Letters to a third-year Student

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Editor:
David L. Henzi, Ed.D
Director
Office of Academic Enhancement

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

Letters to a Young Doctor, Richard Selzer MD

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Foreword

Dear Students,

Congratulations on surviving the informational fire hose of your first two years of medical school! I well remember scurrying to class to take final exams, as you have just done, and visualizing the bits of information that were falling out of my too full brain. I remember hoping that what I retained would somehow be enough. Do you feel ready?

The transition that you are about to undergo, from a backpack toting student into a stethoscope-slinging clinician, may be one of the most profound changes of your life. The results will come gradually, but you will look back and know without a doubt that you have been transformed. Along the way, you will continually be questioning: do I know enough? Have I done enough? Am I adequate? This is a necessary component of the transition, as you sort through what you need to do develop confidence in your skills.

Self doubt aside, there are some tried and true coping strategies worth knowing about. If you spend less time worrying about how your superiors are judging you and more energy thinking and reading (and worrying) about your patients, you will be able to channel your energy in a way that leads to real learning. Caring for your patients' emotional needs helps with healing. This is something you are definitely ready to do.
No matter how much you wish you could remember everything you are supposed to know, you will be asked questions to which you do not know the answer. The secret to getting through is to care about your patients. The more you care, the more you will want to know about how to help them, and the more you will learn. As an attending physician, I do not expect a third year medical student to be a fountain of knowledge. I do hope that they will care enough about their patients and their team members to become active learners; problem solvers, and team players. A student who really cares and really tries will shine, EVEN when they are feeling like they wished they knew a lot more!

So that is the big picture on being a third year student, and now I'll share a few specifics on how to conduct yourselves professionally. I'm sure you've already been schooled on being punctual, reliable, and professionally dressed. But I want to encourage you to strive for excellence. Practice your H and P presentations and keep them clear, accurate and succinct. If you forgot a part of the history or the exam, be honest about that. What you report to the rest of the team can impact in a serious way on patient safety. Try to have well thought-out opinions when you present the assessment and plan. If you have no idea what is going on with a patient, seek out the intern or the resident and ask if they can help you get ready for rounds. Talk things over with your fellow students, or hit the internet, and look things up. Many of our patients at UTHSCSA are uninsured, economically disadvantaged, and Hispanic. Find ways to be patient advocates (for example, offer to translate, if you speak Spanish); that is another thing you are ready to do right now. Be culturally sensitive, and avoid things like gum chewing at the bedside, which creates an image of nonchalance and disrespect to sick people and their families. Be courteous and respectful to all members of the hospital staff, especially to your nurse colleagues and to the ward clerks. You can learn immeasurably from the whole health care team, not just from the MDs. Always be good to the nurses. Treat them like gold; they will help you be better doctors.

I've noticed that I am at my best professionally when I've taken care of my own fundamental needs for sleep, nutrition, exercise, emotional support and spiritual renewal. These needs are easily neglected when you're busy learning to save lives and trying to make a good impression. However, personal preparedness is a necessary prerequisite for professionalism. There is a useful analogy to mention here: before a commercial airline takes off, the passengers are instructed "if the oxygen masks come down, put your own mask on first, and THEN help the person next to you". This is not selfishness, it is common sense. Just as hypoxic people are of no help to fellow passengers, an exhausted, emotionally and spiritually depleted doctor or medical student is not going to be the best professional or the most caring physician. We all have different oxygen masks, of course. Know yourself and your personal needs; do spend time with loved ones and pets. You won't have lots of time to exercise, but try to work it in anyway, even if it is just taking the stairs in the hospital instead of the elevator. Eat right and stay well-hydrated (helps avoid urinary tract infections, for one thing). Engage in activities that uplift your spirit. You will feel better, perform better, and have deeper reserves to provide kindness and compassion to the sick.

From time to time, you may encounter situations in clinical care that are ethically challenging. You may disagree with a superior about the right course of action for a patient when it comes to respecting their autonomy, or end of life care. The right answer might be grayer than black or white. Sometimes, we have to live with uncertainty, but at UTHSCSA, we have made a concerted effort to help our trainees and our educators address ethical dilemmas. Our monthly Ethics Bites conferences (where we do provide you with lunch) were designed with you specifically in mind. They are presentations from our best clinician educators, who bring real life dilemmas to the table and engage all of us in thought provoking discussion. This year Ethics Bites will be enhanced by a new faculty ethicist who will help us build a sound platform from which to examine these common challenges and learn to value the group process that is so helpful in reaching the greater good outcome.

In closing, there's no substitute for hearing "the real scoop" from your peers, so please look carefully at what your recent predecessors have to say about their third year experiences.

The technical skills and medical knowledge you are going to acquire will save lives. But our goals for you go far beyond helping you become technically competent. Our aspirations for you, our students, are to help you become the kind of compassionate, caring, ethical professionals we would want to take care of our own families, and someday, of us.

Be of good courage, make us proud, and remember, you ARE enough.

See you at Ethics Bites,

Dr. Ruth Berggren

Dr. Ruth Berggren

To the incoming third years,

While our friends are out living their glorious 20s and early 30s, enjoying the ability to make bad decisions on the weekends, we're here in some horrible parallel universe where Netter and Goljan are our regular wing-men.

Third year. It's even better than people say. The patient care aspect of medical school is phenomenal, and you get as much out of it as you put in it.

The Four Commandments:

- Medicine is a team sport. "Gooning" is akin to cheating.

- The key is to be assertive. Be the guy who volunteers for extra work, but don't annoy the residents or follow them around like an aimless puppy dog. Looking and acting confident makes up for a lack of scanning Case Files or UpToDate the previous night.

- Keep food on you at all times.

- No matter how hard you try, your non-medical family members will NOT understand what you're going through. The best you will get is a mixture of pity/respect.

The Rotations:

Family Medicine – Very chill. The key is to really study for the exam since the minutia are killer.
Pediatrics – A chance to use that stuffed-animal (monkey or duck) on your stethoscope. You can order them online.
Medicine – Much better than you might think. Rounds do last forever, but this is the first three months of the rest of your life.
Ob/Gyn – A great attitude and a juvenile sense of humor goes a long way on this one.
Psych – "Crazy" is relative. You'll be diagnosing half your classmates, friends/family, and people on the street in no time.
Surgery – Insomnia. Forgive me if I have nothing positive to say, but I'm currently in this one.

Priceless Third Year Anecdotes:

in the locked unit in UH, a prisoner in bed, wearing leg irons, requests a foot massage and discusses the prowess of Bruce Willis on the big screen
laughing with the scrub techs after yet another f-bomb is dropped in the OR
realizing that you may be the only one who knows the patient's real name (since the residents/attending probably only works with the diagnosis and room #)
bowling and beer with your favorite resident three months after working with him
In Gyn clinic, the thought "let me guess, you have vaginal bleeding?" pops into your head repeatedly, and clearly, you are correct time and time again
Hilarious, hormonal pregnant ladies being very blunt about their sex lives
Did I mention hormonal moms in outpatient pediatric clinics? They're funny, too.
Flowin' at 3 am to Warren G's masterpiece "Regulate" on your buddy's iPhone with two of your new friends

It hits you that "Scrubs" is the most realistic medical show on television. Time to slightly tilt your head to the left and reflect.

Medical school will try to beat the empathy out of most of you before you start to practice. The first two years are an unforgiving chore with only the vision of 3rd year and patient interaction in front of you. If you maintain your sense of humor and don't take yourself too seriously, then this year will be a great experience.

Good luck,

Mark Allen

Today I witnessed the absolute definition of patient autonomy. A 40 year old woman, who had been on our medicine service at the beginning of the month, now returned through the ER presenting with life-threatening disease. During her first visit, she was admitted to the ICU and then downgraded to our team. A new diagnosis of CHF was given, secondary to her long-standing, uncontrolled HTN. As we began the process of treating her, she decided to sign out Against Medical Advice. With only new-onset CHF as her diagnosis, our attending, after thoroughly explaining the grave risks of leaving untreated, agreed to give her the proper forms for her to leave the hospital.

Now in the final week of the month, she presents again to the team with a left arm thrombus, multi-lobar PNA, pulmonary embolus, decompensated CHF, and staphylococcus bacteremia. Obviously, her condition has worsened. Our attending took great care in explaining the new treatment plan to her, but after a night in the ER the patient decided that she would like to leave the hospital AMA, again.

Confused why anyone would chose to leave without proper treatment of such life-threatening disease, we all asked why she wanted to go home where care of her condition would not be available. She had no identifiable reason to give, she just wanted to go home. Psychiatry was consulted to make sure she was mentally able to make a decision of this magnitude, and they reported back that she was competent to manage her care. As surprised as the rest of the team, our attending decided to go to the bedside for one more effort at convincing her to stay.

Her response was unchanged. Given the information that her condition untreated would certainly be rapidly fatal, she still stated that she did not believe her life to be in jeopardy. She again requested to leave AMA. The intern gave her the outpatient prescriptions and the AMA form, she signed it, and left the hospital.

Of course, we hope that she will beat the odds and get well, but we still know all to well how poor her prognosis is. What I learned was that even though we want to give our patients the best care, and then send them home disease-free, the choice to receive that care still lies with the patient. This is a difficult fact to accept sometimes because the ethical quality of altruism instills in us a desire to help others, especially when they are at their lowest, but what can one do when the patient refuses to receive that help? I believe this to be one of the better examples of situations where patient autonomy trumps our desire to help the patient. If the patient does not wish to receive our care, we must respect their decision, even if it is a poor decision in our medical opinions.

Be prepared for many dilemmas and tough decisions such as these as you enter your third year. They can be frustrating at times, but there is always something to learn.

Anonymous

On the list of qualities a third year medical student should have, confidence should be near the top for sure. But be careful. Sometimes a little humility is much more impressing, showing yourself to be aware that you can't know everything. My advice to the new third year students: Know when to say "I don't know."

No matter how smart you are, there will come a time when a question is asked, and you have no idea what to say. Perhaps it's a topic you haven't gotten to yet, or the question is so obscure, you would not have studied it in the first place. Whatever the situation, if you don't have the answer or an intelligent guess, be honest and say "I don't know."

The following is a personal example where saying "I don't know" actually turned out to be the correct response. Every morning in the PICU, the chest films of every patient in the unit are examined to evaluate any changes from previous films, ensure proper endotracheal tube placement, etc. The next X-ray was brought up on the computer, and I noticed it was one of the asthmatic patients I was following. I began looking over the film, paying attention mostly to the lung fields. The fellow in charge then asked me what an object was in the middle of the film. It was obviously metallic, as any metal is very distinctive on x-rays, but it was right in the middle of the chest overlapping parts of the cardiac silhouette. I paused for a moment and racked my brain to determine what this object could be. After a few seconds, I said "I know it's some metallic object, but I really don't know what it could be."

The response from the fellow was surprising and very memorable. "Thank you. Thank you for saying 'I don't know.' We had some student in here last month looking at a similar film who insisted this must be some clips from a cardiac procedure performed on the kid. The more he talked, the more you could tell he was making this up as he went along. The object you see here on the film is simply this young lady's bra clasp."

Once the fellow said this, it was very obvious that it was a bra clasp, which is something you just aren't thinking about when you look at chest films. But what really struck me was how appreciative this doctor was that I had been honest and told her exactly what was going through my mind. I believe that most people appreciate integrity and honesty in your work much more than whether or not you know all the answers.

So, my advice is to study hard and answer doctors' questions, of course, but when that question comes up that you don't have an answer for, just be honest and it will be appreciated. If they have the answer, they will tell you or ask you to look it up, and you will have learned something that day. And that is what third year is there for. This is the time to study and learn, but still be able to ask for help, since we are not expected to be completely independent yet.

Anonymous

Dear 3rd year Medical Student,

You are about to make a drastic transition. In all honesty, it takes a while to go from being in class or the library most of the day to working in the hospital or clinic and then trying to squeeze in some studying here and there. You will also discover that you are being asked to process information and access the knowledge you've gathered over the last 2 years in a different way. For better or worse pimping doesn't usually involve multiple choice answers. You will be challenged to put all of that passive information you have learned and make it readily available as active knowledge.

Some attendings will enjoy telling you that you are wrong, and you will need to learn not to take things personally. I remember a time early on after a particularly rough morning when an attending on surgery asked me sarcastically, "Do you know how to do anything at all?" A part of me wanted to walk out of the OR that morning and just say something obscene. If this happens you just need to keep a cool head and say "yes sir" or "no sir" or "yes ma'am" or "no ma'am." 3rd year is not only about learning the application of medicine but also about learning to be a professional and a team player. Fortunately in the previous situation I kept my wits about me, said "yes ma'am," and continued working hard to prove her wrong. By the end of the rotation she complimented me on my marked improvement and abundant surgical abilities. In summary, do not let your emotions sabotage you. You've worked too hard to let that happen.

3rd year isn't all quite as easy as Dr. Keeton makes it out to be, but his advice will serve you very well. At this stage in the game, a good work ethic and enthusiasm will go a long way for you. Having said that though, do not disregard the Shelf exams. They are very important in determining your final grade. Also, do not be afraid to inquire about your evaluations or final written summary evaluation for a rotation. It doesn't hurt to ask for someone to write a little more if you feel you have made a good impression and their evaluation is short (i.e. one sentence or less).

One final bit of advice is not to lose sight of the fact that the patients you are seeing are real people with real problems. They are not some standardized patient purposely being vague or unforthcoming with information, and they also aren't a question that you get write or wrong depending on your presentation of them to an attending or resident. As a part of the team you have a responsibility to help ensure the quality of care of your patients and to treat them respectfully.

-Anonymous

"You have a new patient to see in Bed 18" the Emergency Medicine doctor told me. I had just begun a three week ER elective during my Surgery clerkship, and was eager to impress my Attending with the volumes of medical knowledge I amassed from the prior two years of school. The past couple of weeks I was on trauma call during my General Surgery rotation and bared witness to gun shot wounds, stabbings, MVC rollovers with intoxicated pregnant drivers, pediatric burn patients, even one gentleman who was ejected from his motorcycle, asystole on arrival with his entire amputated arm in a beer cooler. What could possibly be so shocking now?

Right at once, the odor caught me off guard. Had this person not showered in days, weeks, months? Her eyes grabbed my attention next. Glazed over with cataracts, she squinted to see me. She was an obese lady in her mid-forties who was shivering in the bed, in respiratory distress. The nurse gave her supplemental oxygen, a nebulizer, two large bore upper extremity peripheral IV's. Stat ABG showed metabolic acidosis. Bedside glucose check was over four hundred.

I came to learn that she was a very poorly controlled diabetic who had a distrust of doctors in particular. "You killed my Mom" she told me, relating the story of her mother who died while being treated in a hospital for chronic kidney disease. The Emergency Medicine doctor grumbled as he grabbed the doppler. He directed my attention to her legs. The skin on both lower extremities looked like tree bark, and was ice cold to the touch. No pedal pulses, no waveform on the doppler. "Say goodbye to those things!" I shouted in my head snidely. How could this woman let herself waste away for this long? She was in denial of her diabetes to the point that she had not left her home in several weeks and was now in DKA. The patient's sister discovered her a few hours ago in a pool of vomit, with no food in the house and rats crawling everywhere.

"Why didn't you call for help?" "Why aren't you taking your diabetes medicines?" I asked her. She told me that she did not want to go to the hospital because doctors would kill her. She was prescribed a diabetes medicine that made her sick years ago causing her to stop taking all her medications. This woman was fearful that she was being poisoned by her primary care physician. After all, her mother was doing fine until the time that she went into the hospital. "Those doctors put her on dialysis and killed her." Her sister was bedside and asked her if she was trying to die. "No… I want to live, please don't leave me alone." She started sobbing uncontrollably, looking at me with those glazed eyes, but all I saw was death inside.

Lack of follow up, ignoring medical advice, continuing to smoke, drink, do drugs, eating unhealthy, and living in denial are all unfortunate truths that exist in a great many of the patients we provide care for. You will become frustrated and angry because, to a large extent, these variables are not within your control. Yet most people didn't ask for illness. They did not want to be born into an abusive family, into a never ending cycle of addiction, into poverty with no chance for an education. They give us blank stares when we talk about diseases and drugs. They cannot fill their prescriptions because they need the money to eat instead. And they don't seek our help until they are so sick that they must be admitted to the ICU.

I spent quite some time bedside with my patient that night. I discovered that she was lost in a system that cares little for preventable illness and scoffs at psychosocial support systems. This patient had a new provider at every office visit. She had no insurance, and was denied care in the past for insufficient funds. She told me that doctors were like "lizards" and she couldn't decipher our language.

I do not know what eventually happened to this woman. She may be dead, or near death, and I can't even remember her name. Perhaps I am still so shook up from this experience that I don't want to know, a suspicion that will haunt me forever. Yet I believe that in the short time we spent together I was able to help her understand her treatment, and provide her some emotional support and comfort. You may find it difficult to believe, but as a medical student you will come

to know more about your patient and their problems than anyone else. And sometimes simply listening is one of the greatest treatments of all.

-Anonymous

He's just a boy. 22 years old. Not yet a man. Yet already fought in Iraq, already watched his friends come home without legs, burned, or not come home at all. But he made it, he survived. He got to come home to a family, to a girlfriend, so some sense of security, however false it proved to be. He noticed a lump under his arm, but being a smart kid, immediately felt under his other arm. A lump was there too—clearly then normal—perhaps he'd just never noticed it before. Then fevers start, drenching sweats that wake him up at night. He is tired. Maybe he's having residual stress from his time spent in Iraq. Finally he goes to the doctor. Before he knows it, he is admitted to the hospital. He's told he has lymphoma. He's told that it's pressing on some vessel he didn't even know he had. He's told that he might start to have trouble breathing, that his face might swell, that he shouldn't lay all the way down. And so he doesn't. I find him sitting straight up in bed. All night. He won't call his mother until he knows the final diagnosis, the plan. He doesn't want to worry her. Ironic he tells me—he thought he would die in Iraq. And yet, no one sits and talks to him. No one takes the time to explain. No one listens to his fears, explains what a superior vena cava is, tells him that this is unfair. We round and huddle around his bed. We explain the scariest things he's ever heard to him in 5 minutes and then turn and walk away. We speed up his biopsies, his radiology reads, his cytology. We get him a diagnosis. We work with oncology to determine treatment. But do we work with him? Do we fulfill his needs? How much are doctors responsible for our patient's social and emotional needs? Is it enough to make a timely diagnosis or determine the perfect treatment regimen? It's the meantime, the waiting, the worry that often escapes us. The art of medicine is not in flowsheets or protocol, or in recent research, but in sensing fear, in sensing need. I hope to be a clinically competent doctor that fights for my patients to be seen, to be diagnosed, to have the highest quality of care; but unless I'm also the doctor who is sitting by their bed, taking the time to explain things, answer questions, reassure, or just emphasize, I will not consider myself successful. I found that throughout 3rd year, it is often the medical student that fills these gaps, knows the patient best, takes the time. I think that you may find these relationships to be the most rewarding part of your year.

Anonymous

To 3rd Year Medical Student:

First and foremost I would like to point out that everyone exaggerates how bad every rotation is. Every single rotation is difficult in different ways, but all of them are do-able. Plus 90% of the severity of the rotation is based on your attendings, residents and interns. This can not be predicted ahead of time. However there are some things that don't change in each rotation and some ways to prepare for each.

SURGERY: As you have read many times I am sure, this is the rotation with the worst hours. Depending on your team with general surgery it could range from 4:00am to 8:00pm (or possibly later). You will be tired, however you get post call days to sleep and also an additional day off, so it is NOT IMPOSSIBLE. The nurses are not as mean as everyone says they are to students (unless you are in the ER). Just be yourself, and be normal (saying please and thank you) and everything should be fine. Call is every 5 days, this is tiring, but can be pretty exciting at times. I was on Trauma for general surgery so everyday was like being on call, I would just stay there overnight every 5 days. It is a really exhilarating feeling to be one of the first people to see the trauma victim right after they get off the helicopter.

My advice for Trauma: Move quickly and stay out of the nurses way. DO NOT try to write on their stands, this can only lead to your demise. Also always smile and make sure your hair looks decent, you never know when your picture will be taken for a front page news story (without giving consent or even knowing they ever took the picture).

As for food, you WILL have time to eat. You just take the time to do it. You do not have to carry a pantry full of food with you. Snacks are always good, bring your lunch/dinner if you do not want to spend $500 at UH cafeteria in a matter of weeks (terrible).

Private practice surgery was the best rotation I have been on this year. I truly think it is where you will learn the most surgery. Almost all of the cases are general surgery and you are one on one with the attending. The hours are great (no call and no weekends). If you have this rotation you will love your life.

Ophthalmology is not surgery. It is however a very relaxing time where you can see things you will not see in any other rotation. Many people do not know much about the eye, and even fear the eye. If this is you, do an Ophtho rotation. Hours are great (no call and no weekends). The staff and residents are really friendly because they love their life. Take study material to read when you are flipping on and off the lights in the back of the OR, this way you do not fall asleep and fall off of the rolling stool. Very important.

Books I used: Case Files, Surgical Recall, Pestana Packet (given to you by the surgery department), NMS Surgery is TOO much.

OB/GYN: I can not give much advice on this rotation because it has already changed since I have been on it. However, do not believe what you hear about the residents being mean. They will be nice if you are normal and nice to them. Make sure you know your stuff and do not ask extraneous questions for no reason. This is where they can get a little short. Be willing to help out no matter how mediocre the task. You DO have to know Spanish. That's just the way it is. My advice is to make a cheat sheet of the most commonly asked Gyn questions and the most

commonly asked OB questions. This will be invaluable to you. Trust me! Delivering a baby is fun, but don't feel bad if you don't think it is the most miraculous thing you have ever done.

Books I used: Case Files only, practice questions given to you during the rotation online are very helpful.

PSYCH: Soooo psych. Ok I did Psych around Christmas which may or may not have been a good idea. I worked all through Thanksgiving weekend. I also became a little depressed, unfortunately its hard to not take that stuff home with you. Some of the stuff I heard really bothered me. I did my rotation at Tejada. I thought this would be great. Not so. You spend 2 1/2 days at Tejeda and 2 1/2 days at UHS. This is less than optimal. You do not get to know the team or attending on either service very well. Plus you get stuck with the scariest patients since you are not there to pick them yourself (at UH). You also have to stay until 5 everyday at Tejeda and then at UH somebody has to stay until 5, the rest get to leave at 3. Because you are only at UH half the time you end up having to work until 5 every day instead of getting to leave at 3 and only having to stay until 5 one day. (No I am not whining, just stating the facts). Your grade at Tejeda is automatically a "B". This was told to my fellow colleague and myself the last day of the rotation. "We give everyone high B's unless you do outside research and show extra interest in the field." I could have definitely done those things if I knew beforehand my grade had already been decided. Ridiculous.

Books I used: Case Files only.

INTERNAL MEDICINE: This is the rotation where it matters the most who your team is. You are with your team everyday all day and you all stay together on call days. Your resident has all the power in the world as to when you get to leave. Often times you will have your work done by noon but have to stay until your resident says, "you can go." It is true that you can ask if there is anything else that needs to be done, however often times they know you are asking that for a reason and will still not let you go until they feel like it. No I am not bitter. I had my two inpatient rotations at UH and VA. These were good places, but very different.

At UH you need to know that presentations are more important than your knowledge of medicine or your ability to care for your patients. Be able to present without saying "um", repeating words, stuttering or taking more than 2 minutes. Seriously. Be prepared to round for 4 hours, if it is less than that then thank your lucky stars.

At VA things move at a much slower pace. It is more relaxed and you seem to have a lot more time on your hands. Take advantage of this by studying. The nurses are very very friendly here. Anything you ask them to do they will agree without any problems, it just won't get done.

Ambulatory in San Antonio, hmm, really great after doing inpatient for 2 months. Be ready for continuity care clinic. You will see 2 patients in 12 hours and wonder what you did all day. Its bizarre. Enjoy the hours. Enjoy the weekends. Study as much as you can. Get your presentation done early. Study for the ambulatory test although it won't make a difference.

Books I used: Case Files, MKSAP, USMLE World Int Med q's.

FAMILY PRACTICE: I am on this rotation now. I am with a Family Medicine private practice doctor, Michael Mann. This is by far one of the best experiences I have had all year. I get to see

patients, work them up, write orders and feel like a real doctor out in the real world. The free lunch everyday, no weekends or call, and 9-5 hours are all pretty nice perks as well. This is a very nice rotation, and doing it after medicine seems to be really helpful. You get a sense of the family dynamic and get to see continuity of care. (He also has awesome sugar gliders in the back office).

Books I used: Case Files.

PEDIATRICS: I am not sure about this rotation since I haven't gotten there yet. I am looking forward to it, and think it will be a great rotation to end on. I have heard that it is very pleasant, but that you have a lot of "down" time during the day. Bring stuff to study. Any time during the day that you can study, take advantage!!! This will allow you to do normal human things at night!

Book I will use: Case Files (do you see a trend?)

Overall, be nice. This will get you farther than any other advice you hear. Read what you are suppose to read. If you are able to answer even some questions you will get points! Do not be shady to the medical students you work with. They can be your best friend or your worst enemy. Be courteous. Also be socially aware, it is amazing to me how many people I have been around that just don't have a clue that people dislike them and they are constantly making those around them angry.

Enjoy 3rd year, its the best year yet! (I haven't started 4th year yet). Have fun and smile, this will take you a long way.

Sincerely,

Anonymous

Dear MS3,

If you're anything like me, I bet you can't believe you've made it this far. And, I bet you can't wait to stop having to cram for monthly exams and start feeling like a real doctor. Unfortunately, you've still got a long way to go (and so do I), but, the good news is, third year is nothing like your first two years. For all the rounding at 5 am and seeing endless patients in clinic, the point is…you're not in the class room! Finally, you get to look and feel like a doctor. No more hypothetical situations or endless biochemistry pathways, just real patients with real problems who really appreciate your help. It's finally time to put down the books, put on your scrubs, and go to work.

However, before you rush off to your first clerkship, allow me to give you a few words of advice. These pearls of wisdom were passed down to me from a long line of third year students dating back to the time of Hippocrates himself! There's no trick to third year, and it doesn't matter how many doctors you have in your family, what it really comes down to is common sense, a good work ethic, and knowing how to communicate with patients, peers, and people in charge. So, to make it even easier on you, I'll break it down as follows:

1) It is absolutely vital that you do your best to learn how the hospitals work. And of course, the VA differs from UHS which is nothing like BAMC and different still from Santa Rosa! You must understand the computers as well as your place in the hospital hierarchy. Never forget that you are a student and very new to this hospital thing. Do not be afraid to ask for help. Trust me, residents understand and remember being in your shoes just a couple years before. But, if you cannot find your resident or do not want to bother one, you can always ask a nurse. This brings up my next point.
2) You need to realize that nurses are there for your help, and if you are nice to them, they will gladly return the favor. They have been there for years, some for decades, and I promise they know the system better than you. If you need the latest labs two minutes before your attending hits the floor, you need a nurse. Trust me, they will remember you and they appreciate it when you say hello, smile, or at least acknowledge them once in a while. Nurses do so much thankless work around the hospitals and are an absolute necessity. Never act as if you are smarter or better than a nurse, because it is in your best interest to have them on your side.
3) Always show up early. Any of you athletes know that ten minutes early is on-time and on-time is late for practice. Well, the same applies to third year. You should always get to your hospital or clinic at least ten minutes early. It looks good, plus you never know how hectic the night was. This especially holds true for all in-patient and ward rotations such as general surgery, internal medicine, and the nursery (there are always tons of babies born during a full moon)!
4) Never be afraid to ask for help or admit when you do not know something. Attendings can, and will, ask you questions you've never heard of before. It's okay, and even the residents can't answer some of them. It's just their way of teaching, and if you remember the answer next time they ask, then they know they taught you well.
5) Finally, when your resident tells you to go home, GO HOME! Never pass up the time to study, do some practice questions, or even hit the gym. Free time is harder to come by this year, so get it when you can. I promise you that the residents are not trying to trick you or test you. If anything, they're probably tired of answering your questions and just want to get their work done. Believe it or not, for all the help you might provide, you will also definitely get in the way once or twice and slow things down. The good news is, so will the other students on your team, and the team before you, and the team after you. Part of being a third year is not being sure where to be and inevitably getting in the way!

In conclusion, third year can be the most fun year of medical school, until the legendary fourth year begins of course. But until that time, take a moment to enjoy your third year and learn what being a doctor is really all about. You'll see pathology and disease processes that you never even read about, and if all goes as planned, you'll help to cure them. You are actually part of changing, and sometimes even saving people's lives, and that's a pretty cool thing. You should be proud.

Good Luck,

Trey Bates

Dear Third Years,

Congratulations on making it through to such a great milestone in your medical career! You have worked hard to come to this point. Prepare to work even harder!

This year is an exciting one, and you can be sure that you will come out never quite the same as you started. Yes, there will be days that you will not find exciting, and you may even question your decision to become a physician. You may learn that the world of medicine is not as glamorous as you may have thought. You may even get frustrated, as I did, at the politics of medicine – the hierarchy, the bureaucracy, the rivalries. Your patience will be tested. Your stamina will surely be tested, as well. You may even get discouraged. I'm here to tell you that's all normal. I have one piece of simple advice, however; learn to pay attention and enjoy the good times. You will have a lot! I promise. Notwithstanding the unpleasant times you may go though, you will go through so many more wonderful ones, times when you know that you have made the right decision in life; times when your love for medicine is reaffirmed; times when things finally make sense and you see your contribution has truly made a difference; even times when it is not you who teaches or helps the patient in any big way, but it is the patient who has taught you an important lesson.

Those are the experiences that I look back upon as I continue my journey. In particular, I remember working at the pediatric hematology-oncology clinic in Santa Rosa. I saw children of all ages battling cancer – their hair falling out, looking weak and tired, yet proudly wearing their special necklaces, chronicling their long courageous battle with their disease. They were still just kids – wanting to play, wanting to laugh, stifling that cry and wanting to be brave, wanting just to be normal. During those few weeks in the clinic, I saw how every visit, documenting continuing remission, was a time to be celebrated; a time to be thankful for another day. I remember a 10-year old boy, struggling with panic attacks, overwhelmed with the feeling that he was going to die, though he had been in remission for two years. I sat there, as this child, who should be out playing and laughing like other children, went to his mom's lap to ask a question I did not think a 10-year old should ever have to ask, "Am I going to die, Mom? What's wrong with me?" I saw the fear in his eyes, and it broke my heart. I also remember my first day in the NICU as I watched a 19-weeker under the warmers, so tiny and small. I could even see his tiny heart beat, but I knew he was not going to live to see even just one day. I thought of his parents, whose only keepsake of that day would be his little footprints and pictures in a box, and my heart went out to them. On a day where other new parents could bring their little baby home, these parents never would. Yes, life is precious indeed! Yet how often we treat it so trivially! For these children and their parents, life was always of value, worth the fight and surely never to be taken for granted. These patients taught me, not only to be thankful for what I had, but also helped me realize that a physician's work and interactions with patients were oh so precious and could make all the difference.

As I continue my training, I will always carry these experiences and many others in my heart. I encourage you to do the same. Yes, the road to become a physician is challenging. It is an uphill battle, at times wrought with tears. But there can also be lots of laughter, lots of smiles, lots of successes and triumphs. We have been given such a wonderful privilege and an awesome opportunity. Remember that, and learn to enjoy every moment.

Good luck as you continue your awesome journey!

Sincerely,

Joy Baysa

Congratulations class of 2010!

You have made it through your basic sciences years and now you are on to what you came to medical school for – the clinical years. Only it will probably not be exactly what you expected. It is a tough, challenging, constant struggle between work, studying, and social life. It is, at the same, time a rewarding, fulfilling, constant learning experience on life, love, and medicine. You will figure out on your own the tedious balance to maintain your sanity. Unfortunately, error is the only way you will learn the details of each rotation.

My advice to you is to write down, right now, what you want in life. Write a new personal statement about what you want to achieve in your career in medicine and why you decided to go to medical school in the first place. Write your dreams, hopes, wishes. Write your expected challenges, complications, fears. You will need to read it throughout third year when you get discouraged, sad or afraid to remind you why you went into medicine. I don't mean to discourage, sadden or scare you, I just want you to realize that every day will not be a walk in the park. There will be days where you feel elated, excited and on top of the world with your knowledge and accomplishments in medicine. I want you to feel prepared for the bad days as well but it doesn't mean it's not worth it. I thought it would be mostly fun and happy times, but it was more than 1) being early, 2) staying late, 3) always looking for more to do, 4) working hard, and 5) never complaining. Just remember it will all be ok, it will go faster than you think, and read your "personal statement" prn.

Sarah Borgognoni
Class of 2009

Dear New 3rd year,
I remember how truly anxious I was my first day. I kept reading the letters from the previous third looking for some good solid guidance on how to approach each rotation. So here is my version of good advice:

In general:
1) Continue to eat, drink, sleep and make merry. You will find that it is very easy to be consumed by the hospital, and that the things that define you are what you do outside the hospital.
2) Ask your attending ask to write you a letter of recommendation during your last week of a rotation of every rotation. Especially if they think you walk on water.
3) Try not to answer questions that are not directed at you. Keep your mouth shut until they ask you, otherwise you risk looking like a Goon.

Medicine:
1) Buy the little red pocket medicine book at the bookstore and keep it with you at all times.
2) See your patients before the team in the morning write a progress note:
    S: how they think they are doing and any complaints or changes over night
    O: how you think they are doing, plus "VIMPLS":
        Vitals
        Ins and outs
        Medications
        Physical exam
        Labs and Radiological study reports
    A/P: Talk to your intern and make sure that you are on the same page.
3) Read about the drugs that your patients are taking and know why.
4) When you present your first patient you are going to suck at it- that is okay because it is July of your 3rd year, but if you are presenting in February and you still suck that is not okay.
5) Have a resident teach you how to read a chest x-ray.
6) Be with your resident for any procedure and ask to try a procedure after seeing it done once.
7) Go to the laboratory and look at your patient's blood smears and stains. Ask the FNA cyto-pathologist to let you look at the tissue under the scope. It will bring the textbooks to life.
8) Read your review book every day. Seriously, read one hour a day for the shelf exam.

OB/GYN:
1) This is your chance to deliver a baby. It most likely will be your last. Do not waste this opportunity and catch as many as you can.
2) Learn how to do a good pelvic exam. I have seen interns in medicine reamed for not doing them.
3) The clerkship will allow you to access a website with nearly 400 questions. It takes about 2 weeks to complete. Use this to study for the shelf.
4) Learn how to suture. If you already know how, then be aggressive and ask to close tears.

Psych:
Easy rotation. Read your case files.

Surgery:
1) Read your Pre-Test for this shelf. Keep a copy of Surgical recall in your pocket. Take good notes during the "Case files" classes and review them before your quiz. Do the virtual cases every week on the website and you will be golden.

2) Be aggressive. Jump into the surgery and help with suction/retraction/cutting sutures and learn how to close open wounds.
3) When you send tissue from the OR to the Path lab for margins- if you are not scrubbed in ask if you can take the specimen down and watch the pathologist stain/freeze/scope.
4) Start i.v.'s- now is your time practice, practice, practice.

Family Medicine:

1) If given the opportunity go to McAllen or Corpus. You are treated like a resident there.
2) Use this rotation to focus help guide you on where your interests are, use it to refresh your Peds and OB/GYN for USMLE step II.

Best of luck,

Matt B.

Don't underestimate your impact…

I think that everyone has some pre-conceived notions about each rotation of their 3rd year, and I am definitely one of those people. But the best part, the most surprising, is how each rotation offers something different than initially expected.

Case in point—I began my psych rotation with some trepidation. I wondered how much impact we would really have on these patients, or if our job was merely medication management. I did my rotation at the VA, and as students we were VERY hands-on. In essence, we were the "interns," writing every note and entering every order for our patients. Some cases were simply managing meds to help the depressed feel better or the bipolar-manic come down from their mania, but there were a special few that made me really appreciate the rotation.

One such patient was Mr. R who came in for medically managed alcohol detox so that he could enter the in-patient addiction rehabilitation program. While he was there, it became apparent that he was depressed due to social stressors in his life, and we began to talk on a daily basis. At first, the conversations were very simple—how was he doing, how was he feeling—but as he became more comfortable with me, he opened up. He had previously tried to commit suicide, had a son who was going to jail because of gang activity, an ex-wife who took everything from him in their divorce, and two other daughters who wouldn't talk to him because they blamed their family woes on his addiction. He finally decided to turn his life around for himself and for his family, so we helped him through the process. As it turned out, there was a shortage of beds in the inpatient facility, and there were two patients who were ahead of him for open beds. He was progressing well enough with his medical detox that we were forced to discharge him to his own devices until 7 days later, when his scheduled bed would be ready.

Mr. R was incredibly upset, angry, and began yelling when he was told we would have to discharge him sooner rather than later. He threatened that he would go to a motorcycle rally and drink until he became "wasted" and then ride his motorcycle in front of an 18-wheeler. The resident and I spoke with him at length about his decisions once he left our facility and about how much progress he made. I talked with him about his goals for his family and for himself, and how drinking and committing suicide would not be in line with the decisions he made previously. I told him, "It's only 7 days. Just hole up in your house, watch some movies, read some magazines, and think about your future. Undoing all the work you just did seems silly." He appeared to listen, because his anger lessened, but he was still indignant about getting drunk once he left. We told him that if he drank between now and entering the program, they wouldn't let him in. I wasn't sure if he paid attention to that part. Nonetheless, we had to discharge him.

Several weeks later, I am walking the halls of the VA and I hear my name being called down the hallway. "Dr. Nicole! Dr. Nicole!!" I saw Mr. R running after me as I turned to see who called my name. He caught up to me and proceeded to excitedly tell me that he stayed sober for those 7 days and entered the rehab program. I told him that I was very proud (I was) and thankful that he made the right decision. He said, "I kept hearing the words that you said to me and thinking of my kids. I couldn't let you guys down." He concluded with, "If there's any way to repay you for your help, let me know, I am forever grateful." I told him to repay himself by staying sober in the program and after. We shook hands and he walked away. I thought I would never see him again.

Fast forward a few months, when I began my general surgery rotation at again, the VA. We were rounding for the first time in the ICU, on my first day, and there was Mr. R. He had just had a Whipple procedure done for a pancreatic mass and was in recovery. With his alcoholic history, and a suspicious mass, I feared the worst for him—pancreatic cancer. Thankfully, a few days later, we received the pathology back which said it was a benign cyst. What a lucky man. I followed him throughout his stay in the hospital and saw him for a final follow-up visit in outpatient clinic. I asked

him about his drinking, his family, and his plans for the future. He told me that he was still sober, was talking with one of his daughters and had hope for the other one, and that he had a job waiting for him when he got out of the hospital. He was extraordinarily thankful for his health and thanked God with his hands raised to the sky in prayer as he talked about his life. Then he thanked me for being there in the beginning and giving him the nudge he needed to achieve his goals.

I told him that it was all inside him to begin with and that he was giving me too much credit—that the decision was solely his to make as to whether to pick up another drink. But I couldn't help but smile on the inside because something I did as a student made a real difference in a person's life. And that's why it's important to never underestimate your role as a 3rd year. You can be the one to take time to listen to your patient, be their advocate, and you'll make a difference, whether great or small.

Wow. You have successfully made it through two of the most academically challenging years of your life! By now, you may not feel qualified to do anything except professionally bubble scantrons or select highlighter colors for a living. You are trying to establish an equilibrium with the dichotomy of being educated enough to conquer Step 1 but simultaneously realizing that if the world of medicine was the Eiffel Tower, your fund of knowledge would be the skin of paint on top. Still, you should appreciate how much of an accomplishment the title of MS3 is. This feeling of relief, albeit transient, is more than justified. The little plastic green name tag you've got, well it's not just an ornament. It is a symbol of the hard work, dedication, and possibly forfeited social life, tears, and soul-selling necessitated to get this far. It represents your pre-med classes in undergrad, studying for the MCAT, the countless hours you have spent sedentary at Brisco - risking a DVT, and most of all, the fact that you are now qualified to help treat real people. And if nothing else, it's another step closer to an orange nametag. Indeed, third year is the gateway to your job in the single most respected profession of our time and, more importantly, it is your first opportunity to impact the lives of total strangers. But my first word of advice is that tag can fall off your pocket pretty easily so keep an eye out!

I heard that third year would be both the best and the worst year of my life. That truth has held up so far. You WILL have some pretty amazing stories and will experience nearly every sentiment possible. Some times you will not be able to stop grinning, yet during others you will want to scan the room for a cliff to leap from. You may feel on top of the world after delivering your first baby. Alternately, you may feel revolted after delivering your first baby. Perhaps you will want to crawl in a hole and feel helpless as a patient who trusts and depends on you dies. You will learn to truly appreciate what you learned during basic sciences. You will feel disgusted if blood splatters up your nose during surgery. You will finally feel half-way competent when you know answers that the residents do not. You will feel mortified if you are unfortunate enough to pass out and hit the floor on your first day in the GYN OR – there are better ways to make a first impression. You might have to bite your lip in a futile attempt to fight uncontrollable laughter when your 5 year-old peds patients lists "peeing in Mom's bed" as something she would like to do on her birthday. The point is, be prepared for the full emotional spectrum.

First, take note of the 3 best sources of advice for the upcoming year:

1. Dr. Lee Jones: He will tell you to exercise. Go running (with your dog if you have one), lift weights at the gym, chase your kid around the playground. Make it a priority. Exercising won't just fend off the extra 10 pounds that some of you will gain during the year, it will keep you sound and help you focus even better when your nose is in your books. If nothing else, at least choose the stairs over the elevators.

2. Dr. Keeton: He's been here longer than any of us and has befriended countless med students. He knows the drill, the student, and most importantly, the attending docs. His rules are key, duh. Be early, work hard, stay late, be happy.

3. Michael Greger M.D.'s "Heart Failure: Diary of a Third Year Medical Student" (free online) - a great reality check. It is for "all the students who went to bed crying or woke up screaming. . .those who needed to leave their hearts at the door." Read it and realize how lucky you are to be at UTHSCSA.

Now, some more specific words of advice:

* The UH cafeteria is partially to blame. It leaves much to be desired in terms of frugality, health, and taste so do yourself a favor and bring your own lunch or stick to the salad bar.

* Getting up in the morning: prepare to experience what a Glascow Coma score of 8 feels like. You are guaranteed to feel exhausted this year, and getting out of bed may be your biggest challenge of the year. If you are truly dedicated, you may go so far as to forgo your Sealy in favor of a really crappy futon, or even the floor to make the process easier. Believe me, getting out of bed is easier if you are not sleeping in one in the first place. Invest in several alarms (preferably loud enough to generate urges to duck and cover and to make your roommate want to kick you out). Set your alarm clock within walking distance from your bed. Use a minimum of 2 alarms because you are bound to accidentally use the PM setting once in a while. Your clock radio, cell phone, pager, and PDA all have this feature for a reason.

* Backpack staples: Review books (you will have downtime at the hospital), Cliff bars/Cliff Builder Bars/Luna bars/Granola bars. Take your pick. Extra pens, toothbrush and toothpaste (for cavity prevention as well as for the sake of your patients on whom you perform those fundoscopic exams), Lithium, Depakote, or mood stabilizer du jour (kidding), scrubs to change into if are coming from clinic.

* The White Coat: hint – buy a second one from a graduating senior because having two makes it easier to keep them the color they are intended to be – not yellow or brown or blotched with mustard stains, pink highlighter, or miscellaneous bodily fluids from your patients. It's meant to be professional attire, not a Pollock canvas. Mine contains: retractable pens (see aforementioned sentence), small spiral note pad, little red internal medicine book, patient notes, reflex hammer (stethoscope can double as one), penlight, and a tuning fork to check for vibratory sensation in patients with Diabetes. Seriously.

* The trek to BAMC or Wilford Hall can actually be a good way to have some time to yourself for deep thinking, rockin' out, talking to your family (on a headset of course), or some quality time with Steve Inskeep and Renée Montagne on NPR – some of the neatest programs are on at 4:30am Saturday mornings. Just please keep your eyes on the road.

* The OR: Most of you will be able to stay on your feet throughout the year, but if you do feel faint – scrub out because the alternative (hitting the floor) is really embarrassing. You will have docs and scrub techs asking if "it was the sight of blood that got to you," even if the real reason was that you were sick or dehydrated. Besides, if you stick around long enough, you will get to do more than just retract.

* Books: you will need at least 2 books for each rotation. This can get pricey, but it doesn't have to be! Great used books are available everywhere (Nine Lives Bookstore, Amazon.com, other students). Plus, it is pretty easy to find friends with whom you can trade and borrow.

* Your classmates: I have met some pretty amazing people this year, inclusive of residents, attendings, and patients, but have most enjoyed getting to know my student colleagues. 3rd year is an excellent opportunity to talk with people who you have never officially met because they sat on the other

side of the lecture hall, or maybe didn't go to class much in the first place. They have some pretty amazing stories themselves, so listen up, be nice, and consider yourself fortunate because you may never again get the chance to surround yourself with so many intelligent, creative individuals. Oh, and ONLY answer questions directed towards YOU.

* Happiness: The first intern I worked with told me to "make sure to go out and have as much fun as possible now. . ." (during 3rd year?!) ". . .because there won't be time for it again until after residency is over." Granted, you will have pockets of freedom 4th year, but it's true. You are young and it is important to stay sane and happy. Plus, it will benefit both the patient and the practice if you stay in touch with the real world. So watch a dumb movie, date, go to the dog park, whatever. Just take a few hours each week to prevent burnout and be a real person. So when you are given the okay to leave – take off!

You have earned the privilege to help change lives. You can be as much of a doctor as you want to this year, so make the most of it. Believe me, the best and worst year of your life will go by fast.

All the best,

Haley A. Burke

Dear Third Year,

Get ready, it gets so much better from right here! In my opinion, third year was SO MUCH BETTER than the first two years. While necessary, they don't truly force you to memorize information, synthesize it, and apply it the way that third year does, and when it all comes together, it's a great feeling!

First off, don't stress about your schedule if it's not exactly what you wanted, in the end it all evens out. No matter where you start, they know you are fresh off the library boat and they'll give you more breaks and help with this in mind, you've got to start somewhere!

Off the top of my head, things to keep in mind:
-Even if it's only for 20 minutes, if you read/review a little bit about your patient's diseases/diff dx before you go to bed, it will help you in the am during rounds. Just to refresh your mind of what you "learned" during second year by skimming through that section in First Aid for X Clerkship, will be worth your time, and will help things stick later when you are pulling it back out during the Shelf. Don't stress if you are too tired sometimes, but don't always be "too tired", those 20 mins will help you shine.

-Medfools.com has good sheets to keep track of your patients. Being organized and being able to quickly find your patient's most recent crit, or last CT results, or your kid's weight, will impress the attendings and help you feel better prepared. You might need to try out different ones, but I found them very helpful.

-Don't be lazy. Take the next patient when it's your turn in triage, help move the sonogram machine to the bedside, offer to help fill out admit orders, etc. Everyone else is working hard, is tired, and maybe isn't having the time of their life, but teamwork makes a huge difference this year. Residents take notice, and what goes around comes around.

-Eat when you can, and definitely eat before you go to surgery, even if you don't think you are hungry. If it's a long one, you will be starving later, and daydreaming about a rumbling tummy and what to eat next is bound to get you yelled at while retracting! Finding a granola bar in your white coat pocket can really make your day, and prevent you from almost passing out.

-Don't complain to your interns or residents. Even if you think you are all buddy-buddy, chances are they are working harder than you and they don't want to hear it. It won't make them think you are cooler and it certainly won't go over well when they mention it to attendings, which they DO!

-Be friends with the nurses, introduce yourself before you just ask for an order sheet, etc. They aren't always nice or happy but they can help you out when you need it, give you good info on your patients, and many of them know more than any of us. Be nice and respectful, even if they aren't.

-In surgery, help wheel the patient to the OR, transfer them to the bed, start the foley, etc. Grab your gloves and a gown if needed for the scrub tech. It's better to be standing around waiting for the surgeon to come down than running in after he/she is already scrubbed in. They notice.

-Get a Maxwell's if you don't already have one.

-Trust your gut. If you think you know the answer or something just comes to you, trust yourself! Think of how much info has been crammed into your brain in the past two years, you might outsmart yourself sometimes! Just say it, or answer it, and if you are wrong, well, you'll learn the correct answer shortly (and won't forget it!) but at least you look like you are thinking about and engaged in what your upper level is asking.

-Best of luck! Have fun, roll with the punches, prepare to feel foolish and clueless and lost at times (particularly at the beginning of each rotation) but also prepare to feel important, smart, helpful, and accomplished more often than not! Don't be too hard on yourself, sleep when you can, don't snap at family members and loved ones when post-call, and seriously, put some granola bars in your pockets.

-Lastly, as Journey says "be good to yourself! (when nobody else will)"

-Elizabeth Campos

Dear fellow future doctors,

Third year has been an amazing/demanding/frustrating trip so far. Some people have to go on sabbatical to find themselves, others go to help the displaced peoples of Africa, but to experience the depths of the human experience all you have to do is spend some twilight hours in the trenches of University Hospital. From the slippery pass-off of a newborn baby to the pediatric team, to the flurry of a Code Blue and the stillness that often follows, you will see it all.

First of all, relax, if you can. That excitement and anxious energy you have will soon be put to good use. It is absolutely overwhelming. And every 6 weeks you will be trying to learn everything again. So be flexible. Your resident will give general direction. The interns can give advice but they will be busy trying to go home at a reasonable hour. If you're working with a fourth year, they can help, but remember fourth years are still called medical students just like you. Try to remind yourself that the details will come with time.

Your priority is to learn, and the best teacher is yourself. You will be exhausted nearly everyday, but force yourself to go home and read up a little. Don't read to impress your attending because odds are they will ask you about something that you didn't read anyway. Read because it will make you a better physician. Despite all the advice about reading about your patients, studying for the shelf is far more important in terms of getting that A. Evals are largely all the same. You will get some bad evals you don't deserve and maybe a good one you don't deserve either. By the end of each rotation you will no doubt deserve an A. So rock that shelf and get your A. Start doing questions 3 weeks before the shelf. Don't just use a study book, do lots of QUESTIONS!

And remember Keeton's advice. It sounds so easy to do, but when you're pulling >70hrs a week it can get pretty tough to keep smiling and working hard.

Another word of advice, always confirm names. One time at ExpressMed I called out J. Gonzalez, a 26 y/o with cough. I interviewed him, presented, prescribed, and the patient looked at the prescription and said "That's not my name". Turns out he was J. Garcia, another 26 y/o with a week long cough. My attending said "That's never happened before." And I turned bright red.

As far as deciding what you want to do with the next 40 years of your life, the earlier you figure it out the better. At the end of third year you will start to talk to your advisor and start planning away rotations, your Sub-I, your Step II, and maybe an international elective. You will want to get started as early as you can. Everyone told me not to fret too much if I couldn't decide. But I did. Seemed like when I finally understood how patients receive the care they need, my understanding of what my role should be just clicked. It will happen, try to explore every specialty.

Good luck,

Jeremy Cannell

3rd year – What could quite possibly be considered both the best and worst year of medical school all rolled into a caffeine riddled haze. You will receive an abundance of advice regarding this ever illusive topic of 3rd year. I trust this handbook of sorts will include pages and pages of well written pros offering useful tips ranging from the finer points of note writing to useful textbooks. Instead, I've chosen to compose a list of 10 suggestions that will get you through the ringer unscathed.

1. Speak softly and carry a big stick. In other words, know you're stuff, place your nose against the grindstone, and don't complain – you could be digging ditches.
2. The best investment you can make 3rd year is in a good pair of comfortable shoes.
3. Case Files and a solid question book will usually take you where you want to go.
4. No matter how many hours you work, always remember that you get to go home while your patient's remain in the hospital.
5. Don't dawdle as your pace should be crisp, purposeful, and fast enough to keep up with your residents.
6. One of your 3 alarm clocks better run on straight batteries.
7. Don't fudge – always tell the truth regardless the consequence.
8. Attitude is your biggest ally or worst enemy – funny thing is, you control which one it will be each and ever day.
9. Teamwork is essential as no man is an island entire of himself.
10. Remember that the O.R. is a place of ultimate truth and it is an honor and privilege to be in one.

Follow these rules and you should come out on top. I wish you luck in your journey.

Keep Truckin,'

Travis Cotton

Dear Third Year Medical Student,

As probably several of my classmates will also say, it is incredibly surreal that I am writing this letter to you right now. I'm not entirely sure where third year has gone, but somehow, somewhere, it has. One of the beautiful things about this year is that everyone's experience is a little bit different. With that in mind, I won't tell you what to expect on your different rotations, but I will tell you that there is a common theme among all of them: Stories.

The third year of medical school is where you will develop your skill set as a human being as much as your clinical knowledge. You learn to listen to the stories of your patients and colleagues, you learn to appear unhurried in front of your patients, you learn to remember details about your patients without writing everything down, you learn to develop a "feel" for when a patient is telling you an accurate story versus one that might be modified from the truth, and you learn when a patient and their family need to see you more than once or twice a day. Each of these lessons, and many others, I have learned by experience and mistakes over my third year, and each of them is associated with a specific patient and their story.

Without the stories of our patients, we become almost paralyzed as providers. You will learn how important a history can be when you have a patient who cannot speak, and sometimes they cannot communicate at all. The patients and their stories largely dictate the type of action that we will take, and the importance of the job of the third year medical student is that you are the great listener of your team.

Though I do not have much distance from this experience myself, I think that my third year will be one of the periods in my life from which I draw the most stories, lessons, and memories. Your patients and colleagues will have a bigger impact on you than you will probably realize at the time of your interactions, but I have found myself constantly looking back to their examples and applying them to my life. I hope that you enjoy your third year of medical school for the part it will play in your life story.

Take Care, & See You on the Wards!

Pamela Deaver

"Call Night"

This is an account of my first call night on General Surgery, Surgery rotation Day 1. (Day after orientation, when the real work begins.)

I showed up to meet Team Falcon, at Wilford Hall Medical Center, otherwise called "Big Willy," at approximately 0400. It was an OR day and that meant Rachel and I were to officially scrub in. Questions I had, "what am I supposed to do at 0400…what do I do in the OR…how many patients am I supposed to follow…?" With no computer access, I was left to gather vitals from the beside and update "the list" because there is no Sunrise at Wilford Hall. Fast forward through a day of one case after another with essentially no break in between and no one telling you what you were supposed to do. We just knew we had to be there.

It is now 1730ish, Team Eagle is dismissed and Rachel is also leaving. I am on my first call, had not eaten all day, had been up since 0300, and stood for 80-90% of the day-confused. I take it upon myself to grab dinner at the cafeteria because my hunger and fatigue had overcome me. At 1800, I decide to page my intern from Falcon.

"Where are you, we've had 8 traumas!" he yells.

"I grabbed dinner, but I'll be right there…where are…"

"Just come to the ER." *click.

And so ended our conversation. Little did I know, he was carrying the trauma pager and I was also supposed to be carrying one, except a gunner 4th year wanting to do Vascular Surgery took call voluntarily- and also took the student call pager. So down I go to the ER, just in time for another trauma.

I find the 4th year in the chaos of an entering case fresh off the ambulance, and in an attempt to help me, encourages me to scrub into the paper gown and gloves located in the hallway. Pushed to the bedside, I am being asked for 4x4's, Kurlex, tape, Coban, etc by Nurses and Techs, only I had no clue where anything was. Meanwhile, what I was supposed to be doing was standing aside, out of the way, writing in the Trauma H & P. Ten to fifteen minutes later, the chaos subsided and the patient was taken to get a CT. I never felt so lost.

As the night continued, I reach what is now the climax of my night. I lost my intern somehow to an abnormally busy night and ended up following an Eagle intern. He subsequently went to take a nap at 2330. I found myself in a lonely, dim hallway not knowing what to do with myself. I wondered back up the floor to see if I could find anyone. I decide to give paging the resident another whirl.

"Where have you been?! You missed a lap appy?!"

"I was following Eagle…where are you?"

"It's almost over, come to OR 1!" *click

In my anxious state of mind, I ran to the elevators, down to the 2nd floor, into the operating area with my heart pounding and pushing any fear aside for the sake of trying to do a decent job. "OR 9, OR 7…where is OR 1?"

"OR 1!" I mindlessly step into OR 1 with stethoscope assuredly around my neck, hair fully exposed, and without a mask. Before I could complete my second step, most of about 10 people stopped what they were doing to look at me for what seemed an eternity. Then, my Resident, upon seeing me, points to the top of his head and yells, "you need a mask and hair cover!" Embarrassed and dumbfounded, I immediately step back, close the door, breathe in deeply and stop.

I took a few second to compose myself and proceeded to gather my necessary attire. Upon nearing the door, I overhear a Tech, "I can't believe she just did that." As if the door were soundproof and hard metal. I step in with my tail between my legs to see my chief resident, the attending, my

upset intern, and other unfamiliar faces of Nurses and Technicians.

Later that night, while wondering around the OR I see stretched across the OR door on paper tape "Do not forget your hair cover or mask" written in bright red marker. Looking back, I should have saved that for a momento.

Call ended at about 0400 when my peers would come back to service and we'd be rounding soon. Sitting in a chair on the floor, while waiting for work to start, in my delirious sleep deprived state, I close my eyes, curl up in a hard chair, only to hear:

"Dude, guess what the med student did?"

"She ran into the OR without her mask and hair cover"

I opened my sunken eyes, fighting the sleep to look over at him talking to our other intern. Upon seeing me, he runs over with a sheepish smile on his face to say, "don't make such a big deal out of it, everyone has nights like that."

The Moral of the Story: You will mess up, it will be ok, and as long as you are improving, that's what counts. And in the end you will have many moments of 3rd year that you can laugh about, cry about, and otherwise be moved. Most importantly, remember to learn from all your experiences.

Thank you,

Vanessa C. Garcia

Professionalism Essay

As we all know, professionalism is a popular discussion from day one of medical school. My experience with a professionalism issue struck me on a very personal level. Sadly, my grandfather passed away Dec. 26th, 2007 after a 2 month battle in the hospital following a 4V CABG and many complications thereafter. My family had to make the heart wrenching decision to stop life support in accordance with his wishes and knowing we had done all that we could do. It was by far the most difficult experience I have ever endured. As a result, starting my rotation at the VA was a challenge because so many of the patients reminded me of my grandfather. I found myself identifying a great deal with the family members of our patients because I now knew what it felt like to have a loved one in the hospital. I found myself becoming defensive and somewhat upset when members of our team would grow frustrated with an "overbearing wife" who asked "too many questions" or tried to be "too involved" with her husband's care. On one hand I could understand why the interns and residents were frustrated because it made their job a bit harder, but at the same time from first-hand experience I knew how important it is to be respectful of family members and keep them involved in their loved one's care. What I learned from the time I spent in the hospital with my grandfather as well as hearing the resident's comments and seeing their frustration is to always remember that every patient has a family who loves and cares about them and no one can truly understand what a family goes through until they experience it themselves. Professionalism in this case requires remembering to inform patients and their family members regarding their health and what is being done to care for them. It is important to have patience and remember that just because our patients come and go in and out of the hospital, each person has their own story and family and we cannot slip into viewing them as merely someone who will occupy a bed for several days or an illness to treat. I know that for the rest of my life I will carry with me the lessons I learned from my grandfather and I will be a better doctor and more importantly a better human because of him.

Cara Giannotti

Dear Third Year Medical Student,

Your pressed white coat is symbolic of your approach to medicine at the beginning of third year. You have a relatively idealistic view of medicine and great expectations, but beware that the year will try to taint your outlook. Your coat will get dirty as you interact with patient and you must remember to wash it periodically (not just figuratively). In the same manner, there may be frustrating experiences during which you may need to reflect on why you want to be a doctor and wear the white coat.

Take care of your patients because it is rewarding to you. If you enjoy helping your patients first and your team second, you will have a satisfying third year. Learning is our goal according to administration, but that comes along the way. The things you learn "on the job" are easy and the rest is knowledge you must gain from investing time (and money) in books. Challenge yourself to do things no one will notice simply because it feels good. Although no one evaluating you will see the effort you put in to patient care, the patient will.

Although there are many fantastic attendings and residents, not everyone will have time or interest in teaching. Having a medical student to teach may seem like another patient that requires care. Don't be discouraged by unfair evaluations, even if you did everything short of personal organ donation for the patients. Remember, the goal is the care of the patient, not a good evaluation. Good luck. Soak up knowledge like a sponge and take advantage of every opportunity. Now for some practical advice:

PRE-ROUNDS & ROUNDS & VISITING PATIENTS: On any service check the rate of the i.v. at the bedside to compare to the orders and if they are receiving blood, confirm how many units they have received. Listen to the patient's heart, lungs, and bowel sounds - at a minimum. Check line sites and make sure drains aren't clogged. Tell patients before you turn on the overhead light at the wee hours of the morning. They probably didn't get much sleep - sleeping in the hospital is like sleeping on an airport runway. Orient the patient to date and day as it's easy to get confused in the hospital. There are whiteboards and calendars in some rooms, make it part of your rounding routine to update them each day. Although we see patients on rounds, it's helpful to check in periodically during the day. This may happen between OR cases or between notes on medicine. Keep the team informed.

ELEVATORS: If you are physically able, please do not take the elevator one floor (up or down), or even two. You are wasting everyone's time, including yours. Keeping that in mind, start "pre-rounding" on multiple floors top down so you can take the stairs. At UH, access the eighth floor from an area other than stairs by the B elevators.

INS AND OUTS (I/O): Nurses don't have time to update the night shift I/Os by rounds, so if I/O's are critical, mark collection containers with an obnoxious marker color the day before (at a calculated time) to monitor output yourself. Sometimes, as with urine dumped in the toilet, output can only be assessed by talking to the nurse.

MEAL TRAYS: Help the patient open their containers and if they've eaten check to see how much. Many patients are handed trays and never wake up to eat or they can't open the containers. Please help them because some patients don't have full use of their hands like you do.

DVTs: SCDs, sequential compression devices, are worn on the patients leg (or even arms) to prevent DVTs. Make sure they are in place, plugged in, and the machine is on. Explain to the patient why it is important and acknowledge that they are uncomfortable. They are often taken off and YOU have time to put them back on. If the patient is able, take them for a walk. YOU CAN HELP PREVENT DVTs!

FAMILY: Talk to the patients family and ask how they think the patient is. Make sure they understand what is going on (if the patient wants them to) and why things are "taking so long."

URINE: Ask about color, amount, timing, frequency, hesitancy, incontinence, and pain. The first time I reported on a UA (urinalysis) I was asked if it was a "clean catch." Thinking "clean catch" referred to the process of proper urine sample collection, I replied, "I don't know. I wasn't there." My resident didn't correct me, but I later found out "clean catch" refers to a sample in which a small number of epithelial cells are present. Hopefully this advice will save you from a similar embarrassing moment.

STUDYING: Get a good, manageable, reading source and a question book for each rotation. You know what works by now, so do what works for you. There is no magic formula for the shelf, unless you are on internal medicine (IM). USMLE World for Step 2 CK is great for the IM shelf and Step 2 CK.

TEAMWORK: A great team can change your perception of a medical specialty. Anticipate what your other team members need. Stop what you are doing if they need something (Is your note really that important?). Communication is key, and who has more time to communicate than an MSIII? Call radiology, pathology, pharmacy, social work… the Pope, if your patient needs it. Ask the resident how many patients each student should "carry" so the weight is balanced equally. I was taught "gunning" is being hard-working and ambitious and "gooning" is trying to outshine your teammate. Don't assume your teammate is taking extra patients to "goon" you; he or she may view taking more patients as trying to help the team. At the same time, try not to answer questions that are asked of your teammate. It's exciting to know the answer, but remember it may be perceived as "gooning" even if you didn't intend. Open communication, forgetting about who gets credit, and focusing on the patient you a great team player.

SURGERY: Be with the patient before and after the case in the OR. If you aren't told, you won't know, these (formerly) unwritten rules of the OR. Coming in to a case after it has started, not knowing about the patient and operation, and not introducing yourself to the circulating nurse, scrub tech, and anesthesia is bad form. While waiting with the patient in the OR holding area, make sure the consent is signed and the site is marked (an MD needs to sign the site of the body for operation). If these two things are not done, page your intern first. Don't bother the chief or attending who may be busy in another case. There are a few useful things a medical student can do to help the team. Bringing details to the residents' attention is one of them. This facilitates communication within the team, eases tension and provides better patient care (that is the goal, right?).

Although the OR Board has times listed, the surgeries rarely go to the OR at the scheduled time. The best way to be there when the patient is taken back to the OR, is to be with the patient in holding. When the patient is taken to the room, the scrub tech will be setting up. You can give the tech your gown and gloves and introduce yourself to the circulating nurse. I left my nametag clipped to my pager by the circulating nurse's computer so my name was available, I remembered not to wear my pager, and I didn't lose my pager. Although the circulating nurse doesn't answer your pages, it will save you the embarrassment of having a page go off during the case and annoying everyone because you will likely break the sterile field fumbling to turn it off while scrubbed in.

Along with your other white coat toys, carry tape, 4x4 gauze, trauma shears, 18 gauge needles in your coat pocket for quick dressing changes. DON'T take the dressing off unless it's post operative day two. If it is time for dressing change or wound inspection, DO lift the tape on pre-rounds and cover the wound lightly for easy visualization and a quicker dressing change while on rounds. Notice if the wound is clean, dry, intact (C/D/I) and the type of incision and suture. Anticipate equipment residents may need on rounds so they run more smoothly.

While on call in the ED, if you have time and are interested, ask the nurses if you can start I.V.s and draw blood. This is a great way to improve your skills and be useful. Try to leave the team coming in after you with prepared "four pager" packets in case a lot of traumas come in at once as you are leaving.

PEDIATRICS: Wear toys and stickers but if a kid touches the toy and is sick, wash it or throw it away. Don't spread the disease. Allow the kids to look in your ears and nose before you even touch theirs. Listen to the parent's heart before the child's. The advice about making it a game really works. Parents are scared and tired when a child is sick. . Let them know they are great parents, the child is beautiful and it's probably not sick from something the parent did. Communicate to parents about the treatment plan and don't be afraid to hug mom and dad.

PSYCHIATRY: If you have time, eat breakfast, chat and play games with the patients. Interacting with them brightens their day. Sometimes a medical student is the only person that has time to spend with them and talk to them. Don't get too involved in the patient's problems, but be sensitive to the fact that psychiatric disease is complicated and requires more than medicine.

OB-GYN: Introduce yourself to a patient before delivering her baby. Check the board frequently and be available. This rotation is the most self-guided and is the most team-dependent. Decide on a system for picking up patients before rounds in the morning and allow your peers to see five required deliveries before you see your sixth.

MEDICINE: Jump in when given the chance to do a lumbar puncture, paracentesis, chest compressions or thoracentesis. Learn about why certain drugs are preferred over others by listening on rounds. Ask questions. This is the rotation to read about your patient's disease. The attendings are fantastic teachers and are willing to help students who show genuine interest. Up to Date is a great resource for your PDA.

So I guess this is the part where I'm supposed to congratulate you, where I tell you that this is the year you've been waiting for, that this is the reason you're here, that your time in the library is over and your decision to go into medicine will be reaffirmed. But I'll spare you from all the clichés. This year is hard, this year is long, and this year will make you question your decision to be a doctor. You may look at yourself in this profession with uncertainty. Uncertainty about amount training you need to do, uncertainty about the lifestyle that's waiting for you at the end of it, uncertainty about the amount of pressure working in this field, and uncertainty of working in something where so much of what you do is uncertain. However, one thing IS certain, and that is you'll remember this year forever.

Every single doctor will tell you stories from their third year of medical school. Decades have passed yet they still remember the first time they took call 'till they got delirious, the first time someone vomited on them, the first time they passed out during a surgery and made a scene, the first time they watched their patient, their new friend, die. This year you'll still do plenty of studying (regardless of what people tell you, your score on multiple choice tests and your word association ability will still decide your grades), you'll still spend hours memorizing facts and "trying to drink from the fire hose," but you'll also get in touch with reality. You will be reminded that there are much worse things in life than not getting that question right on the shelf exam, than not making that A you wanted, than not matching the "residency of your dreams." You'll look into the eyes of a patient that just found out they will die of pancreatic cancer in few short months despite the surgery they're about to have, you'll look into the eyes of a man that has spent a month in the hospital without so much as a visit from a family member, you'll look into the eyes of a 16 year old girl that just found out she's pregnant by someone who doesn't even talk to her anymore. You will find out that compassion is necessary, but you will find out when it isn't, because the patient truly is drug-seeking.

At some point in the year you may also find out what it is you really want to do with the rest of your life. You'll find the specialty that keeps you excited to be in the hospital regardless of how many hours you've already been there. The one that makes you want to come in on your day off because you're afraid you'll miss something. The one that you can't stop reading about because it doesn't even feel like you're studying. The one that feels like love at first sight. Or maybe simply the one that you felt the happiest during, the one where you seemed to enjoy life more, the one you actually were in the mood to talk about with your family or significant other, the one that just seems like a "good fit" for you. After all, most seasoned doctors will tell you that it's more important to find something you're compatible with than excited with. For you can always begin to develop interest in something else, and no matter how excited you are about something right now, eventually it will become just your job.

Overall, try to have some fun this year. You'll do some rotations you knew you weren't interested in, and are now know you're even less interested in, but you'll also enjoy some you never thought you would. So always keep an open mind when starting a new rotation. You will also get to really know some of your classmates you may have never really spoken to (people really seem to open up while on 24 hr call in GYN triage). Also think about the reasons you decided to "go pre-med," go ahead and read your personal statement from when you first applied to medical school. You will need it during the rough times when you want to just quit and open a restaurant, or join a band, or try-out for minor league baseball. So go enjoy this year, but don't expect so much from it.

By Jerry Gutierrez

Grant Hogue
Letters to a Third Year

Internal Medicine Attendings (No Loose Ends)

During my inpatient ward months I have been exposed to many different methods of care by staff physicians. After having 4 different staff members, I thought I had discovered what my style would be. Some attendings look at every detail, synthesize it, and yearn to fix it by the patient's discharge. Every lab value must be in normal range, every aspect of the physical exam must be benign; all problems resolved. On the other end of the spectrum was my "treat'em and street'em" attending. Our post-call day would be dominated by discharging more than half of the patients we had admitted the night before. Their exacerbation was over, their weakness had resolved, and my favorite, "they can follow-up with their primary care doc for those problems." The team moved so fast, and patients were always happy to be going home, to be deemed "fit" by a physician. I thought that this is how I would run a team; this is the kind of attending I want to be. My newfound life plan of turning myself into Dr. Dispo came to a halt when one of my patients bounced back…and went directly to the MICU. We knew about her problem and we could've worked it up during her admission, but we didn't.

This week I have yet another attending; another style to learn, with new pet peeves and new philosophies on how we should care for our patients. The attending started with an introduction, "Hi, I'm Dr. X." Shortly after came the much expected manifesto dictating his beliefs. I began to cringe internally as he took a breath before starting what I assumed would be an hour-long montage of his experiences and lessons. He looked each of us in the eyes and said, "No loose ends." That was it. He wasn't lying about it either. His leadership has allowed our team to find stability between the pain-stakingly detailed and the dispo-based medicine of past weeks. Dr. X has taught us what truly matters now, and what can be followed up as an outpatient.

If nothing else, I have learned that medicine is a balancing act. Our first obligation of professionalism is to our patients. By being too radical on either end of the care spectrum we can do a disservice to individual patients, or a disservice to the health system as a whole.

Dear new MSIII's,

Welcome to the hospital! In so many ways this will be the best year of your school experience—and the worst. It's a year of extremes: uncertainty and sudden clarity, elation and despair, success and failure.

I'm sure by this point you've all been given plenty of advice from older students, physicians and instructors. Bear in mind, however, that everyone has their own opinion about the "perfect" MS3. So don't get overwhelmed just yet and try to use the bits of information that work for you.

I've tried to compile some general recommendations, some of which I was given prior to starting, others I picked up throughout the year. These helped me immensely, so take what you will and hit the hospital running on day one!

1. It's a marathon, not a sprint. That's true not only of the year as a whole, but of each rotation. Everyone has unremitting enthusiasm at the start of the first week. Come mid spring though, it is a CHALLENGE to keep up the standard, set by you and your classmates, that has come to be expected by the physicians. While it is important to approach each rotation with energy and enthusiasm, remember to temper that enthusiasm in such a way that it will last throughout the rotation.
2. Some rotations suck. That's life. Even in your chosen field, you'll have portions of the residency that are less fun or perhaps patient subsets with whom you dislike working. The key to survival is finding something—ANYTHING—about the rotation that you enjoy and focus on that. Rather than dwelling on the negative, think about that one positive thing. Trust me, it will show in your attitude and eventually will be reflected in your eval.
3. Be On Time, Informed, and Engaged.
   * Always be on time. To be perfectly honest with you, there are times and rotations when this is not strictly true—there will be residents or interns that don't care if you're late, there will be meetings you can find a way to miss if you're crafty. BUT…you DO NOT want to find out the hard way that your attending/ resident/intern is a stickler for punctuality. Not everyone will tell you, they'll just expect it and then put something in your eval at the end. A good rule of thumb (an ACTUAL rule in the pit) is that 15 min early = one time, one time = late.
   * Be informed. Are you kidding that we are expected to know an entire clerkship on the first day? Of course not, but it will seem that way. The best way to be prepared while still managing to sleep is to read up on your patients each night. And if you really want to look like you've put tons of work into each patient (takes about 5 minutes), look up their problem on uptodate and be able to recommend the most current treatment options.
   * Act engaged. Basically, ask appropriate questions so you appear interested not only in your patient but in the clerkship. Make sure your questions aren't something you can easily look up; instead, focus on topics that a student should learn but wouldn't necessarily be expected to know, such as exam techniques, treatment alternatives or areas of debate.
4. Be honest and open. First and foremost, NEVER lie or guess. If you didn't ask a question or perform part of an exam, own up. If you make a guess and are proved wrong later, it will be MUCH worse. In addition, trying to impress each new team is exhausting. Some say you should tell every specialty that THIS is what you want to do. I don't agree at all. If you know where you're going, great, but keep an open mind because you never know what this year will bring. Go into each rotation like a blank page waiting to be written on. Be enthusiastic but honest; remember, these are intelligent people, most of whom can see right through a lie.

5. SMILE and don't complain! If you show up with a smile and a hello-how-are-you to everyone, positive attitude is left in their minds. If you arrive and grumble that you don't talk before coffee, it may be funny and it may not hurt but it won't help. It will hurt if you start to complain—that WILL be remembered. So DON'T. And P.S., welcome back to high school, where everyone knows everyone and rumors spread like wild fire. Don't gossip between services, word spreads.
6. It's HARD. Emotionally and physically, more draining than I ever thought possible. The hospital portion of this year is about 2% pure gut-wrenching thrill/terror, 15% excitement, 33% interesting work and 50% banal repetition/studying. Sometimes it seems more time is spent waiting for things to happen than actually doing anything. Don't misunderstand, you see and do a lot, but it is not 100% action all of the time. And quite frankly, thank goodness.
7. GO HOME. Or to Starbucks, or B&N, or wherever you study. Leave when you have the chance. I remember being told by someone that you should get there an hour early every day and not leave until you are told to leave twice. Bull. I got great evals and there was occasionally a wind created as I departed. Your priority as a third year is divided between the clinical learning and rote book memorization for the exam. For the most part everyone understands that third year students HAVE to study. And they expect it. I wouldn't ever have your bag on your shoulder when you ask "Is there anything else I can do for you?", code for "Can I go?", but since most residents speak this language, it shouldn't be a problem.
8. Be Yourself. Every clerkship has a distinct set of personalities that comprise the core of the group. In general that was part of what drew them to the field. You will find yourself drawn to some of the groups far more than others, as is natural. Don't try to change just to fit in with the rest. You can't gel with everyone, but you can get along and work hard. In the end, it's wearing trying to be someone you're not and it won't fool anyone for long.
9. TEAM, TEAM, TEAM. For the most part, everyone strives to work together and help one another. Most teams are great. However, you are not going to like all of your teams, guaranteed. That being said, you have to learn to work with people you dislike. There will be attendings that yell like they were born with a megaphone for vocal cords. There will be residents who hate that rotation and take it out on you, and there will be unenthusiastic interns that make your work load 3 times what it should be. And, I hate to say it, but you'll work with classmates whose personality drives you up the wall, or who are lazy and late and make more work for you. Here's what you do: scream at the wall when you get home, exercise harder, and show up everyday with a smile. Keep working hard, it WILL be noticed. Here's what you don't do: complain about it, tell on your fellow students or interns, or take their criticism personally.
   On the flip side, there will be a day when you are not prepared. You'll be running late, moving slowly, forgot to look something up, whatever, and if you've been there for your team, likely your team will be there for you.
   This is also an important point: NEVER goon anyone. If you know the answer to a pimp question, be content in your knowledge. There will be time enough to shine. If you are constantly gooning your team members and not being a team player, you end up hurting yourself.
10. Take the opportunity to spend time with your patients. You may not notice this immediately, but watch your attending and see exactly how much time they spend with the patients. Some patients won't see the attending for days. Others will get a brief exam, or a few words. All this boils down to the fact that you, with no more than 5 patients, have an opportunity to REALLY spend time and get to know these patients. You will know more

about them than anyone else on the team; not only medical knowledge, but their families, their jobs, their fears, their children. They learn to talk to you. This is precious because it becomes lost as we gain more responsibility and lose time. Don't waste this chance to appreciate why we are putting ourselves through all these years of school and pain. In fact, some rotations actually ask the patients what they thought of the medical students and let that have significant weight in the eval.

In summary, it's a rough year, but the best yet. There's no magical formula for survival, but use your head, talk to your patients and enjoy your time. You'll never again have an opportunity to see and do so much with so little direct responsibility.

Enjoy, and I hope this helps!

Jordan Hollsten

To the third years:

I thought I would pass on a few words of advice that my Aunt, an ophthalmologist, shared with me before I started 3rd year. I thought her advice was a little harsh, and perhaps too simple, but it has proven useful and true.

First, Run. Get in shape. 3rd year is like a marathon. You will be tested and tried in ways you never thought of. You will be asked to stand for an obscene number of hours while retracting or holding up an extremity. You will be expected to stay up and alert for close to 30hrs. You will be pimped at 3am when you can barely remember your name. If you are physically in shape you will find all this easier. You will have the energy to stand for those ridiculous hours and to be awake and alert when seeing a patient at 4am. You will survive.

Second, and this is the harsh part, don't believe everything your classmates claim. As my aunt told me, classmates will exaggerate in order to appear that they work much harder than everyone else and do many more procedures than anyone else. Don't listen to them, she told me. Do your own thing and have your own experience. Do what your resident or attending asks and expects of you, not what your classmate's resident or attending wants them to do. Do not get worked up by others. Do not feel that you are failing or not working hard based on what another student tells you. Each person's experience is different. Enjoy yours and don't worry about theirs.

Third, don't be scared of "pimping." Residents and attendings can be intimidating but do not freeze up or freak out when they quiz you. They will not ask you something they expect you to already know. They will ask you something they think you should learn. It is a means of bringing up topics and teaching you; it is not meant to make you feel stupid and embarrass you. And believe me, you will never forget something you were pimped on though you will forget plenty of what you read.

Fourth, have fun. Third year is an incredible and unique experience. You have the opportunity to experience every field of medicine. Take it and apply it to whatever field you decide to choose. It can be exhausting and trying at times but worth every minute.

Lastly, a few words of advice from me. Be patient. Each new rotation is incredibly frustrating. You feel lost, in the way, dumb, and you might think that your resident hates you: be patient, by the end you will feel like an intern. Work with your classmates - do not view them as competition. Encourage cooperation and honesty. If you work together and share the responsibility, then you both look good. If you try to overshadow and 'goon' him or her you will look bad. Attendings know. Finally, work hard, be on time, and have fun.

Jacquelyn Jetton

Dear third-year medical student,
This is what you've been waiting the past 2 years for. You're about to turn from a passive learner to an active doer. Congratulations for making it this far, and for getting through Step 1. I know that there is a lot of excitement about entering third year, but I'm going to tell you right now – it's tough. Sure, you actually get to start doing things and functioning in the hospital, but you also work long hours and, on top of those long hours, need to find time to study. This is an entirely different ballgame than the MS1 and 2 years, but it's going to be an awesome experience!
Let's cut right to the chase and address the most important issues at hand.

How to do well on your evaluations:

1) Show up on time – not too early (=gunner), not too late (=slacker), but on time.
2) Always ask if you can help your resident out in any way possible, i.e. writing orders, checking labs, etc. Don't ask too often, because your resident might think that you're hinting that you want to leave.
3) Never complain.
4) Know everything there is to know about your patients.
5) Don't act disinterested. You don't need to act incredibly fascinated by everything you see in every rotation, but you do need to avoid acting like the rotation is a waste of your time (even if, in your mind, it is). Asking questions is good, but asking too many is annoying. Remember, every clerkship counts toward your GPA and dean's letter!
6) Read, read, read.

How to do well on the shelf exams:
Note: shelf exams are extremely important. In general, if you do well on the shelf exam, you will do well in the clerkship. Remember that it is the only part of your clerkship grade that is completely objective. Unfortunately, subjective evaluations are a crap-shoot in terms of what grade you will actually get – many people will get great written evals with less-than-stellar eval grades. As long as you follow the rules above for evaluations, you will do fine on them. The shelf exam is what makes or breaks your clerkship grade. Study hard for the shelf exams!!!
Basic rules:

1) Start studying from day 1 of the clerkship. The more you read, the better you'll do on the shelf.
2) Doing QUESTIONS are as important – if not more important – than reading review books or texts. Pretest, Lange, and Blueprints Q&A question books are all good in general. Try to do as many questions as you can.
3) Case Files by Toy should be read during every clerkship.
4) Avoid the Blueprints text series like the plague.

Some additional shelf-specific pearls:
Pediatrics – First Aid Peds is a very complete reference text, but exhausting to get through. Questions and Case Files were all I needed for this shelf.
Internal Medicine – Step-Up to Medicine (almost every question on the shelf exam was somewhere in this book); also, consider buying an online question bank like UWorld, since this shelf is so broad. Some people liked the MKSAP questions, but most did not.
Family medicine – AAFP board review questions from www.aafp.org (sign up for a student membership – takes 2-3 weeks). Do not use the NMS question book.
Ob/Gyn – the Case Files book is gold for this rotation (the author is an Ob/Gyn). The clerkship coordinator will also give you a login for a set of online questions from APGO that are worth doing.
Psychiatry – First Aid Psych is excellent and concise.

Surgery – Pestana review cases that they give to you on the clerkship; also, consider buying an online question bank like UWorld, since this shelf is so broad.

Hope that helps, and good luck!

Michael Koehler, '09

Class of 2010:

The questions most of my classmates asked at the end of 2nd year concerned how we would get along during 3rd year. "Do they really expect you to start taking care of patients on the first day?" "How do you have time to study for the shelf exams and prepare a presentation for your attending?" "Do you ever have time off?" As you read through this anthology, you'll likely encounter a dozen lists of tips for 3rd year success, all of which will be valid. I highly recommend asking for as much advice as you can from anyone that will offer it. Importantly, not all advice will be good, so you should continue to be cautious and apply the good common sense with which you are endowed to determine which tips to accept and follow. Your future is bright, and you should look with excitement on the upcoming years. You will learn at a geometric rate over the upcoming months, and you'll often wonder if you're ready for this. The truth is that, no, you are indeed not ready, but you will be amazed at how prepared you are with the appropriate tools to get ready quickly once your first rotation starts.

Above all, you must remember the words of Dr. Keeton when wondering how to excel, not merely survive but excel, during 3rd year: be early, be happy, work hard, never complain, and always look for more to do. This was invaluable advice, and it perfectly encapsulates the attitude that attendings and residents seek in 3rd year medical students. You don't need to have the correct answer to every pimping question. You won't be expected to anticipate everything that might go wrong with your patient, and you certainly won't be able to do so with less than a year's experience anyway. You will, however, be expected to know everything about your patient, be able to present their information clearly and accurately, and you will be expected to fight for their best interests. You'll need to be able to come up with a reasonable assessment and plan for your patients' care. Don't be afraid to stand up to the attendings and residents, especially if you think something's wrong. For example, when I was on pediatrics, we got a call from the emergency medicine resident that a 10 year old boy had a urinary tract infection. I volunteered to go evaluate him, and I quickly determined that he had epididymitis, not a UTI. Do not be afraid to be wrong, and don't be afraid to think that your superiors might be wrong.

The thing that makes a good medical student great is the extra lengths to which one goes to care for the patients or to help the team. If you get to the hospital in the morning and your patient is in the dialysis unit, go interview them there instead of telling your resident that you couldn't find them that morning. If they're already in surgery, go find their family in the waiting room and ask if they have any questions or ask how your patient was feeling before he was wheeled off to surgery (this got me huge points during Family Medicine). If your attending is going to be late, interview the patient before the attending arrives and have your presentation ready when they walk in the door. If your team's next move depends on the final read on a CT scan, walk over to the radiology reading room and ask them to read it for you. If your patient needs a paracentesis, don't wait for the nurses to get the materials you need; go get everything yourself and set it by the bedside (chances are that this will get you a better shot at doing the procedure yourself). Speak up and answer/ask questions during morning report. If your team spends 10 minutes debating the metabolism of bilirubin in an effort to understand the cause of a patient's jaundice, prepare a handout and a 5 minute presentation on bilirubin metabolism and present it the next day. Go to lunch with your team, ask for feedback, don't EVER think that scutwork is beneath you. Remember, the interns' lives are harder than yours, so don't ever complain about not getting to go home early or having to do another DRE.

Most importantly, suck the marrow out of life (Thoreau) in every rotation you do. It's ok if you're not going to do pediatrics, but determine that you'll get really good at performing circumcisions anyway. Even if you're not doing emergency medicine, volunteer to go see any new

admission that comes through the ER. Radiology may not be your passion, but ask your intern to teach you how to read a chest xray. Learn how to do as much as you can. You'll be a better student for it, you'll impress your attendings, and you'll make much better use of your time. This is your education, and no one will fight for it if you don't. Don't write off any rotation that you think you might not enjoy. Decide to attack each rotation with vigor and enthusiasm, and you'll find that you're much more likely to succeed.

I really miss tutoring your class, and I desire greatly for each of you to succeed. It's now time to stop comparing yourselves to each other, and it's time to stop comparing yourselves to the classes ahead of you. Your goal is to be better today than you were yesterday, last month, last rotation, and last year. Your new competition is the illnesses that will threaten your patients. No one will care in a few years whether you got a 70 or 90 on your medicine shelf exam. Can you work hard enough and know enough to help your patients? That is now the only measuring stick of any value. Best of luck to all of you. May God magnificently bless your endeavors. My door is always open to any of you should you need someone to talk to. I look forward to seeing you on the wards. I remain, as always

Sincerely yours,

Brent Lacey, MSIII

Dear Third Year,

I bet you are ready for a break, a break from the endless stream of studying. Third year is a welcome distraction from the monotony of books and syllabi and modules. And even as I reflect back on a very long and difficult year, I still appreciate that I didn't have to spend all day long in the library and instead got to spend at least part of my time learning from my patients. However, I can tell you I do miss the simplicity of 1st and 2nd year. Study hard, pay attention and you will do well. That is not necessarily the case in 3rd year. It is one of the rockiest, most frustrating, up and down years since my junior high years. And did I mention incredibly subjective. Prepare yourself for being held to the highest expectations yet not know how to fulfill them. Prepare to feel useless and somewhat helpless most of the time. Prepare for an up and down rollercoaster, which often involves more down than up, of emotion and experience. Third year is a constant flux of emotions.

I was told that during your third year, medical students form an integral part of the team and really make a difference in overall patient care. I would advise you not to have such lofty expectations. While there were those occasional patients that I felt connected to and I felt like my presence may have made a difference in their lives and their care, they were few and far between. Mostly I would say that I was very expendable and not at all too integral. And in our current system of work hours and health care restructuring, our notes no longer count for anything because the hospital can't bill for them and second and third year residents perform procedures and surgical techniques that used to be left to third year medical students. While our level of responsibility is minimal, so is the exposure and practice.

The final adjustment that is very difficult moving from 1st and 2nd year into 3rd year is the lack of control over your schedule. You have to be present where and when people tell you to and there is little room for negotiation or adjustment. Want to attend a friend's wedding or even a relative's funeral? You should prepare to pay for it with extra hours and extra days. Most rotations give you one day off a week, sometimes not even on the weekend. It is a very big shift from the huge blocks of free time you are granted during 2nd year to structure your own schedule and it is difficult to get accustomed to.

This letter is not meant to be completely cynical. There were some good things about third year and learning from real people, real patients is definitely a highlight. I just feel like most of the advice I received was naïve and did not prepare me for the frustrations of being a third year. Maybe this letter will provide a little insight into what to anticipate and realistically frame your goals and expectations for the coming year.

Jamie Larsen

Dear New Third Year Student,

Congratulations! You have officially graduated from endless hours of lecture, marathon study sessions at Briscoe and will finally feel something like a doctor.

General advice: Dr. Keeton was absolutely right—Never be late, Work hard, Never complain, Ask for more work, Be a team player!

Caution about the wonderful snooze button- please try not to use it on the first few days of a new rotation—figure out how long it takes you to see your patients, then and only then hit that snooze button for a few more minutes of precious sleep.

Psychiatry: Sleep and Exercise, because this is one of the few rotations when you can probably do both. Buy that little green pocket book from the bookstore. Be ready to be pimped the morning after your PES call, especially with certain Attendings.

Ob/Gyn: Early Hours. If you don't speak Spanish, trust me, you will learn. Use the pocket book the school provides you initially, figure out what questions you'll need to ask, and then make a little cheat sheet that you can pull out every morning. Before surgery, review anatomy (esp. ligaments, blood supply, lymphatics) because you'll often be pimped! Case Files + Blueprints + those 500 questions they give you = success.

Surgery: Don't be scared- Take a deep breath and remind yourself you are intelligent! Get there early because you'll be in charge of the LIST that needs to be ready before your Chief gets there, and sometimes there is a line at the copy machine or it's broken. And no, you can't just print 8 copies of the list from the nurses' station, because they will not like you for wasting their limited supply of paper. Ask a 4th year who remembers to show you how to tie knots before you start Surgery, so your life will be easier. Buy Surgery Recall--Keep it near you to review before you go in for surgery. You will be pimped, but almost everything I was asked I had read in Recall. Carry those trauma shears; they come in handy, even on other services!

Pediatrics: Carry stickers to hand out and also a small quiet toy that the little ones can play with while you listen to them. While they're distracted, you might get to listen to their heart and lungs in the few moments of quiet. You'll need to learn to baby talk if you want to impress the parents and make sure you carry a calculator.

Family: Ahh, the return of blissful weekends, so plan those weekend getaways! Read up on chronic conditions and the rationale for which medications to start first. Your PDA is a great tool but don't forget to start committing some of the important stuff to memory. After all, there is a shelf. Case Files + NMS Questions + Deja review = success.

Medicine: Pocket Medicine is awesome. Open it up to get the skinny on the patients cared for by your team. You'll need to know more about your own patients though, so make friends with UpToDate.

Lastly, things you should always have with you: an extra granola bar so you don't starve, some gum for a pick me up during rounds, Advil for those headaches and some extra cash in your pocket. And

of course, always be positive, have a smile on your face, laugh, don't stress too much, and just go with the flow. It'll be okay and you'll do just fine!

Best of Luck!

Dear MS3,

First of all, congrats on finishing Step 1. As for third year, I think the hardest part is balancing work and study. You will work tons of hours this year and still have a large portion of your grade dependent on a standardized exam at end. Friends of mine who didn't study very much throughout the first two years of medical school were suddenly using every free moment to work and study. I suspect that you will see the same pattern in your classmates. There really is not much time to study while working long hours and the thought of the shelf exam looms in the back of your mind towards the last half of every rotation. The balance is pretty tough. It does make it a little harder to get good grades because now your grades depend on subjective evaluations and standardized exams, so efficiency is of the essence. I must say, however, that Dr. Keaton's advice is pretty good as far as doing well during third year. It is not as easy to do as it sounds, especially when you're close to the end of the year and feeling maximally burnt-out. Don't be late, look enthusiastic, be interested, ask questions, don't complain, do what is expected of you and you will get good evaluations. As for shelf exams, don't wait until the end to start studying, they cover an overwhelming amount of material. The biggest issue I have heard of and experienced with shelf exams this year is timing. If you train yourself to move fast during these exams you will improve your score.

Third year is a great time to get to know your classmates, you will be put on teams with a random array of people. Every time I was put on a team with a classmate I hadn't really gotten to know yet, it turned out to be a great experience. I was very lucky this year and had great teams of students, residents and attendings. I have heard stories of some conflict and "gunner tactics" among other students but fortunately I didn't experience any of that, then again the year is not over yet.

The faculty, staff, attendings and residents at this school are awesome. They enjoy teaching, they are friendly and definitely notice if you're working hard. It's a great year because you get to see all that you've been learning during the first two years in reality. Enjoy the year as it goes by, learn as much as possible, get to know your team and make friendships along the way. The year flies by and will be over before you know it.

Best of luck,

John Martin IV

Dear Third Year Medical Student:

"This too shall pass." These four words are the key to surviving the next year of your life with any sense of sanity, dignity, or humility. You are about to experience the highest highs you can imagine. These inevitably will be bookended by the lowest of lows. Things change so quickly during the third year of medical school that within days, hours, and even minutes you will spend time crying for joy and cursing the heavens.

I consider myself fortunate to have the experiences of third year. It is a privilege to share in one's disappointment of being diagnosed with a terminal gastric cancer. It is an honor to participate in a cardiac surgery and assist in shocking a patient's heart back into rhythm. It is measure of distinction to be allowed to deliver an individual into this world. These are the lessons that await you.

I had an Attending during third year that proclaimed "ignorance is forgiven in advance, but effort is expected." It takes commitment on your part to be actively involved in learning the art of medicine.

I wish you well in your journey along the path to becoming a physician. During the next year, keep in mind that for every period of pure bliss, each miraculous moment, and all the joyous experiences, "this too shall pass." But also take into account that for every down moment, for each misstep, and for the times when all appears to be lost, "this too shall pass."

Sincerely,

Jon Maust

MS IV

Medical Student Progress Note

S: Patient reports no fever, no chills, and no constipation. Patient does report not sleeping well last night due to left sided chest pain that radiated only to her left arm. She denies any pain elsewhere. Patient also reports multiple episode of nausea, vomiting (emesis of food only, no hematemesis), and non-watery, grossly bloody diarrhea. She does report two episodes of diaphoresis overnight. She attributes most of her symptoms to an increased level of stress as she is a third year medical student.. Patient continues to report slight decrease of pain in her R leg since admission.

O:
T 98.0 P 104 BP 150/67 RR 32 Sat 99%

PE
Gen- acute distress; alert and oriented to person, place, time, and situation
Neck- L sided carotid bruit; none on R side appreciated; no thyromegaly
CV- increased rate, regular rhythm; normal S1,S2; II/VI systolic murmur heard along left sternal border
Resp- clear to auscultation bilaterally; no crackles, no wheezing, no rhonchi; egophony present
Abd- mildly obese; normal active bowel sounds; non-distended; nontender to palpation
DRE and Pelvic - deferred
Extremities- decreased active and passive motion on R lower extremity; L lower extremity with no gross abnormalities; 1+ pitting edema bilateral
Neuro- increased sphincter tone

A/P: Patient is young medical student with unknown PMHx with significant life stressor of recent commencement of third academic year at UTHSCSA who initially presented with L sided chest pain that radiated to her L arm, decreased range of motion in R leg, and grossly bloody diarrhea.

1. Increased Sphincter tone (Neuro Consult: Dr. Scott Selinger)
    - Don't be anal retentive. Have fun with your patients and your co-workers.
    - Don't whine about your work because somebody is probably working harder than you. Granted, they're getting paid to do it, but they can also get sued if they screw up.
    - Don't sell out your classmates either. Cover for them if at all possible and make sure to work with them to help out your interns so that everyone can go home early. Remember the people you work with now are also the same people who will (or won't) refer patients to you in the future.
    - The most important phrase to ask your intern this year is "Is there anything else we can do for you?", which is medical student slang for "Can we leave now?". They can forget students are there at times, so gently prod them.

2. Left sided chest pain that radiates to left arm (Family Medicine Consult: Dr. Pam Villalobos)
    Patient is a medical student with racing heart, chest pain, sweaty palms, SOB, s/p 4 hr rounds, 6 cups of coffee and 4 hours of sleep.

    Don't panic! Starting 3rd year is intimidating for everyone. In the first weeks, you may feel like a phony in your white coat with patients calling you doctor and asking what their treatment plan is or people asking you for directions in the hospital when you can barely find your own way around. Just don't fret and remember no one is going to fault you for being unsure. If in the first

weeks you find yourself with a patient thinking, "what am I doing in here," remember that your job is simple: take an adequate history, perform a physical exam and report your findings. It's easy to get caught up with minute details, but try to focus on the big picture. Your patients appreciate the time you can spend with them and the ways that you can advocate for them when they can't do so themselves. As a medical student, you can essentially spend more time with the patient, so use this time to perfect exam skills or practice your history-taking skills. Lastly, remember to take care of yourself…eat, sleep, spend time with significant others and friends and have fun this year!

3. Decreased active motion on R lower extremity (Ortho/Surgical Consult: Dr. Bryan Ming)

Pt is presenting for decreased AROM/PROM & decrease sensation in her R-foot/ankle. Pt awoke 3 weeks ago with significant limitation in movement/sensation after passing out in a coma s/p 36 hour surgical call. Per her roommates report, pt was found lying on the kitchen floor with RLE in awkward position pinned underneath her body.

A/P
Pt 24 y/o F with ischemic contracture to RLE ant compartment

-Advise pt to do the following on future surgical rotation:

- Eat when you can
- Sleep when you can
- Call your significant other
- Don't mess with the pancreas
- Update the list
- Don't complain
- Relax

4. Febrile and grossly bloody diarrhea (Infectious Diseases Consult: Dr. Linda Xie)

- Patient is clinically stable, will check CBC for anemia
- Counsel patient about discontinuing habit of recycling chewing gum stuck on village streets of third-world countries
- Inform the medical student that she is now responsible for performing daily rectals

Now to be serious… Much of your assessment of a possible future career rests with an experience that only lasts a couple weeks, an experience so easily swayed by the people you happened to work with or a difficult computer you were stuck with that made your daily life harder. Keep the focus in mind—the patients are the truest and most accurate teachers. With all the information thrown at you, and all the pressure to learn disease processes, it is almost default to fall into tunnel vision mode and forget the original promise to treat the patient, and not the disease. As a third year, take advantage of your freedom to spend time with your patients—go to their bedside and teach them about their disease process, ask how they are coping, ask if their family has come to visit them. Not only are these moments when we open our ears and hearts often more valuable to the patient than any medicine we can give them, but they are much-needed reminders about why we are here in the first place.

Addendum to excellent medical student note above:

So this progress note is not real but it is full of great advice and I agree to all of it. This year was a wonderful experience, but it's a lot of hard work and you don't get paid for it. Hours are long and sometime the work is not appreciated. So my advice is as follows:

- If you're married, dating, and/or with kids, don't assume your single classmates have more time and are willing to stay late. If you're feeling tired, chances are so are they. Everyone takes the same exam at the end of the rotation and needs to study, regardless of martial status or dependents.
- In all rotations, get to know the nursing staff and unit clerk. You'd be surprised at what you can get done for your patient. You'd also be surprise in what the nurses will let you get away with (like giving verbal orders as a medical student) and what you can learn from their experience.
- Follow Dr. Keeton's advice. As for asking for more to do, if you've got the energy- great go for it. If you don't have the energy, then you're probably human (and that's okay too).
- Never talk about a patient in the hallways and elevators. Not only is it a HIPAA violation, but you never know who is around the corner.
- Don't make out with your significant other at any place in the hospital. It's unprofessional. And just like students talk about residents….residents talk about students.
- No one likes "the list." It's the bane of everyone's existence. Just do it and move on.
- Use your time with patients to practice exam skills because in third year there are still OSCEs. Besides, you can spend more time with the patient so why not? Carry your tuning fork, monofilament, reflex hammer, and ophthalmoscope. You paid for them so use them.
- FINALLY, you're here to learn. You paid for this year to work in the hospital. Make the most of it, but remember: you're handling 3-4 patients while the interns and residents are handling way more. Ask questions when you can and inquire about the treatment plan of your patient. It shows interest and you'll learn along the way. Read up on your patients (15 minutes max) and study at least one hour a night. Everyone got through this year and so will you.

Bryan Ming
Kalpna Mistry (main author)
Scott Selinger
Pamela Villalobos
Linda Xie

Everyone who wrote this is still a medical student, not a doctor…yet.

The Veteran That Taught More Than Knowledge

It was how he made me feel that overpowered the feeling of helplessness. You know, the feeling of holding on by the last thread, where only a miracle could change things. Sometimes people go through things to obtain knowledge, and unknowingly, gain more wisdom than knowledge.

Acceptance of death is something we all have to go through, yet knowledge of imminent death, fortunately, is not.

The greatest ability to accept one's fate was portrayed by this man. He had skipped all other stages of death and dying. This man epitomized optimism!

It was during my general surgery rotation at the VA where I met this man. When I first heard the screams coming from the halls, they irritated me. Worse yet, they made me think of torture and death. I was ashamed of those thoughts because I knew nothing of the man in the room, yet I dreaded having him assigned to our team.

And as I feared, he was our patient. Shortly after reading up on his history, I met the man in the room.

The man lay in bed, but I could tell he was tall and fit, looked extremely healthy, and as I learned, was an avid cyclist. He was very young looking for fifty-five. He appeared humble, yet in much pain and discomfort. When he did talk, his speech had an eloquent tone to it. He was obviously well read and educated. On visual inspection, I could not tell that his body was plagued with a devastating disease.

He was admitted at the VA because he was recently diagnosed with Hepatocellular Carcinoma (HCC) that had spread beyond belief. "This all came about in a matter of months," he told me. He assumed he had acquired Hepatitis C during the Vietnam War. He goes on to describe that soldiers would line up in a row, front to back, with their shoulders exposed to the sides. This was to allow the administration of vaccines via a type of "air gun" that would inject the vaccine. "Vaccine administration was fast and easy this way," he states. "They wouldn't even clean the air gun between soldiers". This method purportedly caused wide spread of a bug that causes no symptoms for about 25-30 years before manifesting itself as a serious disease. It was what we now know as Hepatitis C.

"For nearly thirty years," as the veteran recalls, "I had no idea I was carrying this bug." This was a typical story that I heard from many veterans with HCC that fought during the Korean and Vietnam Wars. "Then what seemed like one day to the next, I was diagnosed with HCC."

The veteran frequently interrupted our conversation with painful screams and moans. He couldn't seem to find a comfortable spot as he was telling the story. His major complaint was that his "sides and inner thighs" hurt really badly, "like they are being cut open from the inside" he said.

After a short visit with the patient, I visited the call room. Here I met a team of doctors discussing his case.

I noticed that this type of metastasis left the surgeons pondering, as "HCC does not usually spread to the colon, and much less, to the ureters," one said.

At this point, I knew the patient was unaware of how bad he really was. Most people can remain with a hepatitis picture their whole life, others develop HCC. The team visited the patient after a brief review of scans and reports.

The look on his face after the team entered his room was of a desperate man who knew he had been rescued. After hearing the doctors talk about his case, even I knew this was not going to have a happy ending.

The HCC had not only ruined his liver and spread all over his body, but had caused a large growth on his bowel that was compressing his ureters. As the doctors explained, the pain he was

experiencing due to compression of the ureters by the tumor was like living with a constant 'kidney stone.' He already was on the maximum amount of pain medication, but by the looks of it, relief was no where near.

The doctors had consulted one another and they all confirmed that surgery would not solve his problem, neither would any chemo or radiotherapy we had available.

My chief tells me while standing away from the bed, "a patient with his presentation has an average of 3 to 6 months to live." When we talked to the patient and broke the bad news to him, I expected tears, denial, and anger, and all would have been totally acceptable.

Instead, he starts to mention how he remembered seeing his father in his death bed when he was young. At this point, some pagers go off and many of the doctors leave abruptly. Painfully, they eventually leave one by one.

Embarrassed of my team, I stay behind. Strangely, he's now looking at me as if we gave him good news and states, "You know, my father told me right before he died to enjoy life! He told me, 'don't save up money all your life because you'll end up like me…with a great savings account and no life left to use it.'" He then says with a great big smile, "Young man, I took his advice. I am fifty-five years old and I have traveled the world. I owe money to no one, I have no credit cards, and I never married. I rented an apartment my whole life because I never stayed still and I met many friends at every place I visited. I have experienced my life to the fullest and I am happy with the life I have lived. If it is my time now, I am more than ready to meet with my father! I have wanted so much to thank him for the wonderful advice he gave me!"

A few days later, the patient was being discharged with nothing more than strong pain medications. He denied hospice care; truly, he did not need hospice. Despite having a great understanding and insight of his condition, his outlook and self-prognosis was positive, no matter what the future held for him. He seemed strong minded and at ease with the news. I had never seen someone so ready and accepting of such a fate.

Upon wheeling himself out of his room to go home, I stopped him and told him, "Sir, you have become my top role model." He looked at me with teary eyes and his usual smile and said with a pressured voice, "I'll see you in heaven." He then said something to me before he managed to leave the VA.

Afterwards, everything all of a sudden fell into perspective. I had a normal life, without any health problems, a great education, a roof over my head, transportation, and most of all, very supportive friends and family without any major health problems. Yet, I was still stressing over tests, quizzes, and shelf exams? It all seemed ridiculous to me after I met this man. I now have a different outlook on life, a more optimistic view. Even though I wasn't able to help this man with his problem, I learned a lot from him. I learned a lesson that is easy to understand and remember, yet can be faded by daily schedules, wants, and needs.

"Don't sweat the small stuff, you only live once," he said as he left.

Take it from a veteran who was in a 'not-so-favorable' position. Go into third year with an open mind and a want to learn. Learn from your experiences and teach them to others. Be prepared to learn more than what's in your textbook. There will be a lot of knowledge gained, but even more importantly, you will gain plenty of wisdom. Good luck and best of wishes!

Sincerely,

Jorge Antonio Montes

Crying in the Hospital Bathroom

Dear Third Year Students,

People say half-jokingly that during third year of medical school, you need to find your personal hospital bathroom stall where you can cry after your attending or resident yells at you. Getting yelled at was, in fact, one of my biggest fears going into third year. And, lo and behold, during my first month of inpatient medicine, there I was…crying in the hospital bathroom. No one had yelled at me. In fact, my attending and resident were wonderful—very encouraging and dedicated to teaching. So why was I crying?

Four days earlier, my resident asked me to do an H&P on a 90 year old man presenting with pre-syncope secondary to severe aortic stenosis. I went down to the ER to meet my new patient, Mr. Belagir . There he was, an elderly gentleman, with wispy white hair, big bifocals, and a pleasant smile. My eyes then focused on a rectangular cloth square on his chest. It was a "scapular," a religious emblem worn like a necklace, made of cloth with a print of a guardian angel and prayer for safety. It caught my attention because I had worn one exactly like it for many years as a child; it had belonged to my grandmother before she passed away.

Mr. Belagir then started telling me why he came to the hospital. That morning, he woke up, walked to the kitchen, and felt like he was about to faint. His wife called the ambulance. Now Mr. Belagir was sitting comfortably, in no distress. He cordially said that he felt fine and just wanted to go home. "I'm looking forward to my nightly martini with dinner," he told me with a wink. I had to smile at my elderly James Bond.

Mr. Belagir wound up staying two more days because he could not leave without a thorough evaluation by Cardiology for the recurrent syncopal episodes. Although he wanted to go home, I was secretly grateful that I got to spend more time with him. Every morning at 6, he smiled at me patiently as I listened intently to his heart, trying to appreciate his murmur of aortic stenosis. Afterwards, he would ask me about med school and life in general. He also told me about his wife and shared how they loved their assisted living facility. "They bring our groceries into our apartment and put away all the food!" he said excitedly with a smile.

Cardiology evaluated him on the third day. His ejection fraction was only 15% and he was told that his only chance for stopping the syncopal episodes and increasing his life expectancy was surgery. Mr. Belagir's reply was, "I am 90 years old. I've led a happy life, I don't want surgery, and I'm ready to go when my time comes." That was that, and there was nothing more for us to do. He was ready to go home.

When I came to see him on the fourth morning at 6, he reported feeling great, and he was excited to be to going home that day. But at 9 am, when our entire team with the attending and residents walked into his room, Mr. Belagir was having marked difficulty breathing. His O2 sats were okay, but his lungs were filled with fluid. We ordered a stat chest X-ray, and we intended to return to his room after we finished rounding. But two minutes after leaving his room, the nurse grabbed us. Mr. Belagir was in cardiogenic shock. He was delirious from hypoxia. It struck me how a person can go from speaking eloquently one minute to being unintelligible the next.

Mr. Belagir was given an oxygen mask, but he was so confused that he kept trying to remove the mask. I eventually held both his hands in mine for the dual purpose of comforting him as well as preventing him from removing his mask. I was holding his hands until the eight members of cardiology team rushed into his room and surrounded his bed. It was so crowded that I had to move to the side of the room. As I watched my patient with his oxygen mask, unfocused eyes, and look of confusion as he glanced at all the people around him, I choked back my tears. I didn't want

the cardiologists to see me crying and think, "Oh, naive medical student." I felt helpless as I stood at the side of the room as Cardiology decided the best course of action.

Later that day, my resident told me there was a good chance that Mr. Belagir would not survive the night. I immediately regretted how I had not asked Mr. Belagir more about his life when I had had the chance. At the end of the day, I visited Mr. Belagir in the ICU. There he was, lying in his hospital bed, an elderly gentleman with wispy white hair and large bifocals. And again, my eyes focused on his scapular with the guardian angel. I choked back my tears. Because he was intubated, he could not speak, so I did not know if he was still confused and incoherent. I thanked him for being my patient, and I promised to visit him the next morning.

The next day, as I drove to the hospital, I wondered if I could keep my promise to visit Mr. Belagir or if he had passed away during the night. I was overjoyed to see that he had survived the night. Not only that, he was back to his old eloquent, jovial self. I felt grateful that I had the chance to talk to him again and ask him more about his life. He remembered that I had visited him the day before and thanked me for that. He told me, "I know you're very busy, but I would love for you to meet my wife when she visits me this morning." I met his wife, a petite woman less than 5 feet tall, with wavy white hair, and a sweet face. She smiled and said, "My husband has been telling me about the beautiful medical student who's been taking care of him. That must be you." Mr. Belagir replied to his wife, "Of course she's beautiful, but not as beautiful as you, dear." He squeezed his wife's hand and then winked at me. Oh, my wonderful James Bond, I thought.

The ICU team thought Mr. Belagir was doing so much better that they transferred him back to our ward team. It was now my final day of Internal Medicine at that hospital. I was about to leave that hospital for the last time when we were paged: Mr. Belagir was hypoxic again. It was exactly like what had happened the day before, except for one key difference: Mr. Belagir wanted to sign a DNR/DNI. He was able to coherently explain his reasoning, so his request was honored. He rapidly became more hypoxic and confused, and again I held his hands until the cardiologists surrounded him. He was wheeled out of his room and into the ICU.

He was given an oxygen mask to help him breathe and was stabilized for the time being. But his wife had not yet arrived. The rest of the medicine team eventually left his room, but I couldn't make myself leave. I stayed there for a while, holding Mr. Belagir's hand. He mumbled something to me through his oxygen mask which I couldn't understand. I then leaned closer and heard him say, "You're the best girlfriend I ever had!" I laughed while choking back tears. Oh, my James Bond. Leave it to him to keep his sense of humor at a time like that. When his wife arrived, I transferred his hand into hers. I moved away to give them privacy. But I couldn't help hearing her say, "This isn't supposed to happen. You're supposed to come home."

I couldn't hold back my tears any longer. I ran out of the room. And this brings us to the opening of the story, with me crying in the bathroom. I could hardly believe that I had only met Mr. Belagir four days earlier. With his sweet smile as I fumbled with my stethoscope, his genuine interest in my life, and his desire to tell me about his own life, he touched me significantly in a very short time. So much so that there I was, wiping away my tears with the sleeves of my white coat.

How can I translate crying in the bathroom into thinking clearly in order to help save lives? After all, it was the cardiologists who were actually treating Mr. Belagir's cardiogenic shock while I was crying in the bathroom. I don't know that answer now, but I expect that with each subsequent patient, I will be less overwhelmed by emotion and more capable of operating under pressure.

Even after I transition into a medical professional who can think clearly in emergencies, Mr. Belagir will always be special to me because he was the first patient who helped me appreciate, with a tangibility like never before, the profound privilege of the health care profession. As I sat there crying about how he might pass away, it eventually struck me what an honor it was to have met him in the first place. In no other field do we have the opportunity to interact so personally

and meaningfully with people. Some time during med school, with all the stress and exams, I had lost touch with that concept. I will forever be grateful to Mr. Belagir for reminding me of why I chose this profession in the first place.

Sincerely,

Katherine Neubecker

MS IV

My First Day and First Patient on the Wards

I selected OB/Gyn for my first Third Year rotation as it offered a blend of clinical training, surgical exposure, medical focus, and procedure competency. During the first week of my rotation I was assigned to the Oncology portion of the three-week Gyn block. I soon learned that this was a demanding period that required mastery of a complex fund of knowledge in addition to the clinical demands of the OB/GYN rotation.

My first day started with a pleasant and motivational orientation. While the rotation was touted as being time and labor intensive, the course director and residents detailed a systematic approach to becoming successful clinicians by getting to know the patients well and thereby letting them be our best teachers. The knowledge they impart would provide a depth of understanding and experience that will be a mental resource to rely upon through our clinical training and future practice.

After the morning orientation, we were quickly wisked to the OB/Gyn floor of University Hospital. We had a tour through the ward and then were subdivided into our respective teams and asked to round on a patient. I quickly experienced a mix of curiosity, anxiety, and excitement. The opportunity to interview with our patients was finally here. This was similar to how I felt prior to my first private pilot training lesson. However, I was hoping I would not experience the same fear I felt as when my private pilot instructor "surprised" me with a stall maneuver that momentarily made the plane powerless, resulting in a freefall, where we hurtling "powerless" to the earth prior to the plane's recovery.

As my team huddled around the nursing station, we found the patient list and we each wrote our names next to one patient. I selected Ms. C. After scanning the history and physical card in my pocket one last time, I entered her room. This was an exciting moment, my first patient interview of my third year! The room was dimly lit, and Ms. C. was resting quietly on her hospital bed. I woke her and introduced myself as a Student Doctor and that I wanted to ask her a few questions. I went through the history and physical as quickly as I could but am sure I took longer than most others interviewers.

Ms. C., 41 told me about her current lifestyle. She was a single mother of two children, ages eight and 11. She had not felt well for the past two months, had intermittent nausea and vomiting, and growing increasingly weak. She had not come to the hospital as she had little time between work, her children, and help looking after other children in her extended family. Beyond time limitations, she had few resources to cover her medical expenses. She finally decided to come to see her OBGYN physician after noticing mild blood in her stool. Her OBGYN physician for a suspicious mass on her left ovary.

Ms. C. was admitted to our service to analyze the suspicious mass. Earlier that day, Ms. C. had a laparoscopy procedure performed. The results had not been posted yet, so I informed her that I would report the findings as soon they were available and reviewed by the clinical team. Later that day her results came in and were much worse than we had imagined – she had an ovarian mass that had spread from her left ovary through the wall of her descending/sigmoid colon. I visited her several times that afternoon, and she shared stories of her children and life. The next day she had a colonoscopy and abdominal CT. These studies produced more grim news as the ovarian mass had grew laterally into the descending colon and obstructed 95% of the lumen and she had metastases to her liver. Over the next week, the team pursued a rigorous treatment plan including a hemicolectomy, ovarian mass removal, and initiation of chemotherapy hoping my support would help her maintain her positive focus.. I visited her several times and we had many pleasant conversations beyond the usual history and physical procedures. After speaking with her,

I developed an understanding of the magnitude of her sorrow and pain, yet noticed these feelings remained hidden behind her hope, commitment to recovery, and positive outlook. To support her positive focus, I shared with her a wildlife picture book I purchased in Australia. I encouraged her to remember these photos, and hopefully to see the sites in person someday.

There are several lessons I learned from my first patient on the wards that I believe you could also consider to help strengthen you clinical care:
- Be ready for the unexpected.
- Work hard to understand your patient's concerns--they may not know how to ask the right questions to effectively guide your differential.
- Maintain a heightened level of suspicion with each patient. You likely will spend more time with each patient placing you in a unique position to identify a serious medical condition before.
- Find time to offer the necessary attention your patient needs in their time of need. Many of your patients will have a limited support network...the sincerity you provide may be the most meaningful attention they receive.
- Strive to apply preventive medicine with your patients if the clinical scenario permits.
- Remember that your patients will be some of your best teachers.
- Realize that patients have a vast store of positive energy--your patience and attention may be the key ingredient to needed to turn their frown upside down.

MS3s,

Congratulations on finishing two challenging years and stepping forth into a "new" role as a medical student. Now, you will have the chance to put all of your knowledge into practice and finally begin to mold yourself into the physician you wish to become. It is a wonderful and challenging experience – one that will forever remain a cornerstone of your career.

Along the way you will be met with a myriad of experiences – ranging from personal encounters with physicians, patients, and colleagues, to deriving exquisite assessments and plans, to spending the evening in the OR watching a case that began before evening checkout at 5p.m.. All the same, each opportunity gives you the chance to learn and embrace the road that you have chosen to take.

Please remember that you will have good and bad days. Often, there will be times where you feel exhausted - physically, mentally, and emotionally - and you will begin to second guess yourself as to whether or not this is meant for you. In the same way, there will be numerous times where you will walk out of the hospital from a hard day's work and feel "on top of the world." Remember to keep in mind that in the end, it is these types of days that will live with you forever.

Finally, on a daily basis acknowledge that everyone around you is a "patient" in some way. Therefore, remember to give your friends and family the same amount of attention and concern that you show each of your patients. As it was them who was there with you when you embarked on this journey and it is them that will be there to help clothe you in your long, white, coat.

Best of luck,

Rachel Osborn

Dear MS3:

Congratulations!

The third year of medical school is an acute change from the first two years. Suddenly, grades depend upon others' perception of your knowledge, work ethics, and personality. This poses a new challenge to most of us: that of social intelligence. Hours of intimacy with the syllabus while locked in a secluded room abruptly becomes a distant past. The new trick to work on now is to learn how to smile wide and big at five in the morning.

"As a junior medical student, you are now a vital team member." We have all heard this one before. But there is truth to it and to discover this truth it's important to look into two main factors: Firstly, what are the components of this "team" and secondly, how do you know your role as a team member?

Your team is composed of the following: An attending physician, a senior resident (called the "Chief Resident" on some services like surgery,) sometime second- or third-year residents, always one of two (or three) interns, sometimes a pharmacist or a pharmacy student, and infrequently a PA student, sometimes a senior medical student, and you and your buddy.

Let's start from the beginning of the list: the attending. He or she will be the one that will ultimately be in charge of writing your evaluation. Be polite and respectful but keep your nose clean. If asked, answer. "I don't know" is much better than winging it if you have no clue. But if you have a slight idea, throw that in. You will be surprised to see how much you already know. If the opportunity of rounding with your attending presents itself (which it does a bit too much on the medicine clerkship,) take advantage! Get there early, see your patient, asked how they did last night: did they sleep well? Did they have any nausea or vomiting? Is their pain well-controlled? Just quickly go over the systems. Then get on the computer, or the chart, and find out if the patient had a fever, or a hypertensive episode, or what have you, the night before when you went home. Write down all of their values, and circle the abnormal. Then think a minute about why those values are abnormal. After all, that is what the attending will ask you on rounds. And here comes the hardest part: Writing an assessment and plan. The plan does not need to be elaborate but needs to address at least two things: the patient's complaints, and the abnormal on your "objective." The assessment needs to include the patient's name, age, significant past medical history, and a quick list of current problems.

Remember, your progress note is supposed to be longer than your oral presentation! Do not try to focus on every little peculiar cough that you think you discovered or the little itching the patient reports on the left little toe between 10 and 11PM. You will get the rolling eyes and you do not want that. By the way, get your note out of the way ASAP. The interns will appreciate just having to co-sign.

The next person in line is the senior resident. You will spend the most amount of time with this person. You will probably also learn the most from your senior resident. Most are completely receptive to questions, and idiocy. If you work hard and show interest, they will give you a good evaluation. Remember, they were students not too long ago. I reiterate, play the game but keep your nose clean.

The interns come in two distinct flavors: those who will be your ally and remember how hard it was to be a third-year. There will also be those two are too excited in their long white coats and let you know about it. Either way, as a consequence of trying to impress your attending and senior resident you will end up helping the interns. The helpful type of intern will make your experience much more palatable. The second flavor does not impact your life much.

The fourth-year medical student will be your ally, in most cases.

The PA student is to function like a third-year medical student.

If you have a pharmacist on your team, try to learn as much as you can from them. They know a lot and will help you understand pharmacology and the reasoning behind different habits.

While on medicine, wear your stethoscope around your neck, correct all calcium for the albumin and check out the NEJM. Chances are your attending will want to talk about that new article on the causes of hypertension in the western part of New Guinea in the 18th century.

While on surgery, correct all hypokalemia. Milk all drains. Give quick presentations. Record all ins and outs, remember not to sit in the blue chair, and not to wear your stethoscope around your neck.

Start and end everyday by focusing on the patient. After all the patient is the reason you are there. On those long, tiring hours remember that your life is not so bad: you will go home and sleep in your own bed and relaxing while your patient will stay in the hospital hoping to hang on to dear life. Before I forget, have fun. I will leave the pleasure of saying "the year will go by so quickly" to others. It's an honor and privilege to care for patients. Congratulations!

Sincerely,

Masoud Saman

Things I Got Yelled At For Doing 3rd Year

- Rolling up the sleeves on my white coat. I didn't stop doing it though because the unnamed curly-haired medicine chief resident who told me I looked "unprofessional" had her sleeves rolled up while she was scolding me.
- Being afraid to wake up a patient for a morning exam. Remember, they're more afraid of you than you are of them. This is really one of those do-unto-others things and remember to be polite, but still expect them to be pissed.
- Paging an attending when I only needed a resident. Make sure you get the right number.
- Editorializing in your notes. After a while, depending on your service, you may think nobody's reading them, but that ain't true.
- Lying about physical exam findings. Don't do it. If you do it, you will feel crappy about it after the fact and you will get called out on this at some point. Just say you didn't do it, and then never make that mistake again.

Things I Got Away With Doing 3rd Year

- Never wearing a tie after the first day of clerkship. As long as you do your job and dress moderately well, nobody will care. Of course, this only applies if you hate ties as much as I do, but in a pinch you can say you're opposed to them because they are vectors for infection and you care too much about your patients to watch them die for the sake of your appearance.
- Not telling people I was a med student when I paged them. If they know that you're a med stud, 50/50 they'll ask to speak to a grown-up or tell you to have someone else page them. I would usually just answer the phone forcefully, say the name of the service and then my last name. It's not my fault if they assume I'm a doctor, just don't lie and say that you are.
- Not being overworked. If you've hit your limit, University Policy says it's time for you to go home. 80 hours/week, 30 hours straight = go home. If you want to stay on and try to help the team, that's fine and it's your call, but don't whine about it. Whining about logging too many hours is just admitting you don't have the huevos to stand up for yourself. Everyone with an MD is getting paid to be there, they don't have a test coming up that they need to study for, and honestly they can function without you (the hospital is always still there after our Xmas break). Be tactful and your attending can't have a problem with you – that's what it means to have a policy in place.
- Not knowing your resident/attending's last name. They'll usually introduce themselves by their first name, but if you're seeing a patient and they ask you which real doctor is coming in after you, you better know. One day, I couldn't remember if I was with a Dr. Sanchez, Gomez, or Alvarez and I just kept switching the name out. Also, always call them "Dr. _____" when referring to them with a patient in the room.

Things You Might Want To Do

- Pack your lunch and some snacks. It'll save you money and give you more variety/accessability/quality then whatever you pick up in the cafeteria or at a free lunch.
- Don't whine about how you're gaining weight. Exercise more or stop eating so much, but don't whine.
- Keep some mouthwash with you when you're on call.
- Always have something on you that you can study because down time will pop up when you least expect it.

- Make up some good acronyms on Sunrise if you'll be at UH a lot. The standardized documents make you look lazy and a good free-text H&P or SOAP will make you look great. Just write out a skeleton for the HPI, PMHx, etc. and it'll save you a ton of time.
- Be really nice to the nurses. They run the hospital; we just work there. Make sure your patients know this too.
- Try to at least skim an UpToDate every day to pick up one random/useful fact. Know those little Criteria and Scores they use for different diseases, as those will make you look like a hoss. Maybe keep a little binder with the useful stuff you print out too, so you're not just throwing knowledge in the trash.
- Share everything with your interns. If you do that, unless they're complete jerks, they'll make sure to keep you in the loop.
- Don't make promises to patients you can't back up. That's just a dick move, and you'll feel it every time you talk to them from then on out.
- Ask what an acronym means. Really saves you from looking stupid later on.
- Girlish as it sounds, don't be afraid to talk to your team if you're feeling really emotional about the patients (esp. sad or angry). On peds Heme/Onc, we had a good hour-long sitdown with the attending and just talked about how all the interns were crying everyday on the drive home (not me, I'm a guy; we don't do that). That talk was probably one of the best things that happened to me all year.

– Scott Selinger

Letter to a 3rd year:

Third year of medicine is not half as intimidating as previous upper-years may have told us. It's nothing like that. I never got pimped like there's no tomorrow about trivial information. I barely had to do scut work. I didn't have to kiss anybody's "behind" to get that A. Instead, what I learned during this year was that you don't have to lose your dignity and please everyone like some mindless entity. Instead, people appreciate you for being who you are. Even if you're just average.

Of course there are those students who spent time doing extensive soon-to-be-noble-prize research in cardiothoracic surgery; or those classmates who talk about their year-off, teaching HIV education to middle school girls in the underserved countries of Africa. But if you did that to impress and brag during rounds, then nobody really cares. Not even the attendings. What people care about is about how you do your work, how you perform as a team player, how you use the experience during each rotation to actually learn and improve yourself. Not to waste other people's time talking about how much more you already know, or at least did once upon a time. Medical students in the past, who held their noses up high, showing superiority to the healthcare workers like nurses and scrub technicians, are the ones who have given us a bad reputation. They're the ones who cause some of the nurses to whine (loud enough so you can hear) when they see you walk onto the floor for the first time; or cause the scrub tech, whom you've never worked with before, to roll her eyes and state "great, a medical student" as you come in through the OR doors. (These, of course, are firsthand experiences). We can't blame them for feeling that way considering how we try so hard to portray ourselves to be the flawless, omniscient 3rd year student.

My point about 3rd year is, nobody cares if you scored a 280 on Step 1 or have a PhD in genetics. When it comes to the wards, we're all the same. Third year is all about learning not only medicine, but also how to work in a team that involves residents, attendings, nurses, and technicians. Nothing makes us more special just because we're third years. So remember, it's okay to admit you don't know something during rounds, or unintentionally contaminate the sterile field. We've all done that and been there before (and back again, many times). It's all about the learning process, even trivial things like learning how to access X-rays on the computer. Nobody is going to get mad at you asking for help. Nobody is going to judge you for not knowing all of medicine already. This year is about making mistakes and getting away with it, as long as you learn from it. So enjoy it! Don't let a thing like pride make your year not as beneficial as it can potentially be. Just be yourself and you'll do fine (it worked for me)!

Good Luck!

N. Sinha

To The Rising Third Years,

Third year is an amazing time. It is a time when there is little you can do to harm your patients and often much you can do to help them. It is a time where you can see some incredible things and reaffirm your love for medicine, which is all too easy to lose sight of during those first two years. It is a time when you can really learn. It is a time when you'll hopefully find what you love and define your future career.

For all of that potential and all of those opportunities which third year harbors, I remember my anxiety going into it. Know going in that the expectations on you are less than most students imagine. Your fund of knowledge is important, but no one expects you to recall every little factoid which helped you to your board score. Being able to suture can sometimes help your resident, but no one expects you to throw a knot on your first day.

The big expectations for your third year, the things that can make the year go wonderfully are all within everyone's skillset. So here is my advice, so much of it repeated in other letters.

Work hard. Simple enough and the best thing you can do to make third year worthwhile. We all know what hard work is or we wouldn't be in medical school. Your only goal is not to lose sight of it, even when the hours get long.

Appear interested. These rotations are brief glimpses into core specialties and even if you have no desire to make a specialty your future, it cannot be anything but good to truly learn a little bit about it. There's a basic level of experience with all of medicine that we should expect out of anyone with an M.D. after their name and so, if for that or for the benefit of your grade, you should always try to stay interested. The more you're proactive, the more interest you show, the more your residents and staff are going to let you do.

Anticipate. As a rotation goes on and you learn the ins and outs of it, start trying to anticipate what is going to come next. Start trying to anticipate what is next in your patient's plan of care. Start trying to anticipate what could help your resident.

Don't be a gunner. Don't show up your residents. That may seem obvious but it is sometimes lost by students trying to demonstrate their knowledge or impress an attending. Don't show up your fellow medical students either. It is not a competition in the end, no matter what you imagine your AOA status contributes to your future. There is far more to be gained in helping each other out as medical students, may I say even doing the extra work to cover each other's faults and mistakes, than in duking it out to impress your evaluators. Some tact, good will and social grace is all that is required.

Have fun. There will be times you will embarrass yourself. There will be times when the hours seem tough. Keep it all in perspective. This is a learning experience and a relatively short one at that. Take advantage of it.

Third year is going to be amazing and I'll see you all on the other side.

Good Luck,

Colin Son

Dear MSIIIs,

It goes without saying that a vital part of the third year clinical experience is learning to work as a productive team member and gaining the satisfaction of knowing that your efforts make a difference in patients' lives. Another step a third year medical student has to take towards evolving into a physician involves learning how to take the information that they have gathered and formulate a plan based on their differential diagnosis. In order to make these transitions, students must be able to take an active role in team discussions regarding possible etiologies behind a patient's presentation, risks/benefits of available treatment plans and the best approach to caring for that particular patient's needs.

During clinic one day, I had taken on my role as 'data gatherer' as I reviewed my patient's chart while jotting down various notes such as her age and reason for the current clinic visit in preparation to meet and talk with her. After a brief introduction, we discussed her chief complaint covering all the pertinent information that I had been taught to elicit including everything from onset, duration and frequency to past medical history and current medications. After a focused review of symptoms and physical exam, I felt fairly confident as I presented to the resident and attending and felt reassured upon receiving their nods of approval. Then, over the next ten minutes, I sat and listened in disappointment as the attending and resident discussed the patient's case and possible treatment options amongst themselves in Spanish, a language in which I am far from fluent. Needless to say, I was disappointed at the missed learning opportunity but even more so at the feelings of alienation. After all my efforts, I no longer felt a part of "the team".

At that moment, I caught a glimpse of what it must feel like to be a patient lost among the words of doctors. Looking through their eyes, I could imagine just how frustrating it must be to listen without understanding and trying to grasp meaning from a foreign language known as "medical jargon." As you begin to care for patients, let this serve as a reminder that the patient is part of the team, and communication in words they can understand is a key part in fostering that relationship.

Good luck in third year!

-Ashlie Stowers

Are you guilty of spending too much time deciding on which Manolo to wear with that great dress? Do you give that favorite shoe another chance despite continual physical and emotional torture? Earlier, I would have answered "yes" and "yes." But to the question, "Would you treat a noncompliant patient with the same patience and tolerance?" I would have answered "No!" I am ashamed to admit that I have sometimes given a shoe more chances than a difficult patient. To make matters even worse, I have given up on patients who were not open to my daily interrogations that are appropriate and necessary in the field of medicine. With that being said, it is important for me to introduce you to a difficult patient who taught me an important lesson in medicine about time.

During my last week of psychiatry, I met the patient who would be involved in my "rehabilitation." Guy, short for Guadalupe, was not more than 5/'4/". He had the characteristic features of Fetal Alcohol Syndrome: wide medial epicanthus, flat nasal bridge, wide philtrum and short stature. Unbeknownst to Guy, it was his mother's decision to drink during her pregnancy that contributed to many of his problems at school and home. I approached him with an extended hand but was quickly rejected. He looked at me with utmost disgust. He disapproved of my education, telling me that it had taken too much time to acquire a degree that he could have a completed in less time. Next, he fixated on my favorite, overused Louis Vuitton shoes. I knew what he was thinking without hearing his criticism; he had discovered my weakness in a few seconds. Not only did he refuse to answer my questions, but he dictated the direction of our conversation. After five minutes with Guy, I detested him for questioning my intelligence and exploiting my weakness. During our short meeting, I decided without hesitation that his narcissism and deprecating manner would not allow me to participate in his treatment.

As I reflected on those five minutes, I realized that Guy had accomplished his task; he crushed his hopes for recovery and pushed me aside, but only for a moment. Against his wishes, I continued to follow him throughout his stay. In time, Guy began to detail the physical abuse that he suffered by his mother. His angry eyes would soften and fill with tears when he would recount the times that his mother would submerge his head in the toilet or punch him with a closed fist for making too much noise. As a result, Guy feared her and loathed any woman who appeared strong, independent and powerful. My presence was a reminder of the "type" of woman that had tormented him for over 40 years.

In hindsight, I am grateful to my attending for encouraging this relationship because I believe that he wanted me to learn the importance of taking the time to develop relationships. Guy needed consistency, which had been lacking his entire life. I allowed myself the opportunity to become an observer in his journey and a sponge to soak up his misery. We laughed, worked on puzzles, and shared memories of our childhood without fear of judgment from either party. With time, Guy began to lean in and search for that hand that was tucked away in my pockets, which he had originally rejected. By the end, I had given my heart, and he gained the courage to beat addiction.

Tania Tarjan

Dear Reader,

Here are a couple of the heart lessons I learned over third year. I hope they come of use to you.

-Enjoy being a student: This is the only time that one is able to experience all the fields of medicine without the responsibility of a physician. There is a freedom to learn & ask questions. I often felt the pressure to know all the answers or to function like an intern. Thankfully, most of that pressure was self induced. There is plenty of time to learn all one needs to be a competent physician. I had to learn to relax, accept grace for my shortcomings & stop comparing myself. So when you find yourself stressing out: breathe, relax & enjoy yourself; it will be okay.

-Character matters: My hope is that we would be a generation of physicians that deeply care for our patients & are worthy of their trust. It is much easier said than done. After hearing months of patient complaints, it is easy to become cynical & jaded. It is also easier to believe that brilliance & charm count more than care & hard work. Please do not buy into that lie. Habits & attitudes that begin in third year will shape how we practice for the next 40 years. Please choose well now.

-Trust the Lord:
"Whether you turn to the right or the left, your ears will hear a voice behind you saying 'This is the way, walk in it."' Isaiah 30:21 The Lord used this verse powerfully in my life during the hard times in third year. I had to wrestle with & accept that this is where the Lord has placed me; in 30 hour days, in sometimes difficult teams, with cranky patients, but also in laughing with new friends & connecting deeply with patients. You will soon be in many of those places. If you personally know Jesus as Lord, please trust Him there. It is a joy to relax in His arms & see Him work.

I hope these few tidbits help your heart to rest & stay encouraged over the next year.

By His grace,
Stefanie Teng

Dear third year students,

As this third year of medical school comes to an end, I reflect on all that has happened throughout the year. I think of that recurrent nervousness at the start of each rotation and about honestly not knowing what to do on the first day. I recall the great residents and attendings who have really cared enough to teach me and who have helped me learn how to care for patients. I reflect on some of the difficult people I have had to work with, and how in the end, it has made me become a better person and will make me a better doctor. I also remember all the great times I had with my fellow students. During this year what has sometimes escaped me, but what I have continuously tried to remember, is how much of a privilege it has been to be allowed into the lives of all the patients I have seen thus far in my training.

Over the first two years of medical school we are inundated with never-ending information, odd variants of normal, and a number of different diseases and conditions that we may one day see. For me when I finally saw a patient with "X" disease, I found it easy to get caught up wanting to make that connection from what I read during my first two years of medical school with the present. I wanted to learn how to correct the disease and fix the problem. After all, that is why I chose this profession… to fix the problems. Yet, I believe this third year of training was about more than correlating what I learned in a book to the patient in front of me. It was about coming to understand that being a doctor is truly a privilege, and that patients entrust me with their care.

The first part of this lesson I learned while actually performing the tasks related to each clerkship. I saw injured and bloodied patients come into the emergency department because they had incurred injuries, and they wanted the help of the trauma team, whether they directly asked for it or not, to help them sustain their lives. There were the extremely sick patients who presented to the transplant team to help them receive another chance at life through the help of an organ donation. Other patients would come in at the strangest hours of the night into the emergency department because they desperately wanted relief from an abscess in an inconvenient location. On the inpatient pediatric service there was a young girl who was previously abandoned by her own mother and we were treating for a widespread bacterial infection. I talked with patients who wanted to end their lives, who had chronic drug addiction, or who were plagued by their own diseased minds because they wanted resolutions to their illnesses. I have helped to treat individuals with life-threatening illnesses and communicable diseases. I have even been able to help a mother bring a new life into the world.

However, that was only half of what I have learned this year. The rest of what I was taught occurred while celebrating with a family after their father and husband had received a liver and kidney transplant. It came while coloring with the little girl on the pediatric floor because she was too sick to leave her room. I learned from talking with an old man about his time in World War II and finding out about how he came to live in San Antonio. An elderly woman participated in shaping me as a physician when she discussed her children with me while she came to clinic for a medication refill. I learned about the aspects of medicine that no book could ever explain while listening to an attending physician explain DNR/DNI orders and why it would be best for their father to die comfortably. Later I saw that same patient get up out of bed and walk around, and I witnessed a family's renewal of hope. I learned about the sacred position that we get to be in as doctors as I saw a mother hold her new child for the first time, and in another instance, I saw patients take their last breaths.

Over the next several months you will be allowed into some of the most intimate aspects of human life. You will have the opportunity to be there for the happiest times and for the most miserable moments. You may not know your future patients, what they do or what they have done outside of the hospital, but you will become a part of their lives, and they, in turn, will become a part of yours. Coming to this realization and accepting the duty of being a physician is what I believe to be the greatest task of our third year of medical school. This year of immense potential is directly in front of you. I hope you enjoy it and all that it is able to be for you. As I have been told, to whom much is given, much is expected. Nothing is truer than in our profession. We are given the confidence and hope of total strangers. For that we owe them nothing less than our best efforts. Good luck during this exciting new year.

Sincerely,

Mario Villaseñor

Dear Class of 2010,

I am not quite sure where to start in this letter. Many people will offer you tons of advice for the next year. Most of it you just have to figure out on your own. Instead of offering advice, I'm going to tell you a story that happened during my third year.

I had just finished my very first rotation of third year, Transplant Surgery, and I was starting my Orthopedic Surgery rotation. It was a cool, but nice morning on my first day of Orthopedics. I arrived at school at 6:45 am so I could meet my new attending at the OR at 7 am. I parked my car, took a sip of my water, took a deep breath and got ready for the extended walk to the hospital from Zone 4. It was at that moment that I heard a drop of water on my windshield. The next thing I knew it was torrentially raining outside. I mean…pouring rain! I had no umbrella, so I decided to try to use my white coat for cover. I went for it, but my white coat lasted a measly 5 seconds before it was soaked. Needless to say, I was drenched by the time I reached the hospital. It looked like I had just jumped into a pool in my scrubs. This was not what I needed on my first day of a new rotation with a new attending and standing in a chilly OR all day. I got into the elevator with some OR nurses. They sarcastically asked me if it was raining outside and then proceeded to chuckle. I joked about it with them and they then told me that I should get an extra pair of scrubs out of the scrub machine by the OR. My problems…I had to exchange my scrubs that I was wearing to get a new pair, the scrub machine was outside of the locker room, and I had nothing to wear in the process of getting my new scrubs. "No problem!" said the nurse. I could just wear a hospital gown while I was getting my new set of scrubs. We reached the eleventh floor and the nurse helped me find a hospital gown to change into so I could switch out my scrubs at the scrub machine. I went to the locker room and changed into the gown and proceeded outside of the locker room to the scrub machine. Yea…I was in nothing but a hospital gown, underwear, and white socks on my way to the scrub machine where many people could see me. That was ok though. It was worth it to get a nice pair of clean DRY scrubs to wear on my new rotation! I approached the scrub machine behind a woman placing her scrubs into the machine. As she left the machine, I grabbed the handle of the machine and placed my wet scrubs into it. I don't know if you have had much experience with the scrub machines, but the way it works is you type in your code, open the door, and place your old scrubs into the machine. This gives you credit for the scrubs you turned in and you are allowed to take out a new pair. Well, the part I missed in this procedure was typing in my code! I had accidentally grabbed the handle of the machine immediately after the previous lady had returned her scrubs. I had no scrub credit and I couldn't get out a new pair! So there I was…it was 6:55, I was meeting my new attending in 5 minutes, and I was standing in my underwear, a hospital gown, and white socks with no idea what to do. I immediately ran to find the nurse that had helped me originally and told her my story. She chuckled at me and guided me to the Anesthesia nurse for the OR. Apparently, she has the master code to the scrub machine and thus, has unlimited access. Long story short, I found the nurse, and she helped me get a new pair of clean DRY scrubs. I made it to meet my attending at 7, unknowing to her the ordeal I had gone through to get there.

I have two points this story. The first one is that embarrassing things happen to everybody in the hospital! Things like this happen to other medical students and residents. I still remember a story from a fellow medical student about how she could not figure out what was wrong with a patient and then she figured out that she was stepping on his oxygen tube. People won't talk about these stories, but they happen. And when something embarrassing happens to you (and it will), just remember this story and know that you are not alone.

My second point is be nice to others and they will be nice to you. The nurses that helped me out saved me that morning. Without them I would have met my new attending either soaking wet or in a hospital gown, underwear, and white socks. And actually, later in the year, I had a resident who got sick on her scrubs. Because I had actually returned the scrubs that the master scrub nurse got for me, she was able to help me out again and get an extra pair for my resident.

That is all I have to say. Good luck with the year! We are all very privileged to have such an awesome opportunity.

Sincerely,

Melissa Webb

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