson I learned during my third year of medical school. I share this very personal experience with you all because it was the one life-changing event of my third year that drastically changed both who I was as a person and as a future physician. What I’ve learned from it is relevant to everyone on the path to becoming a doctor, so I thought I’d share my story along with some advice.

First, don’t judge your patients, even if they’re “crazy.” You may one day have a patient like my sister. You may have a family member or friend like my sister. After four years of medical school, you may one day be like my sister. No matter what specialty you decide to go into, you will have to deal with people who are mentally ill. And as much as you disagree with their lifestyle and choices, you must keep in the back of your mind that they have an illness, and so much of this



is out of their control. Many of those patients won't want your help and won't want to change, which can be frustrating, but there are plenty that do and they need you more than you can ever know.

Second, remember that everyone you know from now until the time you leave this world will be a patient at one time or another. You will be forced to face your own mortality, not necessarily from your patients per se, because it can be so easy to emotionally detach yourself from strangers, but rather from the people you love and care about that by happenstance become patients themselves. So remember that your patients are more than just "patients"- that they are someone's child, someone's sibling, someone's parent.

Lastly, remember it's not just the patient that suffers, their families have to go through it as well. Whether it's depression, cancer, or cirrhosis is irrelevant- it can and will hit families long and hard. Believe me, having a mentally ill family member can be a never-ending rollercoaster of endless drama and instability for everyone involved. It can rip families apart and leave deep scars that will never fully heal. It doesn't matter what the diagnosis is- alcoholism, bipolar disorder, depression, it's like a train that's constantly running off the tracks. So be gentle with wives, husbands, sisters, brothers, children, even when it's hard.

It is my deepest hope that none of you have to go through what I went through this year, but if you find yourself in similar circumstances, whether it be a death, having to deal with illness, pregnancy, divorce, anything that happens unexpectedly, I have some advice for that too. Take all the time you need. Third year is full of schedules and timelines that life simply won't follow. And I hate to break it to you, but tragedy isn't going to strike only on vacations, weekends or when your exams are done. If it happens, stop being the "medical student" for awhile. Don't rush back to work. Grieve with your family, take time off, give yourself time to heal. It's tempting to bury yourself in work or alcohol, but don't. It's a temporary fix and it doesn't work. The longer you wait to deal with it, the harder it's going to be. Don't isolate yourself from your friends, you need them. And don't let anyone tell you it's time to start getting over it, or give you the "if you want to be a doctor you gotta be tough all the time" routine. That's completely ridiculous. Don't tough it out- allow yourself to be sad and vulnerable and needy. Accept that something bad has happened and you're allowed to fall apart, even if people other people don't 'get' it or are put off by it. To quote the theme from 'Scrubs,' you're no superman- don't try to be one.

So yes, go ahead and cry in the SICU. Be yourself. In the aftermath, your emotions and feelings may be strange, your behaviors will be strange, nothing will seem real or be as it was. In the last eight months, I've gone through each of Kubler-Ross' five stages of grief multiple times and have even come up with some new stages in the process too. Know that there are always people who will listen. And realize that sometimes people's reactions to you afterwards can be harder to deal with than the actual tragedy itself. Some people will abandon you, some people will be insensitive and unkind, true, but some people will be incredible and amazing, and stick with you through it all. Life does and will go on after endless adjusting and readjusting, but realize you will never be the same again. And if there's a silver lining, it's this- you will have a deeper and more enriched sense of self and purpose that will make you a better physician because you will have a greater understanding of the human condition. More importantly, you will become a better person. And if there's one thing you strive for during third year and beyond, let it be that.

I wish you all the happiness and luck for a wonderful third year,

Rachel Anne Rebecca,
MS IV



Dear 3rd year medical students,

I write you this letter having just finished the most memorable year of my life. I am filled with relief and joy, but also have the building sensation of the unknown as I think about the intern year quickly approaching. These feelings must be similar to the ones you are experiencing as your 3rd year commences. Hopefully, this letter will provide some guidance for the upcoming year.

Everyone says surgery is the hardest clerkship of them all, the worst 12 weeks of your life. In my experience, this did not stray too far from that generalization. However, it was 12 weeks full of learning, growth and change that I will not soon forget or want to forget. First of all, go to bed early because 3 a.m. comes around fast. Study at any opportunity you have during the day: between surgeries, on call (when it is not crazy in the ER), or during lunch. You will be exhausted when you get home, and studying will be the last thing on your mind. Take notes during didactics; Dr. Esterl will help you more than you realize on the quizzes and board exam. Eat, sleep and use the restroom whenever you can! Keep presentations as short as possible (concentrate on BM, flatus, pain, p.o. intake, UOP, ambulating, how does the incision look). In the OR, pull your own gloves and gown, scrub when you see the resident scrub and introduce yourself to the scrub tech and circulating nurse. Tie knots two-handed unless told otherwise. Be patient because you will be yelled at and feel insulted. Just remember that it is only 12 weeks. Feel comfortable with the phrase "I don't know." Finally, work as a team with your classmates, because it means the difference between leaving at 4 p.m. or 8 p.m.

Family medicine can be summed up as an 8-5 job, no weekend work and where you will learn the bulk of outpatient medicine. The most important thing to remember on this rotation is get to know your patients during clinic. Get to know them, not their diseases. Spend as much time on the weekends doing something other than schoolwork, because the rest of third year is nothing like those 6 weeks. Finally, crack open your PDA, load all the software you were supposed to (Epocrates, inforetriever, Shots) and practice before the exam.

During pediatrics clerkship you will always be on the move. Just when you feel comfortable and have gotten the hang of your site, the two weeks are up and you'll start all over again. However, the patients are wonderful. You actually want to arrive early in the nursery to perform physicals on newborns, or the NICU to examine the premature babies. NICU is really laid back. The attendings and NP's have already rounded on the patients, so just get to know the workings of the NICU. Studying for the exam is easier if you have already been through the medicine rotation, as the material is very similar. Don't worry if you haven't, just begin studying earlier.

Internal medicine will prepare you to be a resident in any specialty you choose. You will learn to take a proper H&P, make succinct but comprehensive patient presentations and initiate the workup for new patients. It is important to master these skills regardless of which residency you choose. Keys to make the 12 weeks easier for you include: know everything about your patient, be organized and complete with presentations and get to the hospital as early as it takes to pre-round on your patients. Study as much as possible, because there is way too much information, and 12 weeks is not enough time to cover it all. Take notes at all conferences. You can learn so much from them, and that is one less thing you have to study. MKSAP is a great Q book. You should also find a review book that you are comfortable with, such as NMS or First Aid.

Ob/Gyn is a clerkship you either hate or love. It feels fairly disorganized because you never have a consistent schedule. You flip-flop between working during the day and working at night. However, it is shift work and you can count on getting out at a certain time. The hours are similar to surgery and the key is to sleep when you can. When seeing patients in the morning, follow the surgery rules: ask about BM, flatus, pain, ambulating, bleeding, p.o. intake and voiding. While in the



Ob/Gyn OR, you can use the tips outlined in the surgery paragraph above, but your time in this OR is limited and mainly restricted to retracting. First aid or blueprints are great for the boards.

Psychiatry is a great way to start the 3rd year or have a break between surgery and Ob/Gyn. The patient population is diverse, especially at UH, and this clerkship provides an opportunity to develop or refine your interviewing skills. Studying for the exam is nothing more than looking over your old psychopathology notes. However, the exam proves to be harder and I recommend doing question books early on.

P.S. Case Files works for every clerkship. Buy it before your clerkship starts because the bookstore never keeps enough in stock.

David Schmidt
GOOD LUCK



Dear 3rd years,

Congratulations, whether you know it or not you have just finished the hardest year of medical school. You are over the hump of Step 1 and about to start one of the most invigorating learning experiences of your lives.

I'd like to start by telling you a story about a physical exam I preformed on the second patient I had ever had. I began my 3rd year on the psychiatry rotation at University Hospital. A 40 year-old African American female was admitted for suicidal ideation. I lead her back to the examining rooms and was followed by my intern. The physicals on psychiatry were chaperoned so that no one was alone in a room with a potentially unstable patient. I was not adept at the so called "focus physical" at that time, so I started as I had always been taught, with the HEENT exam. When I asked the patient to open her mouth and stick out her tongue. I noticed she had a tongue ring with a small infection at the piercing site. I also began to smell one of the most obnoxious scents you could imagine: a mix of halitosis and abscess pus. I gagged. I had to step out of the room for I was convinced that I might just vomit. Embarrassment does not even begin to describe my emotions. I was upset that I could not maintain myself in a professional manner and I was annoyed at myself for making a patient uncomfortable. Eventually, after collecting myself, I stepped back in the room, apologized, and with some careful mouth breathing, finished off a pretty shoddy exam.

Like most of you, I was both excited and fearful of third year. What if I sounded like an idiot in front of my attending, what if I told a patient that his biopsy was normal and it wasn't, what if a patient asked me a question about their disease and I didn't have the slightest idea how to answer it? How would I ever gain the trust of a patient when I barely know anything myself? What if a patient doesn't want to talk to me because I'm a student? And the list goes on. But I never once thought, "What if I almost puke my guts out onto a patient's lap"?

What this experience taught me was that third year is impossible to prepare for, and like most things, you never know how you are going to react until you are actually faced with the situation. You have studied, and studied, and studied. And that is pretty much all you can do. Your fears are valid, and become even more scary once you enter into the foreign hallways of the hospital. Most of us experienced what I can only describe as culture shock. Everyone was bustling about, seemingly knowing what they were doing, and I couldn't even write up a decent H&P. In my white coat, I felt like a little girl playing dress up in her daddy's wardrobe. I was uncomfortable and out of place. I don't even know how I began to integrate myself into the organized chaos, or how my fears slowly slipped away. What I do know is that the learning curve is steep, but not impossible to climb, and now I look back and cannot even believe how far I have come or how I became the person I am today.

You will read a lot of letters that say: always smile and act like you want to be at work even when you don't, don't complain around you team, show up on time, don't miss required lectures, show interest, always be willing to learn, read as much as you can, take this as an opportunity to really learn from your patients, etc. While this is all true, I believe most of you already know all this, or Dr. Keeton has infused some of it into your minds. I wanted to write you about three great parts of third year that are completely unexpected.

1) You will notice that you feel incompetent at the beginning; you are low-man on the totem pole. You're below the doctors, below the residents, below the nurses, and below the techs. The first



time you get yelled at by an OR nurse, you will be angry. Your anger will be heightened even more so because no one stops them from speaking to you so rudely. It will be one of those moments you cannot wait to be a “real” doctor. However, you will get comfortable making mistakes and knowing you don’t know enough. Then at some point within your 3rd year, after you have grudgingly accepted your lowly position, something changes. You find that you can walk into a clinic room and get a history, give a probably diagnosis and even give treatment and management options without having to clear it with an upper level or consulting a text. You have become a doctor. Yes, not officially, and not a good doctor, but a doctor none the less. Your patient will look at you with trusting eyes, ask you questions that you can answer, and then tell you that they like you, and that you will become a great doctor one day. It is a wonderful experience. Throughout the year you will also slowly begin to see your peers as doctors. It is not that they talk differently or dress differently; it is just something they become. Most first years look at the fourth years and think that they look so different. Some of this may be the worn-out, bags under the eyes look, but I truly believe this is the “je ne sais quoi” that one acquires as a third year.

2) When I started on psychiatry my day started at 7:00 and ended at 4:00, with an hour lunch break. Around one, I would start to stare at the clock. I was exhausted and had no idea how I would continue acting like I was happy to be at work when I wasn’t. Then I would go home, take a nap, and complain about how I missed 2nd year and how we could go to class, or not, depending on our mood. Can you even imagine missing 2nd year? Then the next morning when my alarm clock would go off, I would sit on the edge of the bed, close my eyes and wonder “do I really have to go in?” And the routine would start all over. Third year is exhausting. It is as if you are starting your first day of work over and over again. Those first few weeks I never thought I would be able to manage anything harder than an eight hour work day. Then, eventually surgery hit, I was working 15 hour days, not to mention call. Somehow I would wake up every morning at 4:00, roll out of bed, and make it to the VA by 4:30. I don’t know how, but our bodies and minds can adjust to anything. I was amazed that I could actually make it through a 100 hour work week and still love my life. When I started on psych I never thought I would be able to become a resident and work resident hours. To believe a 12-hour work day is normal was not a goal of mine when I entered 3rd year, but looking back it meant so much because it is a yet another reminder of how far I have come.

3) One of the best parts of third year is the people that you meet. You will have new mentors and attendings/residents that awe you, encourage you, and inspire you. But, most importantly, you will get to know classmates that you never thought would become some of your best friends. Of course you come into 3rd year with the support of the friends you had before 3rd year, but you will be unbelievable grateful for the new friends you make. My colleagues were the ones who would bring me a granola bar in between surgeries, so I didn’t get nauseated. They were the ones looking up vitals on my patients so I wouldn’t be late for rounds or the ones pulling out a Foley for me so that we could all leave at a decent hour. They were there for me to lean on, complain to, or laugh with to make the day go faster. Surprisingly, my new confidants made 3rd year exciting and enjoyable. They helped create memories that will last a lifetime, and I would never have met them if we did not struggle together on the wards.

This is by no means an exhausted list of the unexpected. Your 3rd year will be amazing. You will grow as a person and as a doctor, realizing parts of your personality that you never knew before. Do your best to keep an open mind, and stay curious. This will allow you to enjoy all of your rotations. Remember that some of the things you do and see in 3rd year are once in a lifetime



experiences. It is easy to get lost in the details of third year, but keep in mind everything is a learning experience and you will only regret that which you have never tried. I hope you can end next year with experience, knowledge, and memories that you can look back on and laugh at for years to come.

Good luck and have fun.

Seema Sheth
'08



Dear Third Year,

You have an exciting year ahead of you! Third year will be one filled with opportunity and uncertainty, and you just learn to enjoy it all.

I started the year on the surgery rotation, feeling clueless but relieved to be out of the second year classroom. This was the rotation that I had been warned about. You will NEVER eat. Or sleep! I was definitely anxious, hearing the horror stories of classes past. Then, there comes a point when you think to yourself, everyone got through this year, why wouldn't I? In fact, once the surgery rotation began, I was surprised I liked it! I realized that this year, I was given the opportunity to learn about and experience many different fields of medicine.

Third year may be one of the only times you ever deliver a baby or take care of a schizophrenic man, dancing to the voices in his head. Approaching every rotation as a learning experience made it that much more meaningful rather than just another test I had to take every six weeks.

We all had interviewed patients before, listened at four areas on the chest, and tested for pronator drift. This process started to become more and more about taking care of your patient rather than just a script to follow. Although no standardized patient is grading your ability to complete a meticulous respiratory exam, you find yourself not wanting to miss a single crackle because you care about your patients. The phrase "be your patient's doctor" takes on an amazing new meaning. Our patients give us the priceless opportunity to learn from their lives and their illnesses. We may be the bottom of the team hierarchy, but that puts us that much closer to our patients. You will be the one explaining what multiple myeloma means or holding a patient hand when her lungs are steadily drowning from lung cancer.

No matter how hard your day, month, or year has been, remember your priorities. Take care of yourself and stay connected with the people you love. Keep an open mind, remain flexible, and enjoy this year.

Best wishes,

Shailee Shukla



Remember this country song as you approach your third year.

"Life's a dance you learn as you go, sometimes you lead and sometimes you follow. Don't worry 'bout what you don't know, life's a dance, you learn as you go."

I'm standing on the side lines, nervous, will I get asked to dance or should I ask someone?

I'm in the OR watching as the sutures are about to be thrown. In amazement I gaze at the uniqueness of this person's body and how there is not another one in the world like it. Not too much earlier, I had enjoyed talking to our patient about the procedure and trying to calm their fears by listening to their concerns and silently saying a prayer asking God to protect them during the surgery.

Should I ask if I can close or should I wait for the surgeon to offer? I ask because the worst they can say is "no", but wait they said "yes", my heart jumps at the thought! My palms are sweating and my heart pounding! Will I do it correctly? Will I drop my pick ups? A flood of emotions engulfs me; excitement, nervousness, and delight!

I'm on the dance floor now, wondering if I'll step on his toes or do something that will embarrass myself. I begin to follow, concentrating so hard not to make a mistake.

I nervously begin to suture, following the surgeon's suggestions exactly, "turn your wrist, place a suture here..."

I just made a wrong move on the dance floor; I hope that toe will not hurt for too long. No big deal though, making a mistake wasn't as traumatizing as I had expected.

Yikes! I placed a suture too deep, what will the surgeon say? "It's ok, well just re-do that one". A sigh of relief comes over me.

I'm beginning to relax a little on the dance floor. I'm learning the steps and feeling more confident. I've made some mistakes, but now I can enjoy the song and have some fun. I'm enjoying my dance partner and my feet are flowing freely.

I can suture with less anxiety and I am enjoying the music playing in the background of the OR. I'm gaining some confidence and still making some mistakes but at least I can delight in the process.

The song ends, I did it! A scary start but an incredible experience!

My advice to you is this; ENJOY the dance of being a third year! Ask to do things you've always wanted to do, be excited, use this opportunity to the full, and even if you dislike the rotation find something that you enjoy about it. I hope you delight in your patients; get to know them as people, listen to them, and try to make them smile. When you're tired and have run out of patience, ask them how they feel and pray for them. Try to look for the positives and don't dwell on the negatives. And if you can, look for opportunities to encourage your classmates, patients, residents, and attendings because they need encouragement too.

So remember for third year: "Life's a dance you learn as you go, sometimes you lead and sometimes you follow. Don't worry 'bout what you don't know, life's a dance, you learn as you go."

Smiles,

Kristen Sorensen



Dear Third Year Medical Students,

Congratulations on completing the basic science years. You are leaving the classroom for the integration of patient care, team dynamics, continuing education, and the business aspects of medicine. Third year is about finding the balance between being a professional and a student while maintaining a healthy personal life outside of medicine.

As a third year student, you need to be organized, on-time, and knowledgeable about your patients. Remember that you are building a reputation for yourself among your mentors and peers. Be humble and respectful to everyone in the hospital, including all staff, patients, and their family members. When scheduling your day be sure to allow time for clinical duties, studying, and quality time with friends and family. At first finding the right schedule for all of this will be difficult, but you will learn what works best for you.

I found the following quote by Calvin Coolidge to be inspirational for me through stressful times:

“Press On: Nothing in the world can take the place of Persistence.
Talent will not; nothing is more common than unsuccessful men with talent.
Genius will not; unrewarded genius is almost a proverb.
Education will not; the world is full of educated derelicts.
Persistence and determination alone are omnipotent.”

You are about to experience the most memorable year of your life. Good luck and best wishes!

Sincerely,

Tiffany Thomure



June 16, 2007

Dear Class of 2009,

My son died during my third year of medical school. I do not tell you this to make you sad or as a dreaded opening to a letter telling you how challenging your third year will be. I tell you because I learned more about myself and the reason I came to medical school.

My son was delivered stillborn at 34 weeks gestation during the last rotation of the year; the reason is still unknown and we are still waiting for answers as test results slowly return. Looking back over the short time it has been, I returned to school too soon for my emotional and physical recovery. My husband and I could not stay in our house any longer looking at the flowers that continued to come, the cards, the phone calls...

The Monday I returned to my rotation, I stepped into an examination room and eyed an obese, Hispanic Female complaining of pain over her entire body. During the interview, she persisted to frustrate me by her lack of knowledge of the medications she was taking, disinterest in her medical problems, and her obscure answers to my questions. The week before, she had been told by an orthopaedic surgeon that her symptoms were due to depression. I also thought this was a likely cause and began to question her about depressive symptoms. All of the sudden she looked at me, stared into my eyes, and plainly said, 'I have faith, why would I be depressed?' My eyes immediately swelled with tears and she began to apologize for upsetting me. I told her it was nothing she had done and I left the room. I felt my lack of faith that I could live life after losing my son. Her words gave me strength. I would never be the same, but my son's mom would become someone who would live to help others.

My patients were the reason I was able to return to my rotation, they gave me a sense of renewed purpose. During my pregnancy, I struggled with how I would manage time at the hospital and time with my family. I often felt I was letting my career down by becoming distracted with my obstetric appointments and caring for my unborn child. As I approached the end of my pregnancy, I was reminded of the honor it was to be nurturing and caring for my son. It was also an honor to be a 'future physician'.

As you come into your third year, remember why you came to medical school. Remember that medicine will be a part of your life forever, but there are other reasons for living. You have traveled great lengths in your life and have been stretched beyond what many people will ever experience. No matter what challenges await you during your third year of medical school, have faith that you will finish. This journey in medicine may never become easy, as the loss of my son will never become easy for me, but remember that you are in medical school for a reason.

Sincerely,

Sadie Trammell Velásquez



Congratulations, Class of 2009!

You made it out of the lecture halls. You conquered Step I. Now you are about to embark on the best and most memorable year of your medical career. Third year is about learning. Remember, you are paying to work so work hard. Out of work comes learning. This practice is very unique and foreign to most areas of business. Treat this experience as a privilege.

Lesson #1: Never be afraid to ASK QUESTIONS.

Lesson #2: BE PREPARED FOR ANYTHING, I mean, ANYTHING!

You can accomplish the second task by two simple guides.

- 1.) Always show up to your destination EARLY, not on time, but EARLY because more often than not it will take you longer than you think to find that destination especially on your first day of a rotation. Also, you never seem to factor in the time you wait for slow elevators or the overwhelming number of new patients admitted overnight. And trust me; you NEVER want to be “that” student who shows up late to rounds without ALL of your patients’ vitals, labs, and overnight events.
- 2.) Always keep an open mind and your ears alert. Be open to anything that comes your way. And above all, KEEP YOUR COMPOSURE.

Sounds pretty vague, right? Well, this actually saved me on my first rotation of third year—Cardiothoracic Surgery. On my second day of third year, I scrubbed in on a triple CABG—that’s Coronary Artery Bypass Graft, which I recall looking up that day before I entered the OR. I scrubbed in perfectly. *Things were really in my favor.* I stood to the right of the attending and across from the fellow at the operating table. I spoke only when spoken to and kept my eyes on the table. About midway through the procedure, the attending explained to me that I would carefully come behind him and stand to his left. I was very careful not to touch his back or the multiple cords leading to the bypass machine. *Mission accomplished. I did not break sterile field. The gods were smiling down on me.* Next, he explained that the blood would leave the heart, travel through the bypass machine, and the heart would deflate but would not stop beating. *Cool.* Then he instructed me to take my hand and grab the air like I was grabbing an imaginary hamburger. *Okay, weird.* Lastly, he informed me that I would grip the heart just like I had done to my imaginary hamburger to expose the backside of the heart where he would be making his pristine sutures to sew in the venous graft. *What? He’s crazy. This is my second day. I am not experienced.* I nodded and proceeded with his instructions, gripping the ice cold heart that was still quietly beating between my fingers and bracing it up against the chest wall to expose the backside. He gave one warning of caution—if you think it is going to slip from your grip, you need to give me full notice. Do not tell me as it is slipping or after the fact. Tell me if you think it is slipping. I will stop the procedure and you will readjust your grip. I nodded. *Yes, sir.* Now interestingly enough, I am right hand dominant. I was told to grip the heart with my left hand. There was no room for my right shoulder at the table. It was a tight squeeze between the bypass cords and the massive 6+ foot attending who needed a lot more elbow room at the table than me. My heart was racing. I don’t recall blinking through the rest of the procedure, though I am sure I must have. I didn’t take deep breaths, afraid that any movement or itch would cause me lose my grip. I was unable to feel my left hand that was submerged in ice packed around the heart. The heart that I held tightly was still weakly beating as if kindly reminding me, “Yes, I am real. I am alive. Don’t screw up.” My mantra for the next 25 minutes was—*I am left hand dominant. I am left hand dominant. My grip is*



strong not weak. My fingers were frozen. My neck and back were stiff. My knees ached. But I kept my composure and made it through the rest of the procedure without any dramatic episodes. Looking back I realize what a truly amazing privilege it was to be a member of the team of medical professionals taking care of our patient Mr. JB and what an honor it was to be chosen by the surgeon to hold his heart in my hand.

Enjoy your third year and every challenge that comes your way.

Best wishes,

Cindy Trippe Myers



Dear Third Year Student:

You gain strength, courage and confidence by every experience in which you really stop to look fear in the face. You are able to say to yourself, "I lived through this horror. I can take the next thing that comes along." You must do the thing you think you cannot do. - Eleanor Roosevelt

Welcome to the start of third year, the year where you will grow so much more as a person than you ever thought possible. You will not finish this year the same person you were when you started. You will learn how to balance work, family, and studying but above all you will learn how to become a doctor.

For me third year was bittersweet. The most important thing I learned was how to find strength and balance when everything around me was falling apart. My third year started off with surgery but towards the end of this rotation my mother became sick, and progressively started to deteriorate as the year wore on. She spent more time in the hospital than out, and my days were filled with going to work and then spending the evenings with my mother in her hospital room studying at her bedside. She always got mad at me and told me to go home and study. She told me that she would be "fine", but I knew she wasn't fine. As a medical student you have the sobering ability to understand everything the doctors tell you, which at times I grew to despise.

Through all this I continued to go to work each day as if nothing was wrong. I told nobody except my close friends. But all this changed in January when my mother was hospitalized for the last time. I finally had to tell my attendings on internal medicine about what was happening. It was hard for me to do that partly because I didn't want to be treated differently from my other classmates on the rotation. I didn't want a lighter work load and I didn't want for people to feel sorry for me. I always pushed myself twice as hard at work to compensate in a way because I was so afraid of being seen as weak but more in part because it was the only place I felt at peace. It was the one constant in my life that I had control over. Seeing patients get better and leave made me feel better about the fact that I was a part of that. Finally when my mother's doctors told me she was terminal, my brother and I made the decision to take time off to spend with her. I credit my friend/roommate and the director of the internal medicine rotation with helping me to see that I didn't need to keep fighting my emotions. It was only then that I let everything spill out to my best friend/roommate: how afraid I was to lose her because she was my only parent, how was I going to help my brother through it, how was I going pay for the funeral, how I couldn't do anything to make her better, and that what I feared the most was how I was going to tell her she wasn't going to get better. It was weird being on the other side and having doctors have a family meeting with my family- she was given two weeks but passed away in three days.

I never regret taking the time off because I would have regretted it more if I hadn't spent her last days with her. She was my world but what I struggled with was what do you do when your world crumbles? You rebuild it. I always thought that I would never have been able to handle losing her, but when it actually happened and I felt myself falling, I turned around and saw my friends and classmates there to catch me. I worked so hard to be so self-contained and strong that I didn't realize I didn't have to deal with this on my own. I learned that it's okay to let others help you. I can honestly say that I would have never made it through everything had it not been for my friends. When I was crazy with anxiety or paranoid about leaving the hospital just for a few hours they would drag me out to get some piece of normalcy in my life, be it something as simple as going to a movie or just grabbing dinner before I went back to the hospital. If they hadn't helped me put some balance into my life, I don't think I would have been able to go to work and to the hospital all the time. So in essence it's okay to be human! It's okay to take time off when you need to because nobody is going to think less of you for it. Life is too short and sometimes painful



reality checks make you see that. But, don't wait for a reality check to happen, cherish each day and appreciate the now. Learn to find balance with work and living because at the end of the day you will feel better for it. Let your friends help you when you need it!! I can't stress that enough, go out for dinner or a cup of coffee, anything, just don't get caught up with studying all the time. The books will be there when you get back! But above all learn from your patients', put yourself in their shoes because one day you will be on the other side. Doctors and patients are intertwined because one could not exist without the other. They help us and we help them. Treating patients is a privilege and one must never forget that.

Sincerely,

Crystal J. Trujillo
MSIV



Dear New Third Year Medical Student,

Charles Dickens wrote, "It was the best of time, it was the worst of times...." Those statements could have very easily been written about the third year of medical school. I don't say this to be negative or to scare you, but feel like you deserve an honest explanation for what lies ahead of you. I remember listening to the students a year ahead of me and thinking "it could not possibly be that bad," but what they said is true and what we tell you now is true. With that said, your experience third year is 99% dependent on you and your attitude. This year will be what you make it for yourself.

PATIENT CARE: Third year is mentally, physically, emotionally and spiritually challenging. Much more challenging and in different ways than first or second year, but more rewarding, too. For the first time, you get the opportunity to see patients and take part in their care. You don't know much! That's okay. Embrace what you DO know! Don't be afraid to think for yourself. Don't be afraid to ask questions. You are a medical student and are not supposed to know all the answers. Enjoy those training wheels while you have them. You will not have that much of a cushion come intern year. Take responsibility for your patients! They are yours first and foremost. It seems strange to be the lowest man on the totem pole and have that responsibility, but you will spend the most time with them. Residents and interns are busy and they will use and appreciate the information you gather. Learn from your patients.

TEAM WORK: Always work with your team and your fellow students. You are in this experience with other third years. They are having the same feelings you are. Find someone that you can vent to and let off steam, but do your best not to do it at work. You will not like everyone you work with or every patient you have. Remember that clerkships are finite and you don't have to do any one rotation any longer than six weeks. You can be nice and work hard at anything for six weeks. You won't always like what you are doing. Most people you work with will understand that, but still work hard. Don't expect recognition. More often than not, you will be early, stay late, work hard, and be happy and it will NOT be recognized. Knowing this ahead of time and it is easier to live with!

OUTSIDE OF WORK: Find something or someone that can help keep you sane! Don't forget that you are a person, too. Remember to do things that are important to you...spending time with family/friends, running, biking, going to church, watching sports, whatever you like. You will need downtime. Purposefully schedule it in and the marathon of third year will be a little easier.

Even with all the obstacles and challenges that third year brings, it will pass quickly and you will be able to look back on it and realize what a great deal you have learned. Keep an open mind and do your best to enjoy each rotation. Good luck and enjoy!

Sincerely,

Korie Turner



Dear Third Year Students,

I should apologize in advance as this letter is not to all of you. This letter is to the liberal arts students. To the students who have struggled to keep your heads above water these last two years. To the students who have yet to receive validation that medical school is the right choice for you. If you are a C student, it is very possible that not one person at the medical campus has truly seen you- your passion for this career, your strengths in action, your very real ability to be a good physician. This letter is for you and it offers a promise: Someone will see your strengths *this* year. This year, some one person will validate your choice to become a doctor and it will make all the struggle of previous years fade.

It is within the third year that the art of medicine gains credence. The science of medicine continues to matter, but it also continues to be in print. The millions of facts that you did not memorize well enough in the first two years can be found in text, while the art of medicine cannot. Many of the previously A students will find this year to be difficult and frustrating because rapport cannot be learned. You cannot memorize interpersonal skills, you cannot gain finesse in the library, and all the multiple choice tests in the world cannot prepare a student for the privilege of being present for the first moment of life or the last.

I have seen the unique skill set needed to succeed in third year present in many of the “struggling” students. You are the students who will approach patients with humility, a humility people respond to and trust. Many of the liberal arts majors are the students who think critically, communicate effectively and educate patients with broad perspective. These qualities will not only lead to success in your third year, but will lead to success as a physician.

There are patients whose lives and health will be better because of your work this year and in the years to come. You will be fine physicians and the community will benefit from you. This will be a good year.

Take care of yourselves,
Amanda Wright