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
TABLE OF CONTENTS

Forward ......................................................... Pg. 6
Nupur Agrawal ........................................ Pg. 8
Les Alloju .................................................. Pg. 9
Fernando Alquicira .................................. Pg. 10
Kelechi Anyaehie ....................................... Pg. 11
Louis April ................................................. Pg. 12
Anthony Balzer .......................................... Pg. 13
Fernando Barrera ....................................... Pg. 14
Karina Bartlett .......................................... Pg. 15
Julia Boster ................................................ Pg. 16
Mark Brickey .............................................. Pg. 17
Kristin Budde ............................................. Pg. 18
Kelly Campbell ......................................... Pg. 20
Jocelyn Campos ......................................... Pg. 21
Carlos Cardenas ....................................... Pg. 23
Bo Chen ..................................................... Pg. 24
Patrick Cheng .......................................... Pg. 26
Tim Clinton ............................................... Pg. 27
Natalie Cobb .............................................. Pg. 28
Sigrid Collier .............................................. Pg. 29
Christine Cortelyou .................................. Pg. 30
Kristina Cunningham ................................ Pg. 31
Eileen Curry .............................................. Pg. 32
Michelle Dang .......................................... Pg. 33
Paige Diamant .......................................... Pg. 34
Preston Douglass ...................................... Pg. 36
Adam Dunstone ........................................ Pg. 38
Ryan Dworaczyk ...................................... Pg. 39
Jacob Eisenrich ........................................ Pg. 40
Marc Erian ................................................ Pg. 41
Hanna Farrar ............................................ Pg. 43
Andrea Foldes .......................................... Pg. 44
Jeff Ford ................................................. Pg. 45
Jennifer Franke ......................................... Pg. 46
Maeghan Gibson ...................................... Pg. 47
Andrea Goode .......................................... Pg. 48
Thomas Hand .......................................... Pg. 49
Sandra Hardin .......................................... Pg. 50
Nick Harrell ............................................. Pg. 51
Sara Hartnett .......................................... Pg. 53
Leah Hernandez ....................................... Pg. 54
Steffi Hernandez ...................................... Pg. 55
Michael Herzik ......................................... Pg. 56
Jessica Hollingsworth ............................ Pg. 57
Ryan Horton ............................................. Pg. 58
David Hu .................................................. Pg. 59
Jona Hughes ............................................. Pg. 60
Megan Hughes .......................................... Pg. 61
Jennifer Jacobson ..................................... Pg. 62
Matt Jeffreys ............................................ Pg. 64
Ekta Kakkar ............................................. Pg. 65
Joshua Karlin ............................................ Pg. 66
Bryan Kennedy ........................................ Pg. 67
Grace Kim ............................................... Pg. 68
Michael Kubala ........................................ Pg. 70
Andrew Lee ............................................. Pg. 71
Deborah Lee ............................................. Pg. 72
Amanda Lipsitt ........................................ Pg. 73
Myra Liu .................................................. Pg. 74
Bryan Lublin .......................................... Pg. 77
Stephanie Lynch ....................................... Pg. 78
Marco Mavromaras ................................ Pg. 79
Caitlin McAllister .................................... Pg. 80
Sarah McCurdy ........................................ Pg. 81
Mel Medina ............................................. Pg. 82
Rachel Mehendale .................................... Pg. 83
David Meyer ............................................ Pg. 84
Sarah Mitchell ......................................... Pg. 85
Laura Iglesias-Montes ............................ Pg. 86
Chance Moore ........................................ Pg. 87
Matthew Mullane ..................................... Pg. 88
Neelima Navuluri ..................................... Pg. 89
Louis Ndupu ............................................ Pg. 90
Andrea Nguyen ....................................... Pg. 91
Anhtuan Nguyen ...................................... Pg. 92
Lilian Nguyen .......................................... Pg. 93
Peter Nguyen .......................................... Pg. 95
Travis Reece-Nguyen ................................ Pg. 96
Cameron Nick .......................................... Pg. 97
Will Nutting ............................................ Pg. 98
Serena Okorokwuo .................................. Pg. 99
Alexa Olszewski ...................................... Pg. 101
Sara Ostrosky .......................................... Pg. 102
Nate Ott ................................................. Pg. 103
Kathlyn Parr ............................................ Pg. 104
Julio Peña ................................................ Pg. 105
Nadia Perez ............................................. Pg. 106
Nicholas Perez ......................................... Pg. 107
Ryan Peterson ......................................... Pg. 108
Jessica Smith Pior .................................... Pg. 110
Elizabeth Purnell ..................................... Pg. 111
Kristy Smithson-Riniker ......................... Pg. 112
Richard Rissman ..................................... Pg. 113
Jason Rocha ............................................ Pg. 114
Jessica Rockwood ..................................... Pg. 115
Sharmistha Rudra ..................................... Pg. 116
Stacey Russell ......................................... Pg. 117
Nick Saenz ............................................... Pg. 119
Juan Sanchez .......................................... Pg. 120
Daniel Sanders ........................................ Pg. 121
Danniele Santos ....................................... Pg. 122
Lisa Sawyer ............................................ Pg. 123
Lauren Scalerio ........................................ Pg. 124
Brian Schallenberg ................................ Pg. 126
Shawn Schepel ........................................ Pg. 127
Kristin Schneider ...................................... Pg. 128
Amanda Schultz ....................................... Pg. 129
Jennifer Schwantes ................................. Pg. 130
Michael Scott .......................................... Pg. 131
Austin Smith ........................................... Pg. 131
Jake Solis ............................................... Pg. 135
Rachel Sosland ........................................ Pg. 135
Jonathan Soto ......................................... Pg. 136
Krishna Surapaneni ................................ Pg. 137
Anndale Taylor ........................................ Pg. 139
Aziz Tejani ............................................... Pg. 141
Jason Thompson ....................................... Pg. 142
Ravi Vassa ............................................... Pg. 143
Lisa Vogel ............................................... Pg. 144
Holly Volz ............................................... Pg. 145
Eric Wait ............................................... Pg. 146
Benett Wilson .......................................... Pg. 147
Sarah Yang ............................................. Pg. 148
Kristin Yeung .......................................... Pg. 149
RAHC – Nancy Aguwa ................................ Pg. 150
RAHC – Laura Cassey ............................... Pg. 152
RAHC – Matt Deel ..................................... Pg. 153
RAHC – Gemma Espejo ............................ Pg. 154
RAHC – Alissa Gonzalez ........................... Pg. 156
RAHC – Will Lavery .................................. Pg. 158
RAHC – Melody Munoz ................................ Pg. 159
RAHC – Robby Robinett ........................... Pg. 160
RAHC – Jillian Rushing ............................. Pg. 161
RAHC – Summer Scavone ......................... Pg. 162
RAHC – Dustin Stidger ............................ Pg. 163
RAHC – Aida Vigil ..................................... Pg. 164
Like most of you all I looked forward to the third year of medical school as if it was a reward I had earned after two years of classroom study that was part college on steroids and just plain knowledge of steroid pathways. I approached my first clinical rotation with outward excitement while keeping any inner fears suppressed. After all, the third year of medical school is exciting; the culmination of medical school clinical training. It’s the speed dating of the medical profession, spending 4-12 weeks with a specialty to see if you fall in love and have that happily-ever after experience with your careers’ soul mate. The physicians with whom I worked, and more importantly the patients I had the honor of caring for, are the people that fulfilled that experience for me.

The third year of medical school is more than just showing up. It’s about sacrifice, devotion, and learning from each experience you encounter. Your teachers are not only residents and attendings, but your patients as well. I recall many things taught to me during my third year of medical school and the fondest of these memories were given to me by patients. Their sacrifice of being ill was my opportunity to care for them. Our roles as MS3 students were often times small in the hierarchy of a medical team but to patients, we were not the bottom of the totem pole but more so the base that held it together. We were the first care providers the patients would see in the morning and the last one they would see at night. Our vampiric work hours were initially challenging but once our bodies adapted we were well trained soldiers of medicine armed with stethoscopes, reflex hammers, and short white coats that marked us as the first medical care providers to arrive on the scene. At the end of the year I combined all of my experiences and they molded the core of the physician I have become today.

You will one day learn that the letters you think are important for third year students aren’t grades and they are not written in reference to your application for residency. The important letters are the ones that combine the experiences that formulate your career. For some of us those letters have yet to be written and for some of us the pen is at hand.

So let your MS3 year be about experiences and the letters will take care of themselves. Strive to keep your patients as your focus this year and allow them to teach you to be better than you ever thought you could be. Cherish the sacrifices your patients and loved ones will make for you this year in order for you to begin to develop into the physician you will become. Learn a little something from everyone, even if you learn what not to do. Find those role models and mentors who are the physician you have always wanted to be. At the end of your third year experience, have no regrets about how you cared for patients, and like many of your patients, try to leave as much of yourself behind as an impact for others. I have applied these principles during my career in medicine and when my lifelong journey is complete I can only hope that patients would feel there lives have somehow been better for me having been here for them.

Jason A. Parker, MD
Assistant Professor
Clinical Clerkship Director
Department of Obstetrics and Gynecology
Dear Third Year Medical Students,

Congratulations on everything you’ve accomplished thus far, and welcome to the first year of the rest of your life! This will be the year when you begin seeing real patients, asking meaningful questions, applying your knowledge of the basic sciences, and integrating all the unique and interesting facets of medicine into a modus operandi that will define your work as a physician. While the prospects are promising and exciting, it is important to be comfortable with the fact that third year can be filled with uncertainty, anxiety, and challenges as well. Having tools to figure out the details without losing sight of the bigger picture will allow you to maximize the benefits and minimize the adversities early during the process. Below are the main concepts that helped me make the most of my third year. Feel free to take, leave, or adapt the advice as you feel best.

**Work Smart**

Your first rotation of the year may arguably be the most difficult because you will be working to fulfill your responsibilities as a student while simultaneously navigating a complex system. To make matters more complicated, you will quickly learn that many factors, such as the hours you work, variable preferences of how patient information is presented, and whether or not you get to eat lunch during the day, are completely out of your control. In order to deal with the uncertainty, it will be in your best interest to take full control of matters that are still in your hands. For example, take a few hours on the first day of the rotation, even if it means staying late, to figure out the electronic medical record (EMR) system for the hospital where you are assigned. You will be using the same EMR for at least that rotation if not for other rotations during the year. Becoming efficient in looking up patients’ lab work, medication list, and most recent notes will free up more time for you to actually interact with your patients and learn from them directly. Also, take time to reflect upon how you synthesize patient information to determine diagnoses and treatment plans, and then create a custom template (mental or actual) that you can use consistently to collect and organize your thoughts. This will ensure that you never miss the pertinent details on hectic days, and it will minimize the stress of taking care of patients on different services.

**Don’t be shy about asking to do things**

You get out of third year what you put into it. Yes, there is a fundamental base of knowledge that most students completing third year will develop, but look beyond that. Regardless of whether you already know what specialty you’re going to pursue or you have no idea what you want to do with your life, treat your required rotations as an opportunity to learn the things you’ll never get a chance to learn again. The best way to do this is by asking to do things especially on rotations where you are one-on-one with the attending. Once you’ve mastered the basic skills of a rotation, don’t hesitate to ask to be more hands on in a surgery you’re observing or to pick up an interesting patient with a long list of comorbidities. Challenge yourself, and back it up with confidence and competence. Just remember to be considerate and a team player; don’t take away what belongs to another team member or has the potential to make someone else look bad.

**Invest in long-term learning**

Try to break the habit of focusing on grades and merely “studying for the test”, and start building a strong foundation you can use for the rest of your career. Read about as many of your patients as you possibly can, and over time, begin thinking about how you would diagnose and treat the patient if you didn’t have any residents or attendings on your service to guide you. Place emphasis on integrating your knowledge from a variety of areas (e.g., basic sciences, observations you make in the clinical setting, and scholarly articles) in order to develop a comprehensive understanding of disease management. This strategy will not only enhance your knowledge of the subject matter, but it will also help you develop the confidence needed to eventually function as a competent and effective physician.

**Relinquish fear and just be yourself**

Out of everything in my letter, this point is the most important. During your third year, you will have the opportunity to work with numerous individuals, and, at times, you will have to adapt your style of working and learning to their preferences in order to maintain harmony and provide good care to the patients. However,
this doesn’t mean that the adaptation has to be permanent. If you admire the way another person approaches medicine, be open to incorporating their strategies into your own way of working. But, if someone does something that challenges your values or is perhaps medically questionable, don’t hesitate to bring the issue up in a polite, appropriate, and professional manner. Many times you will be doing everyone a favor. Just because you are at the bottom of the totem pole doesn’t mean that your judgment is worthless or that your work is not important. If you work hard and stay true to your values and beliefs, people will appreciate your contributions, and even during the times no one notices your efforts, you will at least be able to look at yourself in the mirror and be happy knowing that you did your best and stayed true to yourself.

Good luck with the rest of your journey in medicine, and feel free to email me at any point if you have any specific questions (agrawaln@livemail.uthscsa.edu)!

My very best wishes,

Nupur Agrawal
Dear Third Year Student.

Congratulations on getting through the basic sciences and taking step 1. Now, you will make huge steps towards being a real doctor, and soon thereafter pick your desired specialty. Time management is key this year, since you don’t get very much time of your own. Try get through one or two books and some questions for each rotation, but it’s important you find time for sleep, family, friends, and fun. You will be surprised by how much of the shelf exam material you learn by simply being at the hospital daily, so don’t stress too much about the exams. Focus on your patients and knowing everything about their diseases and treatment plans.

This year will be your only exposure to certain fields that you will ever get, so always keep this in mind and try to learn as much as possible. Even if you have no desire to ever be a psychiatrist or surgeon, you will take away something from every experience you have with patients. So embrace that specialty for the three weeks or less that you are rotating on it, and you will surprisingly enjoy some rotations you thought you would hate. Give every rotation/specialty a chance. The hours will at times be rough, so enjoy lighter rotations while you can. Whichever rotation you are on, always use your time efficiently. If your work/notes are done, ask the residents if they need help. If there’s nothing to help with, get some studying done until you’re dismissed. On some rotations with very long days, you won’t feel like studying once you get home, so try to study as much as possible and lookup your patients’ disease processes while at work.

Some rotations you will more useful to the residents and faculty compared to others. Help whenever you can, and if there is not much work for you, spend extra time with your patients. Since our patient load and workload in general are much lighter than the residents, we have a lot more time on our hands that we can spend getting to know the patients and making sure they’re properly cared for. Looking back over this year, the most memorable experiences I’ve had involve interacting with patients. Certain patients I will never forget. One was a small child with severe head trauma as a result of child abuse. It filled me with sadness to see such a helpless being suffer. Another patient I will always remember is one that I had the privilege of caring for in his last few days of life. Sure, we read all about cancer in pathology, but you can’t fully understand its power until you see the disease take a life first-hand. These are the types of experiences that will help you better know yourself, and shape you into a competent, compassionate physician.

The year goes by incredibly fast, so learn as much as possible. Don’t stress too much, and have fun when you can. You will get to put most of that studying you did the last two years to use.

Good luck,

Les Alloju
The morning alarm went off and again it was 5:00 A.M. The daily routine was becoming more “routine” after a 3 weeklong winter vacation. Internal Medicine thus far had been very intriguing encompassing much analytical thinking, decision making, extensive history taking, and focused physical examinations. Amongst all of this, something was missing! I couldn’t quite figure it out through the fast pace day consisting of seeing my patients, pre-rounding, morning report, rounding, afternoon lecture, following up with orders, and then finally writing notes. It dawned on me that we only saw the patients an average of 20 minutes a day individually. The main reason I wanted to become a physician was to help people and interact with them. We were all doing this of course but there was much other work, orders, and note writing that had to be done. I recognized that I would make of this rotation whatever I put in. So, I started on a journey to make sure I knew my patients well and I could be their voice and spokesperson to the intern, resident, and attending. I did not realize how rewarding this would be and how quickly I would help someone. On the very first day that I made this commitment to myself I met this older gentleman whom we will call Mr. X. He was admitted for various syncopal episodes. I took a full history, did a full physical exam, presented to my attending, and we began what would end up being a full workup for the cause of his syncope. His presenting illness however, is not what I would like to talk about. This older gentleman was missing something! Something was lacking in his life; I did not know what but I was bound to find out. Later that same afternoon I made sure I finished all my tasks and right after conference I had a little bit of time to go talk to Mr. X. I wanted to know about his life story; I wanted to know why there was a sad face amongst a fully functioning individual. Come to realize, this patient had been through a lot these past couple of years; throughout the next couple of days I would go converse with him every chance I got. I found out his wife of 60+ years recently died at a nursing home. He had taken care of her until he couldn’t any longer due to her dementia and then he had to get assistance. Mr. X lost everyone when he lost his wife; throughout the years he outlived his brothers, sisters, children, parents, and now his most loved and cherished wife had passed on to a better life. I couldn’t go up to him and tell him “Sir I understand how difficult this must be” because I truly did not understand. I have never lost anyone close to me. So, I told him the truth, “I couldn’t imagine what you are going through and to a certain extent I would hope to never experience the sorrow you are going through at this moment, but I am here if you ever want to talk or take your mind off of things.” Amongst Mr. X’s bereavement, there was a happiness of memories from the past and there were friends he could interact with at his departure. My fear was that he would deprive himself of social interaction and he would too slowly pass away. Every day I emphasized the types of things he could do to get social interaction. Every day I evaluated his depression. Every day I saw him looking forward to talk to me and telling me about his stories as well as joke around. It was coming to the point that the emergent causes of his syncopal episodes had been ruled out and he was stable; he was ambulating with a wheel chair, had not experienced any more syncopal episodes, and looked well overall. The day finally came when Mr. X was going to be discharged. I will never forget the last words he told me before I stepped out of the room that one last time, “thank you for everything you have done for me son, here is my card and you should call me and visit me at my ranch anytime you come down to Corpus. We will go fishing!”

This particular patient encounter made me realize that there is more to the patient than the physical findings; patients also have a spirit and a soul. I was very glad and fortunate to have taken the extra 30 minutes every day to talk to him even if I had to stay late to finish my notes. He also made me realize the primary reason for the hospital (acute illness). Meeting every patient I have the natural instinct to want to solve all of their problems and help them in any way I could. Unfortunately, that is not something that can be done in the hospital setting. Through specific quotas that need to be met as well as other responsibilities that the interns, residents, and attendings have, there are times when patients are not treated as a whole. This of course, is through no fault of their own; after all they are in an acute setting. Yet, I felt the need to step up and put in my share of help by listening to the patient’s life story and giving him company. I would hope the future of healthcare can progress towards one focusing on quality rather than quantity and our patients receive the care they deserve.

Fernando Alquicira
Dear Third Year Medical Student,

Congratulations on completing the first two years of medical school and taking the next steps towards the rewarding experience of medicine! I am sure you are well aware of how much of an accomplishment it is to have made it this far. You are now beginning the journey of applying all that you learned in the lecture halls to the wards, hospitals and clinics. It is ok to be a little nervous about what to expect going through different rotations because you really won’t know until you experience it.

One experience I had while working on the Medicine team at the VA really molded my perception of delivering bad news to patients. My patient was a 61 year old male who presented with increasing epigastric pain and was subsequently found to have pancreatic cancer after workup. What surprised me the most was his optimistic attitude after receiving the diagnosis. He was able to accept his diagnosis without showing emotions of fear or anxiety. Every morning when I saw him, he was always energetic, happy and looked physically better. We had the most interesting conversations about random things from crock pots to fishing and school. On my last day he gave me encouraging words and told me that he would never forget my name.

Everyone has different experiences, but here is my advice to you. Always be on time. Whether you are pre-rounding or attending a noon lecture, it is important that you are aware of your time. Attendings and residents will notice when you are absent because as a medical student you definitely become an asset to the team. Also KNOW your patient. I mean everything about your patient, from admission to discharge. This is where you will learn the most and have your light shine on rounds. In addition, this is the year that you will be working with classmates that you have never seen or said two words to. You will be surprised at how much you will learn from and about each other after working on a team for just 3 weeks. One piece of advice that I will never forget from an attending is to approach every rotation as if it is the one that you will do as a lifetime career. This will help you stay interested, keep an open mind and your team will be able to tell as well. Always try to take the initiative and do things without being asked because attendings and residents notice those kinds of things. In the end you will be able to do more than what is expected from you.

Lastly, enjoy your time out on the wards, clinics and in the operating rooms. You will learn so much and surprise yourself as to how much you remember from the first two years. This is the time where you soak up all the practical skills that you have read so much about. Don’t be afraid to challenge yourself. It is ok if you don’t know what you want to do for the rest of your life. Third year and fourth year will hopefully help you shape your decision and find your passion.

I wish you all the best of luck with third year and beyond!

Kelechi Anyaehie
Congratulations! Finishing the first two years of medical school and Step 1 is a significant feat. It’s now time to take all the hard work you have done so far and apply it to treating patients. Third year is a roller coaster ride like nothing you have ever experienced before. As it has been since the beginning of medical school you will receive more advice than you can process. Take it all with a grain of salt.

The most important advice I have is no matter how busy you are do not forget to spend time with your friends and family and continue the activities outside of school that you enjoy.

Instead of making a list of ways to be successful, I thought that it would be more helpful to only talk about what I believe is the most important. At times you may become frustrated. You might think that your work is pointless because it seems as if no one cares. You might get annoyed because your attending, resident or intern ignores you. No matter how you might feel, my advice is to remember that every patient you see in the hospital is YOUR patient. Talk to them. Comfort them. Learn everything about them. Read about their simple diseases. Read about their complicated disease. Know how to treat them. Even though there are others taking care of them too you are their doctor because sooner than you think, you will be their doctor. At the end of the year you’ll be astonished by how much you have grown.

Best of Luck,

Louis Aprile
To a 3rd Year Medical Student,

The 3rd year of medical school is a unique experience for every student. Medical students play a variety of different roles in a healthcare team and many forces define their place. While this uncertainty can be frustrating, it can also lead to tremendous freedom to learn from many different experiences. With this ultimate goal in mind, I found that these common principles could apply to any student on any rotation.

• Work ethic: I feel that this is by far the most important quality of any student. The hospital is very busy so try to help out as much as possible. The work may not be exciting but residents and interns will speak very highly of students who make their lives easier. I have even been told by attendings, “I can teach a hard worker all the medical knowledge he or she will need, but I can’t teach someone how to work hard.”

• Attitude: People enjoy being around and working with cheerful people. People who complain and whine just make those around them feel worse about their situation. Do not be the reason your team is miserable. We all need to vent about things but be conscious of where you are and whom you are with.

• Manage your time: Scheduling during 3rd year is virtually impossible. Different rotations have different hours and each day varies depending on patient/case load. Therefore, it is crucial to be flexible and utilize the time you have. Study when you have the time because it will always pay off later, whether on rounds or the shelf exam.

• Respect your peers: As a student, you may feel that you need to stand out to show your knowledge but this should never been done at the expense of your fellow students. Your peers are there to help you and you don’t have to make them look bad to make yourself look good. Attendings notice when students are intentionally sabotaging others and it does not show them that you can work as a member of a team. In my experience, my grades and evaluations were better when all students helped each other do well.

• Speak up: I unfortunately didn’t learn this lesson until late in 3rd year. With everyone being so busy, students can be unintentionally forgotten at times. Make sure that you are heard and don’t be afraid to ask or answer questions. Also, don’t ever stay quiet out of the fear of being wrong. Attendings value a student being assertive even if they are wrong because it shows that you can make a decision and stick with it. It is better to be corrected and learn from it than continuing to incorrectly treat patients.

If you can apply these basic concepts, you will be well on your way to succeeding during the 3rd year of medical school. Try not to stress out and don’t forget to make time for yourself during all the chaos.

Good Luck!

-Anthony Balzer-
Dear Third Year Medical Student,

Congratulations on finishing the first two years of medical school and taking Step 1! You are really going to enjoy third year. Here are my tips for a successful third year:

1. Never be late.
2. Always introduce yourself! This may seem obvious, but many students don’t do it. An attending once made a point to congratulate me on my professionalism in simply introducing myself.
3. The toughest thing is getting through your first few weeks. Just know that the residents and attendings were in your shoes at one point, and they understand that you are just getting your bearings.
4. All the residents and attendings really want from a medical student is someone that is willing to work hard, be a team player, and learn as much as possible along the way. They don’t expect you to know everything. The attendings and residents often just want to find your limitations in knowledge so that they can bring you to the next level.
5. Take advantage of being a medical student by asking all the questions you have.
6. Ask for feedback. It is the surest and fastest way to improve your clinical skills. Plus, it shows that you care.
7. Enthusiasm goes a long way.
8. Have confidence! Believe in yourself!
9. Schedule some time for yourself/personal life each week.
10. Have fun!

Sincerely,

Fernando Barrera
First, lots of people are going to tell you how to study and what resources to use. Use the books from Dr. Henzi’s office, buy your own, don’t buy any. Just find something that works for you and stick with it. If you need a prose-style book for “refreshing”, read one. If you just want a bunch of questions, get a question book. Whatever works for you, go with it. The one thing that is the same regardless of the course is start studying from day one (or two). Make yourself a study plan, and then keep yourself on track. You can build in a little wiggle room, but studying from day one means that you won’t have to cram leading up to the shelf. And get some sleep before the shelf exam – if you don’t know it by the night before, there is little that will stick in your head for the exam in the morning.

Second, everyone tells you to read about your patients. Do it – it will help you learn the material. And ask questions of your interns/residents/faculty if you don’t understand, but be prepared to talk your way through the process until you understand it. You may not get a straight answer to the question you asked, but those were the times I usually came away with a much better understanding of the process than when I asked the question. It works, so don’t complain.

Third, enjoy your time outside of the classroom. Realize that this may be the only time you get to see and/or do things. Even if you despise Ob/Gyn, how often will you get to catch a baby? And you may not like kids, but they have some of the best stories. Spend some time with them and make them feel cared for. Whatever you do, go each day with a smile on your face and act like you like it. It will make even the worst rotations tolerable.

And finally, common things are common. But if, somewhere deep down in your gut, it doesn’t feel right – read about other possibilities, even the zebras. And if you think a patient has a zebra, come prepared to ask questions about why your resident/attending ruled it out or what can be done to potentially rule it in. Occasionally, you will be right and the resident will thank you for it. Stick with your gut, even if it’s leading you to a zebra.

Third year takes a toll, but if you go and enjoy every day, you will learn more than you thought was possible, and realize exactly what it is you love about medicine. Take it and run with it, right to Match Day, graduation, and the rest of your career.

Karina Bartlett
Before we get down to business here, I want to first tell you to rest assured that you have chosen the right medical school to attend and the right place to get your clinical experience. Despite the many trials that you will encounter during your 3rd year, you will walk away with more clinical knowledge than you expected and with a number of experiences that you could not have imagined.

Now, here are a few pieces of advice that I believe may help you along the way:

1. Always try and come up with your own plan for your patients before you hear what the actual plan will be. Sometimes you will be spot on, but sometimes you will be so far off that you will only receive a chuckle from your attending or resident. Don’t worry! They appreciate your effort, and in the end, this thought process is what will make you a good physician.

2. For surgery: read about the surgical procedures you will be a part of, including the associated anatomy, indications for the procedure, and complications. This makes the surgery more interesting for you. If you are not familiar with the procedure, it can be really difficult to figure out what is going on! Reading prepares you for the questions an attending may ask you, but it also helps you think of thoughtful questions during the surgery if there is anything you want to ask.

3. Always have a snack in your pocket—especially on Surgery, Medicine, and Peds. A granola bar can save your life.

4. Fourth year students and interns are your best resources. They are closest to where you are now in their training and remember what it is like to be a 3rd year student. They will help you, and you should always try and help them when possible, especially the very overworked interns.

5. Always use situational awareness:

   It is important to be eager and show that you are excited to be there, but try to understand when it is not a great time to ask a question. One example would be in the middle of busy morning rounds. This is especially true on Medicine and Peds rotations, where rounds can already last several hours. This is not to say that you should never ask questions on rounds, just realize that you may have better times for these questions later in the day. Have a notepad out while you are rounding to jot down anything that you are not clear on (e.g. a disease process, an acronym, why your team chose a certain diagnostic test, etc.) Later in the day, do some quick reading to fill in gaps in knowledge. You can use whatever you are still unsure about as an opportunity to ask your attending or resident a well-thought-out question.

   Other times where you might want to wait for questions are when a resident is really rushed and trying to get something done quickly, or when a surgeon is in a difficult part of a surgery and seems to be concentrating intensely.

6. Roll with the punches! Third year is exciting and fun, but it can also be stressful, confusing, and sometimes even awkward (you are always trying to figure out where you’re supposed to be, what you should be doing, and constantly getting to know different people.) Being able to roll with the punches will make life easier on you, and you will also be a better student if you can relax a little and focus on learning! Always be polite, smile, look engaged and happy to be there—these things are important—but also BE YOURSELF. Get to know the people you are working with and pay attention to which rotation has the most personalities that you would want to be around. Remember that you are also trying to figure out what you want to choose as a career.

Work hard and enjoy the ride!

Julia Boster
Dear Third Year Medical Students,

I’m sure at this point you’ve had countless upper level medical students, residents, attendings and anyone else who feels like it, give you advice on everything from how to dress to how you should always have a smile. It’s very difficult figuring out what you need “to take with a grain of salt” and what is solid advice that actually applies to you. On top of all that going into third year is fairly stressful. You’re thrown into a situation where you feel like you really have no idea what you’re supposed to be doing and for the stuff you know you should be doing, you aren’t really sure you’re doing it correctly. So here’s some more advice and I’ll put it in a nice, simple list because I’m sure at this point with reading through all the letters, you’re already skimming anyway.

1. It’s going to feel weird, awkward, scary, lonely, tiring, frustrating and everything in between. That doesn’t sound great, especially when everybody has been saying third year is so much better than the first two years. Well it is, and all those lovely emotions do get better. You get a rotation under your belt and next thing you know, you’re ready for more. Just realize that it’s okay to feel all over the place and that the other students are freaking out as bad as you are even if they don’t show it.

2. You are going to make lots of mistakes. You are going to make a ton of mistakes. You are going to lose count how many times you don’t know the exact answer, you get scolded for performing some exam wrong or forget to ask some part of the history. Just accept and move on. You take what you did wrong, learn from it and hopefully don’t repeat it. And if you do, you feel bad, really sink it in and move on. Don’t hold on to the mistakes, just learn from them.

3. Explore what you like. Third year is great for getting really nerdy into what you like. You seek it out and explore it until you know everything about it. This could mean reading everything on your patient’s crazy psych hx, knowing all about their current diagnosis and treatment, as well as exploring for any other possible comorbidities or other explanations for their sx’s. It could also mean seeking out procedures, learning all the techniques and seeking opportunities to get a chance to actually do it.

4. So for more practical stuff, here’s a few quick tips and tricks.
   a. Eavesdrop. Be nosey. The more you hear about your patient the better. I’m not saying to be annoying and hovering over the residents, but you should always have an ear out to listen for any pertinent information.
   b. Try to know your patients, but also have a general knowledge about the rest of the patients on the team. This looks especially good when a question is asked about a random patient and you just happen to know the answer.
   c. There will be times when you know all the answers or none of the answers to a pimping session, and unfortunately a fair amount of this is due to luck. If other students look like superstars, odds are they just got lucky and had previous experience in another rotation. All you can do is try to build your experience so you can look like a star later.
   d. Probably the most important deciding factor of your grade is the Shelfs. These will make or break your A. That means you actually have to study even following a 13 hour day.
   e. Study at any opportunity you get. Most of the time this means at the hospital when you have nothing to do, or when you’re reading up on a patient. Learn their illnesses for their sake and yours.
   f. Finally, there are no real set study materials or syllabi. Basically, you freak out, buy whatever somebody tells you to buy and get confused because somebody will tell you something completely opposite. The important thing is to choose at least 1-2 sources and go through them in their entirety. Don’t waste time trying to juggle too many review books. Pick something that works for you and use it.

So hopefully you made it through this letter and at least someone thought it was helpful. Third year is very different but it’s a good different. Have fun with it.

Mark Brickey
It began with a slip of my scissors. Late one night, the trauma team rushed a shooting victim to the operating room to remove bullet-damaged bowel. As a third-year medical student, my job was to snip off the ends of knots as the surgeons tied off delicate abdominal vessels. I held my scissors carefully, thumb and ring-finger through the scissors’ eyes, index finger firmly pressed against the hinge. Perfect form. Whenever the surgeon completed a knot, he would hold up the ends of his line and say, ‘cut.’ At this word, my hand would spring forward, snip, and return to its perch, scissors poised in front of my sterile gown to await my next cue. And so we continued, cut-snip-wait, until a shower of dark blood sprayed across the surgeon’s mask. I paused, perplexed. Then I realized that the surgeon had said ‘ok.’ Not ‘cut.’ Now, blood pulsed skyward. Gloved hands and forceps plunged into the brick-red pool that had quickly filled his abdomen. They found and clamped the vessel. The rest of the team looked at me. “I’m so sorry,” I whispered as they continued. I watched with a growing lump in my throat, scissorless hands folded against my sterile gown.

Later that night, I apologized to the surgeon. I’d expected a rebuke, but he was quiet. “I’m sorry, too,” he finally replied, “I forget how young you guys are.” ‘Cut’ and ‘ok’ might be sufficient commands for team members with long-time, intimate experience in a particular procedure. But for a medical student still adapting to the operating theater, more explanation is not only important, it is necessary. Of course, students need to ask questions and make sure we understand our responsibilities, but sometimes we don’t realize we’re confused until it’s too late—we just don’t know what we don’t know. Experienced team members must recognize ahead of time who might need more direction. We can also draw a positive lesson from this event: instead of yelling, the surgical team quickly fixed the problem. Even after the fact, the surgeon refrained from shouting, although I’m sure he was upset. Speaking calmly encourages instruction and improves communication. He didn’t tell me that what I’d done was ok (of course it wasn’t); he acknowledged that we both could do better in the future. Adjusting our communication to incorporate various team-member skill levels could avoid face-to-face miscommunications. Importantly, it facilitates a culture where people aren’t afraid to admit they’re confused.

A few days later, I overheard two scrub nurses discussing the incident: “…the other night when that student cut too early? These kids don’t even pay attention.” De-identified in my surgical scrubs, I kept my anonymous silence. And I realized that—even though I’d been thinking consistently about that night—nobody had mentioned it since. While the nurses informally expressed serious doubts about student competency, we had no forum for non-physician team members to formally express concerns or make suggestions. Every team member deserves a chance to voice concern and guide conversation. Moreover, we had missed an opportunity to explain differences in experience and skill levels of our team members. Many might explain away my mistake as a failure to pay attention. The surgeon understood it was more complicated.

In fact, I was making a great effort to pay attention. I stood in the right spot, held my scissors properly, and answered questions correctly. And until that night I assumed that doing all these things would make me a good medical student, and one day a good doctor. In retrospect, it seems silly to think you could classically condition yourself into good medical practice, but this is precisely what happens. Our grading systems reward us for ‘fund of medical knowledge’ (memorizing facts) and ‘technical skills’ (tying good knots). We hear “MRSA” and shout “Vanc!” But we rarely consider the big picture. So it’s not surprising that, having simplified the OR environment to a manageable stimulus-response system, I failed to adjust to an unexpected stimulus.

To start, our schools could do a better job of emphasizing safety by incentivizing safe care or—preferably—by fostering a culture where patient safety is more actively emphasized. In addition to anatomy, we ought to be quizzed on our patients’ names and planned incision sites. But more can be done. Our mistakes offer dearly bought opportunities to examine our system. Investigating the practices that contribute to an event can offer context and help us prevent mistakes. Importantly, as we improve our system and procedures, we must keep in mind that personal responsibility can’t be programmed the same way knowledge and technical skills can. This burden falls on us individually. Our patient made a full recovery. He’ll likely live a long life. And so will the lessons I draw from that night.

Kristin Budde
Dear Class of 2015,

Welcome to your third year of medical school! Blink and you'll miss it. Trust me, I can't believe I'm the one writing the letter this time around.

For those of you who can't wait for your rotations to begin and are updating your facebook statuses to reflect said eagerness, you might as well turn the page. My advice is not meant for you. This letter is meant for you, yes you, who is terrified of the unknown awaiting you, whether you’ve admitted it out loud or not. You who sits quietly, skeptically listening to friends talk about how excited they are to finally act like “real doctors”. You, who loses sleep at night imagining your short white coat stuck in a Grey’s Anatomy-esque situation requiring thirty second life-or-death decisions. You! Who is not even positive you can hear a heart murmur or palpate the liver’s edge on a standardized patient.

You? You need to calm down. I’m telling you this because someone finally told it too me, forty eight hours before my first rotation started. I can tell you with absolute certainty, without having met you, that you will be fine. Most likely, you will be more than fine, because the same anxiety that feels so stifling grows out of a true concern for patients’ well being and your performance as a physician in training. You may be consumed right now with the thought of missing an important finding, not finishing your notes on time, having no idea how to treat a diagnosis, or even answering questions incorrectly on rounds. This is ok! First, acknowledge that all of these will probably happen. Next, remind yourself that your residents and attendings are expecting for these things to happen. Don’t worry about being given too much responsibility. More likely, you will be hoping for more autonomy a few weeks into this year, and there are too many checks and balances in place for you to ever feel over burdened.

By this point, you’ve heard the drill about how to do well in third year: show up early, be enthusiastic, know everything about your patients. All of these things are beyond true. Below are some personal suggestions I wish I had known.

1. Essential white coat items: Maxwell’s book with standard lab values, stethoscope, small notebook. For most rotations, a reflex hammer will be helpful. For medicine, the green “pocket medicine” book. For peds, stickers.
2. Go to HEB, find the battery section, and buy the Energizer pen light. Same price as the bookstore, lasts forever, useful in every rotation and doubles as a distraction device for crying pedi patients and their cranky siblings (distraction = time to examine).
3. Don’t pay full price for books. If you can, pair up with a friend (or friends) on a different path and split the year’s worth of books, swapping when necessary. Half price books near the medical center has almost mint condition books you don’t have to wait for Amazon.com to deliver to your doorstep.
4. You’re running late and your resident tells you to see multiple new patients in an hour? You can handle this. Print off their admission H&Ps (usually an ER note) and instead of trying to administer a 30 minute OSCE questionnaire, just confirm the details on the H&P and investigate further when needed. Don’t forget to do your own exam!
5. Ask your residents, “Can I help you with x, y, z?”. Be careful asking, “Is there anything I can help you with?”. As sincere as you may mean it, this phrase is frequently synonymous with “Can I go home now?”.
6. Call ahead the day (or the Friday) before your next rotation to get computer access. Everyone else will call on the first day and you’ll spend an hour on the phone with customer service.
7. Menthol cough drops: keep these in your pocket! Miracle cure for the uncontrollable head-bobbing sleepiness you’ve developed while your attending happens to be giving a lecture.
8. If you don’t know the answer to a question a resident or attending asks you, answer with what you do know about that topic. E.g. “What organisms cause this infection?” “I know x,y,z bacteria typically cause these symptoms but I’m not sure what’s causing this particular infection”. It never hurts to add, “But I can look it up!” either.
9. You will encounter at least one physician, one resident, one nurse, and one tech who will say
something rude to you this year. Do not take this personally. Everyone has bad days.

10. Summarize your history to your patient when you’ve finished taking it. Then ask “Do you have any questions?” “What are you concerned about?” This is a time when patients might tell you information the residents missed on their initial survey and immediately involves you more directly in their care.

Looking back on it, I really feel that out of any year in medical school, third year is a time to focus on yourself. Your main objective this year is not to save lives or be a perfect student, it is to identify your own weaknesses and strengths, discover what fields you are passionate about, and learn from your mistakes. Keep this in mind and even the most overwhelming of days will feel less so. Take advantage of this year and enjoy yourself!

--Kelly Campbell
Letters to a Third Year

If I have to say something about third year of medical school I would definitely say that the best part of it is to finally be with patients and the healthcare team along with all the experiences that come with it.

My first rotation was Emergency Medicine and I will never forget the fear I felt my first day on the rotation. The emergency room can appear very hectic and intimidating especially being the first rotation. I was told by one of the physicians to go examine one of the patients in the rooms. I remember walking to the room and thinking, “Wow, this is real. These are real patients with real problems.” All of a sudden I felt I had forgotten all the skills I had learned the previous two years and didn’t know where to begin. However, as time went on and the more patients I saw, the more comfortable I felt interacting with both patients and physicians.

Third year is great because of experiencing a range of feelings from the whole spectrum of feeling on top of the world to even questioning why you decided to go to medical school. One of the most memorable experiences for me is being able to tell a woman who had pancreatic cancer that she qualified for a Whipple procedure. Being able to translate for her and her family and give the good news made me feel extremely grateful. It reminded of me why everything I have done to get to this point is worth it and why I have sacrificed so much to be here: to be part of those awesome moments when it feels like so much can be done with medicine.

I have also been on the other side and have had to translate in delivering the worst news that a patient can receive: their death. I have been at the bedside with patients and their relatives attempting to comfort them and wishing there was something that could be tried, something that could still be done.

I have also felt all the intimidation and fear of having to present in front of attendings and have to answer questions in front of a whole team of residents and students. I also know the feeling of being on call and being at the hospital for so long that thinking about a time before you came in can be hard to remember.

Yes, I also know the feeling of fatigue and extreme exhaustion, of having to come home extremely tired, take a nap and get up to keep studying, to keep learning. I have also learned to treasure those weekends off when I get to be a normal person and just worry about normal every day activities.

But I also know the feeling of marvel of holding a precious baby that I have just helped deliver. For all those “good” and “bad” feelings third year is the best year of medical school for me!

Jocelyn Campos
Get ready for the first real year of your 40 year medical career. In the past two years you have endured over 100 multiple choice exams, bubbled 10,000 bubbles, and completed STEP1, the single most evil exam ever created by a human being. Nobody on the planet understands what you have been through except for the students and doctors in front of you. Be sure to remember this point when you feel like third year is impossible.

Third year is your opportunity to practice what you have learned in the first two years of medical school. Unfortunately, it will not be as you imagined it, but it will get better. There will be ups and downs, a rollercoaster of emotions. It will get VERY stressful at times, and you will cry. So, I thought you might wanna hear a few pieces of the good and bad of third year.

THE BAD

You will write countless, time-consuming, pointless notes that nobody reads
You will spend hours compiling lists that residents should probably do themselves
You will sit in a room at 5 p.m. and listen to residents type notes while they let you “study” in the corner of the room until 8 p.m.
You will arrive at the hospital at 4:00 a.m and pre round on patients
You will work you butt off and get mediocre evaluations for no reason
You will be treated like a first grader and told that you have to sit through lectures that have nothing to do with the rest of your life
You will get tired of some people and their personalities
You will simply get tired
And worse…
You will miss your family
You will feel disheartened
You may even get depressed
Although all of these things will happen, there is a good side to third year that makes up for all of the bad.

THE GOOD

There will always be someone to help you
You will learn….a lot
You will build strong, emotional bonds with patients
You will work with people you have never seen before and make new friends
You will keep in touch with your close friends and become closer
Your family will support you
You will (eventually) find out what you want to do with the rest of your life
You will enjoy the pain and suffering
Third year is an opportunity. It is unique in that you will get to see medicine that you will never see again in your life. You should try to enjoy it as much as you can, and you should strive to be interested. Take care of your patients, be their advocate. There is 100 times the information to learn compared with last year; you can not learn everything. Try to pick out the important information, for life and for tests. There is no syllabus for becoming a doctor.

There are two kinds of third year medical students. The “I can not believe this person is going to be a doctor” and the “I like this person, they will do great at what they choose to do.” If you are the latter, keep it up. If you are the former, you better get to changing.

With all this in mind, I hope you feel more prepared. You can let third year walk all over you, or you can embrace it, learn from it, and try to become a doctor.

You are a grown up now, good luck.

Sincerely,

Carlos Cardenas
Dear Third Year Medical student:

Think that you are finished with half of medical school. Wrong. Third year will make you regret going into medicine but that is normal. It is a rite of passage. On the plus side, you will discover many of your classmates. Third year is a strong bonding experience, make the best of it!

Top Tips:
1. Be useful – Make the rounds/day run smoothly. Interns and resident will appreciate you running errands, transferring patients, carrying around necessary supplies (gloves, protective gowns), making phone calls. It frees up their time to do their duties. The hospital system contains too many barriers to get things done efficiently. Direct phone calls or physical presence can expedite numerous processes.
2. Work well with your team – please do not throw your teammates under the bus for any reason. Let your teammate answer the attending’s question on their patient first THEN offer your suggestion. Don’t be a Gunner, interns and resident know! Don’t annoy the interns and residents by asking too many questions, ask them once if they need help, if not, let them be. You will bond with your team, or hate your team depending on what you make of it.
3. Read as much as you can/preferably everyday – from my experience, you will be working long hours on the ward with minimal free time outside of your duty. Thus take advantage of the downtimes during the day for your shelf studying. While, it is useful to impress the attending with your knowledge on your patients, it WILL NOT translate to a good grade on the shelf. Do as many questions as you can because they will identify your weakness. When you do leave from the hospital, you won’t feel guilty about taking a break.

At the end of the day, enjoy this unique experience. Don’t stress too much, the evaluation are wildly variable, most of the time, outside of your control.

Bo Chen
Dear 3rd years,

Congratulations! You are finally done with classroom years and are on to the fun part. By now you are likely familiar with burnout and likely masters of handling it with grace. Right? Good. Be ready to work hard, have long days, and accept that there will be moments where you will think this is all a big waste of time. Just try to focus on getting as much out of it as you can and remember that this is all just part of the long process of becoming a badass. Even if you’re not in a rotation that you know you’re not doing for a career, there will always be something that you can learn.

For example, I had OB/GYN crossed off my list since I was a first year, but was able to use that time to learn how to present. Not only did I get used to the flow of a presentation, but you will soon realize that residents and attendings have wildly different ways they will want you to present, particularly if they are in a very specialized field like OB/Gyn and want to hear the life history of a woman’s menstrual cycles. More generally, you WILL get an attending that wants a 10 second snapshot, and you will also get the ones that are super formal and want to hear every section of the H&P, although most attendings were definitely closer to the former. Residents will oftentimes want to hear you do a full formal presentation at least a few times, and then they will say the magic words “you can just give me the important points”, after which you must become much more selective with your information. During didactics years we are mostly prepared for a full presentation, so start getting in the habit of thinking about what’s important even as you’re gathering information. Learning how to adapt quickly to these different styles is an art form in itself and will take some practice as well. But in retrospect, I think learning to choose which details to present is actually extremely educational as it forces you to think through differentials without even realizing it. As a 3rd year, presenting well is actually all that’s expected of you, so the sooner it’s mastered the easier life will be for you.

According to my interpretations (mileage may vary), in general, psych and OB/Gyn are fairly formal presentations. Peds and medicine are very to-the-point. On medicine more than any other rotation, speak with conviction!! It will help if you know what you’re talking about. Get the little green book - Pocket Medicine - if you can, although it is somewhat expensive, it should really be classified as cheating it’s so useful. Family is as informal as it gets. They are mostly interested in patient turnover so an easy way to make them angry is doing a full presentation. The “important points” part of these presentations is largely about figuring out which problems your attending cares about (for the patients with 3+ problems). “Satisfied with current meds” is a useful phrase.

If you’re still having trouble with wandering presentations, this advice from my pediatrics attending really made sense to me. He told me: presentations are NOT about the passage of information. If that were the case, we would just fax over an H&P and be done with it. Presenting is really important because it is actually a form of consultation. When you get a consult, you’re really saying, “60 year old male, blah blah... I think it’s THIS, and here’s WHY”, and then you try to convince them of your diagnosis. So when you present, you’re really stating your case for a certain diagnosis.

And lastly, remember practice makes perfect...

Some random points from my year:

- When a resident asks you what specialty you want, and that it’s ok if it’s not their specialty, really be wary. It’s not true. It’s human psychology; they will change their view of you to some degree no matter what. In the worst case, it’s an outright lie and they will hold it against you. It showed up on my eval once. Work on that poker face.
- PLEASE wash that white coat every now and then. Some people don’t realize how visibly dirty/brown their coat gets over time.
- For the guys, when in doubt, wear a tie.
- Ask questions until the resident seems like they are getting tired of talking. I used to think I was being annoying by doing this and I would just be told to “look it up”. I underestimated how much of an ego boost it was. You are NOT annoying, you are there to learn and everyone expects you to be asking questions. If you
don’t, you will appear uninterested.

- Think of your exfiltration plan earlier in the day so that when 5:00pm rolls around you and your resident can part ways with minimal awkwardness. A simple “is there anything else I can help you with?” usually works.

- Address nursing staff, techs, custodians etc. with “sir” and “ma’am”. The way I figure, I am pretty much worthless until I have some degree of independent competence anyways, whereas everyone else in the hospital has been an integral cog in the machine for years. Now is not the time to be arrogant.

Realize that this is going to be the only time where you might deliver a baby or take out a gall bladder or see a psychotic patient hit the fan. These are all important experiences. Enjoy them.

Peace,

**Patrick Cheng**
Dear Class of 2015:

Congratulations! You have successfully completed half of medical school, which shows that time flies when you are having fun. As you begin your third year you will be inundated with all sorts of advice from general survival to specific details on the OB/GYN shelf exam. The only thing you need to remember is that the first two years of classroom teaching is over and will not have to be repeated!

The leap into third year is an exciting time. The ability to take those random facts memorized from the first two years and apply them to the care of patients will truly cement your medical education. My survival for third year is centered on being a normal working adult. Be sure to arrive on time, always ask how you can help, don’t be annoying, always attempt to answer a question (even if its wrong) and always show enthusiasm. If you can accomplish these five things each day you will be a successful third year student.

My favorite part of third year has been meeting classmates I have not previously gotten to know. There are so many fellow peers that you have not personally been close with, but after 6 weeks of delivering babies and staying up all night I guarantee you will feel like the two of you have been friends for ever. Your classmates are your biggest assets through third year and it is important to work as a team to accomplish all the work that needs to be done.

It is difficult for me to provide a roadmap to being a superstar third year student because so much is learned through mistakes. You will learn that making mistakes, not knowing an answer and at times feeling helpless in the care of a patient are experiences we have all undergone and gained so much from. On the other hand the move to the hospital is a once in a lifetime learning experience. Experiencing almost all fields of medicine in 49 weeks is an impressive and daunting undertaking. Enjoy every moment of it and take the time to get to know all of the people you see and work with everyday. The physicians, residents, nurses and staff are all incredible people and have been in the exact same shoes as you are at some point in their careers.

Every MS3’s sole goal for third year is to find something that they truly enjoy. Maybe that something is that you love talking with patients for hours. Maybe you have found a passion for being in the OR. But it is also possible that you have found that you truly value your time away from work/school. Whatever you find, this is your time to discover yourself!

Good luck to all of you,

Tim Clinton
Dear Third Year,

Congratulations! You’ve made it through the first half of medical school: thousands of pages of syllabi, hundreds of hours of lecture, and of course STEP 1. As you enter into your third year, you will undoubtedly ask for and receive advice from a number of different people about how to best study, succeed on the wards, so on and so forth. Rest assured that as many new challenges as third year poses, you will find ways to navigate the waters and survive. On occasion, you may even surprise yourself by how well you do so. Make sure you try and enjoy the ride. If there were only one piece of advice I could give to you, it would be that you should always take the time to get to know your patients. You will have patients throughout the year who will teach you things both about medicine and life that you will carry with you. So regardless of how busy you may be or how overwhelmed you may feel, take the time to really talk to and listen to them.

Mr. J was a 29-year old Hispanic male who presented with a 6-month history of abdominal pain and decreased appetite. He had in the past been treated with PPIs and H2 blockers with no improvement of his abdominal pain. More recently, he began to experience nausea, vomiting, and increasing abdominal distension. During his admission, Mr. J underwent an EGD with biopsy of a large obstructing gastric mass and was diagnosed with adenocarcinoma of the gastric antrum. On imaging, Mr. J’s cancer showed multifocal omental and diaphragmatic metastasis. He had stage IV cancer that was unresectable and incurable.

The first time that I met Mr. J was during the first week of my surgery clerkship. The rotation was still quite fresh and I was trying my best to get the hang of things. My initial reaction to Mr. J was a little bit of shock at how young he was. He was only a few years older than me and had obviously been relatively active and healthy prior to his present illness. There was a stark contrast between his age, his body habitus, and the consequences of his cancer. He appeared at times to be in agonizing pain. His abdomen was severely distended with ascites. I saw Mr. J every morning for three weeks and we developed a rather good rapport. He would greet me enthusiastically even when I woke him up at 5 a.m. to ask him how his pain was. He was always courteous, quiet, and rarely complained. Over the three weeks, I watched as his body weakened. He grew cachectic and malnourished. He developed numerous complications and the pain only seemed to worsen.

As our team broached the subjects of prognosis and palliative care with Mr. J, he was always resolute in saying he wanted everything possible to be done. He had no desire to “give up”. Unfortunately, from a medical or surgical standpoint, there was very little we could do for Mr. J. We tried to control his pain. We made sure that he had minimal nausea and vomiting. We gave him medications for his increasing anxiety. But we could not cure him. During my time caring for Mr. J, I had learned that he had come from Mexico. His family still lived there and he had not been able to go visit them for many years. Our team arranged a teleconference for Mr. J to talk to and see his family via skype. A multidisciplinary health care team was present to help him explain his disease and prognosis to his family and answer any questions they may have. The conversation that ensued between the doctors, Mr. J, and his family was in many ways what one would expect. The doctors explained his cancer, his prognosis, and his limited treatment options, namely palliative. The family told Mr. J how much they loved him and missed him. They said they supported whatever decisions he made regarding palliative treatment vs. hospice. They wished for him to return to Mexico, but knew it would be difficult for him to travel back. The impact the conversation had on Mr. J however, was unexpected. Mr. J for the first time in the weeks that I had known him looked relieved. In the days following the family meeting, Mr. J decided to pursue home hospice. I later learned that after Mr. J had left the hospital, his mother was able to come from Mexico to visit him in the U.S.

My time spent caring for Mr. J taught me something that I believe is crucial to understand in medicine. That is, sometimes the best thing that you can do for you patients has very little to do with the medicines or surgeries you are using to treat them. Sometimes the most important thing you do as a physician is to attend to your patient’s most basic human needs. I’d like to think that we were able to do so for Mr. J and I certainly hope that this lesson is one that both you and I can carry into our practice of medicine as future physicians.

Natalie Cobb
MD/MPH candidate, Class of 2014
Dear MSIIIs,

I was once told that choosing a path for your career is like being a dog on a hill sniffing the wind for the right scent. The truth is third year is as much about the process of finding the right path as it is about performing well and doing a good job.

It is easy to become overwhelmed with the daily grind, the pressure to make good grades, and the desire to get EVERY pimp question right. This often causes MSIIIs to lose track of the fact that, ultimately, this year is an opportunity to choose your future career by trial and error. The best advice I can give is to try to ignore the stress of the hours and the learning curve (it will be steep). Instead, pay close attention to what makes you happy. Are there little moments in your day or certain diseases and procedures that put a smile on your face? Do you get super excited about stitching techniques or choosing antibiotics? Searching for these little things will help you choose your career and will make your day a little brighter. Hold on to the parts of medicine that make you happiest and use them to counteract the inevitable stress.

I know it sounds trite when everyone says that “third year isn’t hard” or “don’t worry about your grades,” but to some degree these clichés are accurate. Displaying enthusiasm and working hard to leave an impression is important in third year, but it may or may not effect your evaluations. The best advice I can give you is to pretend evaluations don’t exist; just do your best to be helpful and to learn as much as you can from your patients.

Divert the energy of trying to be remarkable to researching your patients’ conditions and to finding ways to apply the research to your patients’ care. You may not get the opportunity to present the information to your attending or resident, your attending may praise you for excellent work, or he/she may dismiss your idea. No matter what happens at least you will know that you looked for every avenue and option to help someone get well. Use that to build confidence in your ability to be a doctor.

Every one of you will find your path; just make sure to enjoy the process.

Good Luck. Have fun.

Sigrid Collier

A note to the introverts of the world:

If you are at all shy or insecure, a lot of third year may be painful. Presentations are stressful because you have to stand in front of a group and display your knowledge. Pimping will be agony because your mind will go blank the instant the attending’s gaze passes in your direction. You will turn bright red every time you speak, and if you are at all neurotic you will worry about your wrong answers.

Not everyone will have this experience and it may seem like the people you work with are calm, cool, and collected at all times, but this is an illusion. Ask your classmates, and you will find it isn’t just you who worries about getting a pimp question wrong. Almost everyone does. It is okay to be nervous and it is okay to feel uncomfortable. Just make the most of your strengths and try not to worry about having to “perform” all the time.
Dear Class of 2015,

The message I wish to bestow upon you begins with a description of one of my 3rd year experiences. To give a short introduction, I started off my 3rd year with a rotation in adult neurology. I was intrigued by the science and medicine related to the field, but I found the clinical work to be emotionally draining. For this reason, I wanted to try child neurology in hopes that this field would be a bit more uplifting with much of the daily work focused on cognitive therapies and seizure management.

About one week into my child neurology rotation, my attending informed the resident and I of the new consults from the previous night as she routinely did every morning. However, this morning was different than the other mornings. My attending looked at us with reservation as she shared the case of a child admitted overnight. She briefly shared her history with us along with her hospital course. As soon as she described her electroencephalogram (EEG) findings, my resident looked at me with dismay. Without a word, I knew this child’s prognosis was poor.

My resident and I arrived to the hospital to round on each of the inpatients. We soon found ourselves in the pediatric intensive care unit (PICU) to round on the child we had discussed. We found a young girl lying peacefully in her bed surrounded by family members. At that time, it was difficult to face her family as they looked at us in despair longing for answers to their questions. It saddened me to perform the neurological exam and to view the continuous EEG monitor. From the looks of it, her prognosis was not promising. However, our first impressions were not definitive as the patient was undergoing a cooling protocol as a way to protect her brain from further injury. Therefore, it would take a few days to have a clear picture of her neurological status.

Later that day, we reported our findings to the attending and went back to visit the family. Once the attending completed her exam, she gathered the child’s immediate family for a discussion at the bedside. The attending acknowledged that this was an unforeseeable tragedy, but that she would be open and honest regarding the child’s status and welcomed questions at anytime. As she described her findings to the family, she held the mother’s hand. I could tell the patient’s mother welcomed this small gesture as she listened to the physician’s intolerable words. There was a long silence after the physician spoke as if everyone in the room needed a moment to digest the information. The attending at this time shared a beautiful story with the family to remind them that their little girl was at peace. When there were no more words to be said, she simply shared in their sorrow in silence.

Over the next several days, we had many discussions with the family. Each time we met with them, I was impressed with the actions of my attending physician. When she saw the mother, she promised to pray for her daughter. When she learned of the sister’s emotional struggle, she ensured the sibling a visit from child life. When she interacted the step-father, she patiently described the clinical findings. She not only cared for the patient, but for the whole family.

As I reflect on this experience, I am grateful for the family in this story who allowed me to be a part of their life and for my attending who demonstrated the humanism that is present in the practice of medicine. She did this by giving her time to a family who in this moment did not need her clinical or diagnostic expertise, but a caring and compassionate soul to mourn the death of their daughter. She was able to focus on the needs of each family member and tailor her actions accordingly. She prayed with the mother, sought care for the sister, and helped the step-father with his sense of denial. Despite the fact that this was the most difficult situation I have witnessed thus far in my training, I am thankful to share in these moments with a faculty member who is caring and compassionate. I feel that from this experience I have a true understanding of the humanism of medicine and urge you find the humanism in medicine during your clinical rotations.

Sincerely,

Christine Cortelyou, MS3
Dear MS3,

Congratulations on being half-way done and about to start the most exciting part of medical school! You'll probably be inundated with tons of advice at this time of year but here are a few pearls that I've found useful.

Approach every rotation like it's what you want to do for the rest of your life. You'll hear this advice often and it's a really great mantra to keep a positive attitude throughout the entire clerkship. While I don't recommend lying to the team about your true passions in medicine, there is always something to learn and exciting things to experience in each rotation, no matter what field you choose to go into. Every rotation has something to offer and it will benefit you and your team to keep an open mind.

Speak up. Attendings appreciate when you try to come up with a plan of your own or have some type of input into the daily discussions. It makes it look like you are actively participating and thinking about things other than shelf exams. And don't be afraid to be wrong, it's honestly the best way to learn something new.

Step up. This goes along with the last one. Anytime there is something to do or see, make sure you're there. Don't try to take someone else's procedure or interesting patient but always volunteer when there is something to be done! It may be your only chance.

Find out what really makes you happy. Go into every specialty with an open mind and a positive attitude. Really get to know the residents and pay attention to how you feel when you're on the rotation. If it is what you decide to go into, make sure it's something that you can see yourself doing for the rest of your life. Something I found helpful throughout the year was journaling. Write about interesting patients and people who made an impact on you. Also document the pros and cons of each rotation as you do it so if it comes down to making a choice between different specialties, you'll have something meaningful to go on.

Finally, don't forget to take care of yourself. Take time for yourself outside of studying and continue to spend as much time as possible with friends and family. It will make third year that much more enjoyable!

You've finally made it to the point in medical school that you've been working so hard for, the opportunity to take care of patients! This is a wonderful chance to learn something new each day about yourself and the career you've chosen. Don't forget how lucky we are to have this opportunity. Good luck and I hope you enjoy what third year has in store for you!

Kristina Cunningham
Dear Third Year,

One of our wise professors always tells us:
“Students can handle adversity, they can not handle uncertainty.”

Well brace yourself, because you’re about to enter the most uncertain time of your life so far.
You will be uncertain of where to go in the hospital.
You will be uncertain of where you are in the hospital.
You will be uncertain of who to ask.
You’ll be uncertain of what to even ask your 3 new OB patients at 4:45 am.
You’ll be uncertain to whom you are presenting your new patients at 5:45 am.
You’ll even be uncertain if you are actually awake or not.
You’ll be uncertain of Light’s Criteria.
You’ll be uncertain of Charcot’s Triads – yes, both of them.
You’ll be uncertain what Homan’s sign is.
You will be uncertain of yourself more often than you are certain.

Just get used to it. While it might be the most uncertain you’ve ever been, it will not be the most uncertain you’ll ever be.

Uncertainty makes you do two things: learn to figure out things on your own, and equally important, learn to ask others for help. As you develop these two skills, you’ll fear the uncertain less and rely on your abilities to problem-solve more. Your ability to problem solve will build independence which in turn will grow into a confidence that you’re able to handle more than you expected. And asking others for help will cover everything else.

Combating uncertainty ends up being the single most important tool you’ll need in 3rd year.

In this book you’ll find an incredible list of suggestions from those who have done 3rd year before you. Even after reading it, you’ll come across uncertainties. You are now equipped to embrace them.

Sincerely,

Eileen Curry
Dear future physician,

Congratulations on all that you’ve accomplished so far! It’s truly something to be proud of as not many people can take step 1 and dive right into one of the most exciting years of their life. I really enjoyed third year and I’d like to share a few of the important things I’ve learned along the way.

Always make your patients your number one priority. It’s easy to do so when your patients are cute elderly couples that pinch your cheeks when you walk in, but no matter the situation your patients always come first. Often times you’re the first person to see them in the morning and that interaction can set the tone for how the rest of your patient’s day goes. Always smile and take the time to listen to them, they’ve had years of life experience and have the most interesting stories!

Be a team player. Your experience on each rotation has the potential to be really awesome, and a lot of it has to do with how well you work with your team. Something as simple as letting your classmates know you’re going to the bathroom speaks volumes when your chief resident asks where Joe went and you’re able to tell her. It makes you all look stronger individually and as a team. Furthermore, constantly updating your team and collaborating with your 3rd year peers will help you become a better communicator and that will ultimately make you a better physician.

Ask questions. Third year is unique in that nobody will sit you down and teach you like they did during first and second year. It’s your responsibility to ask to be taught and an easy way to do that is to ask questions.

Ask for feedback- it shows that you’re invested in your education. On my medicine rotation, I would ask my classmates how my presentations were on a daily basis. Although they couldn’t comment too much on the medicine aspect of it, they could point out if I went to fast or if my volume was too loud. That showed our attending we cared about bettering ourselves and being better doctors for our patients.

Some more concrete things to help you start third year smoothly:

1. The VA’s Starbucks is tax free!
2. If you have zone 3 parking, the fastest way to get into UH is to park near Gold’s Gym and enter the hospital through the loading dock. And on weekends you can park in front of the main entrance at either hospital.
3. The VA cafeteria has a “Make Your Own Pasta” station where you choose what type of pasta, sauce, meat and vegetables you want for about $6. You can skip the pasta, just get meat and veggies for only $3, and then grab free bread from the regular meal section to add to your hearty lunch.

Third year may seem daunting at first but it was my favorite year because I had the opportunity to take control of my education and care for patients every day.

Good luck!

Michelle Dang
Hi New MS3s,

Congratulations! You’re halfway there. You’ve survived the hardest 2 years of medical school! It’s time to remember how to interact with people after the 4 weeks of studying for Step 1. Third year is exciting, although scary at first. Once you get the hang of things at the hospital it’ll fly by and you’ll have a great time. It’s tough to give advice about third year because everyone handles it differently. I am just going to go over some key points that either people told me or I figured out throughout the year.

• Don’t complain. Don’t even think about complaining. You will be the lowest person on the ladder and will have to do scut work. The more ok with that you are, the smoother the year will go.
• Always be (or at least act) interested in your rotation. There are going to be rotations that you’re really looking forward to and others that you don’t want to do at all. Follow the cliché of acting like “every rotation is going to be your career.” The faculty and residents like to teach and like the students to be interested in what they’re teaching. In my experience most of it ended up being pretty interesting as well as educational.
• Be aggressive. Don’t just hang back and expect the residents to come find you if something awesome is happening. Always be there and ready to help or participate in any procedure. Even if you don’t like procedures, always volunteer to assist.
• Smile! It’s really hard sometimes, especially at 5 AM of your surgery rotation to smile and say good morning, but it pays off. Patients, faculty and other students will like having you on their team if you don’t come in with a bad attitude.
• Bring something to study. There will be a lot of times where you will just be sitting there without anything to do. Since you can’t go home until you’re released by the resident or attending, having something to do is invaluable. If there are other students on your team, quiz each other.
• And lastly, do OB/gyn in Harlingen! It’s the best, even if you don’t like the valley or speak Spanish.

I really enjoyed third year. I felt like I had more time to hang out with my friends and actually have a life. I really liked actually taking care of patients and being part of the healthcare team. It’s a once in a lifetime experience to practice every sort of medicine with your only goal being to learn as much as possible. Enjoy it and good luck!

Paige Diamant
To the new third-years:

The year ahead will be a time of tremendous personal growth and professional development. It will be extremely challenging, pushing you to your emotional and physical limits. There will be things to love and things to hate during your clerkships, and never believe anyone that doesn’t tell you about both.

THE BAD:
- You will be exhausted most of the time
- You will get up very early in the morning and work extremely long hours for no money
- You will make (many) mistakes and feel very dumb on occasion
- You will waste a lot of time sitting around
- You will feel overwhelmed
- You will find some of your evaluations unfair and inaccurate

THE GOOD:
- You will make a positive difference in some patients’ lives
- You will become very adept at physical exam
- You will present patient information like a champ by the end of the year
- You will learn more than you ever have before
- You will become even better at taking standardized tests
- You will figure out what kind of doctor you want to be, and more importantly, what kind of doctor you DON’T want to be

The first two years of libraries and books will fade as you begin interacting with real patients. You will encounter so many different patients that nothing can prepare you for every situation, but there are some themes that emerge as the year goes by. You will discover many of these Rules of Thumb for yourself shortly after starting the year, but it is always nice to get a summary version ahead of time.

TOUCH THE PATIENT: It lets them know you care and reminds you that they are actual people

LEARN AND USE THE PATIENT’S NAME: It personalizes the care and prevents you from forgetting they are a real person who is experiencing a possibly terrifying illness

ASK QUESTIONS: Don’t ask factual things that you can easily look up yourself, but do ask about the train of thought that leads a resident or an attending to a certain plan

GET YOUR MONEY’S WORTH - JOIN IN PROCEDURES AND SURGERIES: It is pretty safe to assume that if a doctor works at a teaching hospital it is because they like teaching students, so whenever anything comes up, ask to join in (after all, you’re paying to be there). This can be anything from a spinal tap or central line insertion to a paracentesis or coronary stent placement. If you haven’t seen something before, jump in so you can know what it is all about. The worst that will happen is a person tells you no.

BEFRIEND THE NURSES AND TECHS: They know the standard procedures, the location of all supplies and the preferences of individual doctors. They can be a huge help to you if you’re nice to them (and vice-versa).

REMEMBER THAT YOU ARE A TOURIST: For the attendings, nurses, techs, and clerks, this is their day-to-day life. They were here long before you got here and will remain here long after you leave. Behave accordingly and don’t rock the boat.

SHOW UP ON TIME, ASK IF ANYONE NEEDS HELP, AND BE PREPARED: Easiest way to impress residents and attendings, who, after all, are the ones writing your evaluations
SOMETIMES YOU HAVE TO HURT A PATIENT TO HELP THEM: Whether it is injecting lidocaine, draining an abscess, looking in a child’s inflamed ear, helping to set a bone or determining the depth of a gaping wound, sometimes you will cause tremendous pain in order to ultimately help and heal the patient.

COMMUNICATE THE PLAN WITH THE PATIENT: Residents and attendings are oftentimes so busy that they forget to tell the patient what is going on. In these instances, explain what is happening to the patient and what the plan is, being very careful not to overstep the bounds of studenthood. This means that you can repeat and explain what you have been told by the attending and attempt to translate the medicalese into common language for the patient. Analogies usually work well. DO NOT tell the patient everything will be alright.

CARRY A REVIEW BOOK IN YOUR POCKET AT ALL TIMES: There is a ton of unexpected downtime throughout every rotation. Whip out your review book so you don’t have to study so much outside of the hospital.

ENJOY YOURSELF: You will see and do many things that the vast majority of humanity will never experience – Enjoy the privilege!

Keep it simple and work hard – the year will be over before you know it.

Sincerely,

Preston Douglas
Dear MS3,

Congratulations on being half-way done and about to start the most exciting part of medical school! You'll probably be inundated with tons of advice at this time of year but here are a few pearls that I've found useful.

Approach every rotation like it's what you want to do for the rest of your life. You'll hear this advice often and it's a really great mantra to keep a positive attitude throughout the entire clerkship. While I don't recommend lying to the team about your true passions in medicine, there is always something to learn and exciting things to experience in each rotation, no matter what field you choose to go into. Every rotation has something to offer and it will benefit you and your team to keep an open mind.

Speak up. Attendings appreciate when you try to come up with a plan of your own or have some type of input into the daily discussions. It makes it look like you are actively participating and thinking about things other than shelf exams. And don't be afraid to be wrong, it's honestly the best way to learn something new.

Step up. This goes along with the last one. Anytime there is something to do or see, make sure you're there. Don't try to take someone else's procedure or interesting patient but always volunteer when there is something to be done! It may be your only chance.

Find out what really makes you happy. Go into every specialty with an open mind and a positive attitude. Really get to know the residents and pay attention to how you feel when you're on the rotation. If it is what you decide to go into, make sure it's something that you can see yourself doing for the rest of your life. Something I found helpful throughout the year was journaling. Write about interesting patients and people who made an impact on you. Also document the pros and cons of each rotation as you do it so if it comes down to making a choice between different specialties, you'll have something meaningful to go on.

Finally, don't forget to take care of yourself. Take time for yourself outside of studying and continue to spend as much time as possible with friends and family. It will make third year that much more enjoyable!

You've finally made it to the point in medical school that you've been working so hard for, the opportunity to take care of patients! This is a wonderful chance to learn something new each day about yourself and the career you've chosen. Don't forget how lucky we are to have this opportunity. Good luck and I hope you enjoy what third year has in store for you!

Kristina Cunningham
Letter to a Third Year:

I firmly believe that medical school keeps getting better the further along you get. First year is tolerable, second year is great, and third year is absolutely brilliant. Despite being inundated by advice, you’ll inevitably develop your own approach and mindset to succeeding in third year. That being said, I have a few thoughts that might help you embrace the extraordinary challenges this year has to offer.

Firstly, Dr. Keeton was right! He gives the most simple yet the best advice in all of second year: “Be happy, work hard, never complain.” The man is an absolute legend and we are fortunate to be the last 2 classes to have experienced his pharmacology course. Remembering all about the drugs is important, but heeding his 3rd year advice is vital. You’ll be stunned by how far an enthusiastic attitude and solid work ethic can take you.

Life is easy if you work in concert with your classmates rather than in competition with them. There are lots of ways to shine without throwing others “under the bus”. Attendings and residents almost always judge your performance as a team which means the path to a stellar clerkship evaluation begins with working together to ensure your service runs smoothly.

No matter how much you know about medicine, I can almost guarantee someone else in the room knows more. This fact is not insulting; it’s an incentive to remain humble and open-minded in order to learn as much as possible from the doctors, nurses, techs, therapists, social workers, administrators—everyone! They all offer substantial insight into various areas of the medical field.

Third year truly is the best part of medical school so far; hopefully you’ll soon agree.

Cheers,

Adam Dunstone
Enjoyed the past two years of staying up late, memorizing more mnemonics than there were pages in your syllabi and learning lots of information that you’re not even sure applies to patient care? Well the good news is that you finally get to start doing what you came to medical school to do – take care of patients. Hopefully after a few months of rotations you won’t have to awkwardly try to change the subject when your grandmother asks you about her diabetes management for the fiftieth time. The bad news is that your days of 1am Taco Bell runs are over; that 4am alarm comes earlier than you think. I have two pieces of advice for you that won’t help you get the “A” you dream about but hopefully will help you appreciate your third year more.

First, always value the time that your residents and attendings take to teach you. Remember that even though you’re tired and just want to go home, they were probably at the hospital before you got there and will be there when you leave. They don’t have to share their knowledge and some don’t, but the ones that do care because they remember how it feels to be in your shoes. Also, even though it seems cruel at the time, asking you questions on rounds until you just want to curl up in the fetal position is an effective teaching technique and you’ll remember the stuff that you miss for the rest of your life.

Second, always respect your patients no matter what country they come from, language they speak or amount of money that they make. I’ll always remember the time that my surgery resident told one of our Spanish speaking patients that she had ovarian cancer hurriedly, in English, at 5am on our daily rounds. Translating for him was one of the most difficult things I’ve had to do, because there was no way to properly share that information with her as she fought back tears in that setting. Sadly, to that resident, our patient was just a name he could check off his to-do list rather than a proud grandmother of 13 who immigrated to the United States so she could be closer to her children who hold well-paying jobs in healthcare and business in San Antonio. If it helps, every time you see a patient imagine how it would feel to be scared and helpless in a hospital bed, unsure of what anyone around you is saying. Or, even though it’s a cliché, treat every patient as though they’re your immediate family and make your treatment plans, choose your words and provide care accordingly.

Above all enjoy your third year and take every opportunity to learn as much as you can with the knowledge that there will always be someone with more experience than you correcting your mistakes. Have fun!

Ryan Dworaczyk
Dear MS III,

Welcome to Third Year! You have a tremendous number of wonderful opportunities and experiences waiting for you. The diversity of patients, specialties and care settings will undoubtedly expand your understanding of medicine and open your eyes to, or confirm for you, the future you want to pursue as a medical professional. You will probably experience death, and life, in ways you haven't before. At the end of the year, you will have a more in-depth and comprehensive knowledge of the field you’ve chosen.

There might be times during third year that you question your contribution to a patient’s care. You may feel like you’re a glorified shadow, or simply too inexperienced or ill-informed to make sound clinic decisions. If you feel that way, don’t let it discourage you; instead, choose to be resilient with a proactive approach to your education. Don’t let such ideas keep you from performing thorough physical exams or prevent you from spending time learning about a patient’s background. If you are diligent, your skills and your knowledge base will drastically improve, and you’ll begin to pick up on the heart murmurs you previously missed, or a comment your patient makes that triggers you to screen for, and discover, domestic violence. You won’t be an expert from the beginning, but stick to it and don’t get discouraged. You might be the one person on the team who identifies something about the patient that really improves his or her care.

Regardless of what you want to do in the future, be sure to keep an open mind and enthusiastic attitude on all of the rotations. Each one has something new for you to learn. Be diligent to seek out and take advantage of all of the opportunities you have. Don’t let them pass you by because your not interested in the specialty you’re rotating through. You will enjoy all of your rotations more, and will enter fourth year and your intern year all the more prepared if you proactively pursue your own education.

Sincerely,

Jacob Eisenrich
Dear new MS3s,

You have endured a great amount of solitude, studytime and the concomitant sacrifice during the first two years of your medical education. A sincere congratulations to all of you who have made it thus far. The satisfaction and vindication of knowing that you are not only capable of transcending the unrelenting challenges that academia and the testing boards toss your way, but now you are a mere two years away from that time in which you will have an active role and responsibility in helping patients and improving lives.

Here’s the thing, that very process of making a difference actually begins as an MS3. Here are some nuggets of wisdom that I hope will be able to offer you some clarity and guidance during a year that will be teach you not only about the art of medicine and the life of the physician, but something I feel is vastly more important.. insight into humanity and the beautiful and sometime tragic interface between the sick and that healer that tends to their pain.

Here are my top 5 prescriptions for M3S success:

1. Patience is a virtue. Hackneyed perhaps, but on those days when you are working with that palliative patient with refractory cancer who is crabby, constantly demanding and having their care “triaged” as a consequence of a lack of good treatment, this is the place that you as a medical student can truly make a difference. Make the time to talk to the patient. Get to know their story and what they are about. Illness can strip the spirit way from even the most colorful of characters. The more time you take to learn about the patient the more you show the patient feels that his/her situation matters. In turn you will receive the gift of learning more about yourself and matters to you.

2. Smile. Try and treat all those on the healthcare team with sincerity, kindness and respect. I speak from experience when I say the courtesy will likely not always be returned. But realize that the attempt of a good morale for the team can only help, not only you and more importantly the patients you treat. Smile to patients and don’t be afraid to crack a joke or give them pat on the back. A good bedside manner is all about trust and putting your patient at ease. Smiling should be the first step.

3. Study about the patients you treat. Wards are the stage for you to practice the lines you memorize at home. Study about your patient, their medications, their disease process and always have a good differential. If you can have the discipline to over-study all the information germane to your patient, you will be surprised how much you will not only learn, but will retain. If you can learn to understand the syntax and the major underlying theme for each patient’s story, you will better able to characterize unique problems on test questions or with patients alike. Wards is a mechanism for taking all the dry information you have learned in your first two years of med school and making that information alive, tangible and real. You will no longer remember a disease process and treatment not by a highlighted, scribbled page in a dusty syllabus, but rather a face and a story.

4. Set your alarm clock early. You never know how long the line at Starbucks will be on your way to work. Coffee, friends and family are all important mechanisms of strength and support that should be utilized on a frequent basis.

5. Enjoy the journey and have an open mind. Treat each patient as family and try to understand their unique problems from their unique point of view. This year has personally ranged from Code Blue compressions to the clamping of cords of new life, and a whole lot in between. I wish you all the best.

Sincerely,

Marc Erian
Dear MS3,

I want to share good news with you- this year you will finally get to do what you have been working so hard for over the past few years! You will finally get to touch the lives of patients in a way that very few people ever will, as a part of their healthcare team. Although at times you may feel insignificant and as if you are at the very bottom of the totem pole (you are), remember that what you do every day can have a profound impact on the lives of your patients. What you lack in your ability to write orders, you gain in the time you have available to get to know your patients. Spend time with them, listen to their stories, tell them your own stories; taking the time to get to know your patient can change a terrifying, miserable stay in the hospital into an enjoyable experience for them, and it will also change your life. You might worry that you will lose precious study time, but if you get to know your patients, you will remember their stories (including the shelf-applicable tidbits about their disease and treatment) forever. And when your next patient presents with the same problem, whether it is on your boards or during night float as an intern, you will know exactly what to do.

Of course, while knowing your patients will teach you a lot, you also have to know about the areas of medicine that you don’t see every day in the hospital. So read. But don’t read like you did first and second year, for hours at a time, because you won’t retain the information, and you will probably drool all over your books while dreaming about venipuncture. Studying third year is all about taking in information in small chunks. If you can take one or two hours to read at night and you start the first week of a rotation, you will get through everything. Or if you are blessed with the gift of being able to focus with other people around, you are lucky (and I am jealous of you), and should read when you have down time and are waiting to be sent home. If you can fill your down time during the day with studying, then you can sleep at night. And sleep is precious when you are a third year. Take advantage of opportunities to study when you are not caring for patients, and if you don’t have time during the day, then study for an hour or so at home and you will be ok.

The other way to learn is to ask questions. Your interns, residents, and attendings are endless sources of information. However, it is important to be tactful in the way you ask questions. If you ask what structures make up the carpal tunnel while your resident is frantically putting in orders, you might be viewed as an annoyance (to say the least); BUT, if you ask what landmarks your resident/attending uses during the approach to a carpal tunnel release as you are sitting around in the OR, you will be seen as inquisitive and interested. Asking questions is a great way to learn, but be respectful of your residents’ time, and save inquisitive questions for times when they are less busy. If you ask questions at opportune times, residents and attendings will often take 15 minutes to give you a mini lecture about relevant topics. Most residents are willing and sometimes excited to teach students, but they all work incredibly hard taking care of patients so be respectful of their time. And if the answer to your question is easily searchable on your iPhone, do that instead.

Other handy hints for success during third year:

- Show up early (or at least on time) – your team will notice and you will be better prepared for the day.
- Stay late, but not if your resident tells you to leave. If someone says, “go home”, go home. But only if your work is done and there is nothing you can help out with. If you leave work unfinished, your team will notice. If you don’t offer to help your intern write the five discharge summaries he/she needs to finish, your team might not notice, BUT if you offer to help, and even if you just write one or just run a simple errand to help out, your team WILL notice and it will mean a lot to them.
- Make it a goal to make your intern’s life easier – this doesn’t mean bringing them coffee every day, but if you can anticipate what they need done and can help them out, they will love you and treat you well.
- Be nice to nurses – they can make or break your rotation.
- Be nice to everyone – even if they are not nice to you. Being viewed as a friendly person will give you power to do a lot in the hospital.
- Know when to shut up, when to buckle down and get work done, and when to offer to help.
- Learn how to say, “I don’t know” – you will have to do it. But always try to think through a question and attempt an answer before saying, “I don’t know”. Often, people will ask questions to open up an opportunity to teach.
- Try not to need to be told something more than once. If someone corrects you or tells you to do something a specific way, write it down, commit it to memory, and do it that way every time.
- Ask for feedback. And if someone tells you that you are doing great, ask them for one suggestion how you can do better.
- Make time for family, friends, and exercise. It may seem impossible, but even if you can squeeze in a 30 minute jog or an hour long dinner with your friends/family, you will stay sane.
- Value your sleep. Sleep will be a precious thing third year, so sleep when you can and you won’t fall asleep standing up in surgery.
- Have fun. Try to enjoy every day of third year, even on rotations that you don’t like. You will have opportunities that you will never have again and your experiences will stay with you for the rest of your life. I mean, I got to deliver a baby this year! How cool is that?!

Best of luck!

Hanna Farrar
Dear MS3,

Congratulations on getting this far! The third year is very different from the first two, since you’ll be seeing patients all the time. Don’t let that scare you, if you’re into the whole studying thing. It has its ups and downs, but is incredibly rewarding. The more invested you are in the daily hospital or clinic course of the patient, the more you will enjoy your time on the various services and the more your interns will like you.

A few tips:

1. You will hear advice constantly. Take all recommendations (including these) with a grain of salt.
2. Just because someone has M.D., Ph.D., M.S., after their name and four million publications, they may not be great teachers. They may not be great doctors. So if something tells you, “this isn’t right”, go with your gut and, if you think it is necessary, talk to someone about it. Learn from their example about what NOT to do.
3. On certain services, you will hear the residents and fellows say demeaning comments about other services. Don’t let this set up your expectations for when you actually rotate on those criticized teams.
4. Be enthusiastic. Sometimes that’s hard at 4 am or 5pm so at least look interested and awake. Do not be the first one out the door at the end of the day.
5. Study.
6. If you are asked to wash out someone’s impacted ear wax, put on a happy face. Talk to the patient—it will distract both of you and ease the mutual discomfort.
7. Respect the opportunities you are given to do procedures but realize that, no matter what the setting, you are practicing on a person. You will both have to live with the consequences of your actions.
8. Take a night off once in a while and let your mind and body rest.
9. Talk to your family.
10. Just because you give someone stellar reviews, does not mean that their evals will reflect the same impression. It’s okay. Pick yourself up and move on!
11. When writing e-mails, BE COURTEOUS, and be as brief as possible. People are busy. Don’t wax poetic!
12. TEAMWORK >>> individual work
13. Do not complain about petty things.
14. When you take trauma call, be an active participant and go where you are needed! DO NOT disappear for 4-5 hours without telling people your location. Traumas will come in. Your supervisors will notice your absence. They will not like it. Your teammates will not like it.
15. Obtain your own history when you are on inpatient pediatrics.

Go forth and conquer! Good luck,

Andrea Foldes
Dear MSIII,

Congratulations! If you’re reading this you have survived likely the two hardest years of your life and are on the better side of the hardest exam you have ever taken. Now that you have that out of the way, welcome to 3rd year medical school! You’ve fought the good fight through the first two years and now get to do real doctor stuff! 3rd year is a very exciting but stressful year so buckle up; it’s going to be an exhilarating ride! Here are a few tips to help you be your best.

1) SMILE! Be personable, learn names and use them often. Say “hello” when passing in the halls. People like being around happy people. Don’t be afraid to express your sense of humor (keep it appropriate). Laughter is the only contagious thing in the hospital you want your team to catch.

2) VOLUNTEER! The more you do the more you will learn; volunteer to do anything and everything, even if it is a mundane task, the next time when something better comes up (think Chest Tube), you might be first on the list because of your earlier enthusiasm. In addition to volunteering for procedures, also make it a point to present a “plan” every time you present a patient, it really is one of the only ways for an attending to know if you have any idea about what’s going on! If you’re right awesome, if you’re wrong you’ve just learned something new. Always ask for feedback.

3) Be a TEAM player. The quickest way to bomb a rotation is to throw one of your teammates under the proverbial bus, don’t be that guy! (or girl). Working as a team in medicine is probably the most important thing you will learn as a 3rd year. Teach each other, help with the patient load/notes, and don’t be lazy! Team work is essential; whether it be covering for a fellow medical student, helping out the residents with notes, or keeping the floor nurses in the loop about the teams plan and intentions. Which brings me to my next point….

4) Be NICE to the NURSES, this will make your life as a 3rd year, 4th year, intern, resident (you get the point) so much easier. If the nurses like you, they can make you look very good, conversely they can also make life real rough on you if they don’t. Step one to getting the nurse to like you? Ask them how the patient did overnight… when you were at home sleeping/studying who do you think was with the patient?

5) Have FUN, 3rd year is truly about getting a little taste of all medicine has to offer. With any luck you will find that one niche in medicine that fits you perfect and the time you spend on any other rotation this year might be the last time you will get that experience. Soak it all in and take nothing for granted, you will have to opportunity to touch many lives in many ways.

Good Luck 3rd year and remember if you need a helping hand there are a lot of 4th years who can help you out!

Jeff Ford, Class of 2014
Dear MS3’s,

So now the fun begins! You finally get to put all of your hard work to good use in a much more practical way. Now is the opportunity to see what it really means to be a doctor and to find your niche. It’s your time to experience why we all chose medicine: to feed our curiosity about disease processes, to offer compassion to a terminal patient, to treat, to heal, and to comfort.

Third year can be a very exciting yet emotional year. You’re learning to juggle a 6 day work week and long hours with studying, trying to emotionally disconnect with whatever happened that day, dealing with the death of your first patient who’ve you since developed a close relationship with (and yes this will happen), while at the same time trying to maintain some type of normalcy. Don’t get me wrong, third year is a blast and I have enjoyed it thoroughly, but it definitely has its ups and downs.

The most surprising thing about third year is how physically demanding it can be. Try putting in good study time during the day when you have down time. It’s difficult to work a 12, 14, or even 16 hr shift and find the energy to study especially after waking up at 5 am. Read about your patients every opportunity you get. Likely something you read will show up on your test and it’s the most effective way to learn. Also, get involved and be proactive! Always look for SOMETHING to do and challenge yourself. It is amazing how much you can learn by being a “doer” rather than an “observer.” Let your attendings/residents know you want to be the one to attempt a central line, place the NG tube, or perform an intubation. Showing interest gets you a long way.

One last thing…no matter what anyone tells you, its okay to not know what specialty you are going to pursue. Yes, some of your classmates have known since the day they could talk, but you have this entire year to make that decision. I can promise you there will be surprises. Your dream job may be your least favorite rotation this year, but that’s okay too. This is the time to figure that out. Seek out what will make you happy long term because ultimately that’s what matters most. No matter what you choose, medicine is hard work and takes dedication. Do something that gets you out of bed every morning. You can’t be good at something if you aren’t happy doing it.

The best advice I have for you in this upcoming year is to always be enthusiastic, treat every rotation as if its what you are going to do for the rest of your life, do more than you are asked, be on time, have an open mind, try and get along with EVERYONE no matter how difficult it may be, and most importantly have fun!

Best of Luck!

Sincerely,

Jennifer Franke
MS4
Hello there newbie,

Congrats! You’re already ahead of the game just by getting this far you little genius! Get pumped. The next year is going to be one of the most rewarding and one of the most grueling experiences of your life. I thought they were exaggerating when people told me that last year…turns out they weren’t. There are going to be days when you are pretty sure your feet are going to fall off if you don’t sit down, that your eyes may physically shrivel up if you don’t sleep and that you may go into AKI if you don’t get a drink of water. But you’ll get through it. It won’t be easy but you’ll get there.

Everyone is going to tell you to smile, be on time and be interested and that will get you through. But when you’re told to arrive at 4:30am to see your intern’s consults and write all his notes so he can sleep in, you may be less than smiley. And after a 19hr day you may oversleep and fail at the being on time to pre-pre-prerounds. And there will be things that you just don’t find interesting, no matter how enthusiastically you smile and nod. So if it’s not smiling and being on time, how do you get through it?

Find the guy who has your back. There are some people out there who are going to try and make you feel small. Insignificant. They are going to look at you like you’re scum despite the fact that you just worked your butt of for them for three weeks. Shake it off. They’re the same punks that pushed you down on the playground and gave you wedgies. They’re just jerks. They’ve always been jerks and everybody knows they’re jerks. Don’t allow anyone you make you feel less valuable than you are. You’re important. If to no one else other than your patients, you’re important. And you’re integral to your team if for no other reason than keeping them caffeinated and entertained on night float. So shrug off the jerks and find the guy that has you covered. Find the resident that will walk you through every pimp question the attending is going to ask so that you look like a knowledge beast on rounds. Find the attending that will teach you how to read a CT so that when you are asked to interpret one you’ll at least be able to say something more than “ummm…?” And most importantly lean on your teammates. Work together. Be there on time to help each other. Text them if they’re late and tell them to get a move on. Teach each other the pimp questions you just got asked because these guys all repeat their questions. You’re going to meet and work with classmates you never knew existed and it’s going to be great. They’re hidden gems and they’re going to be your new best friends. Oh and don’t forget. If someone does treat you like poo the deans and the clerkship directors are usually there to take up the banner for you too. So you aren’t alone in this!

The hardest thing next year is going to be knowing what your job is and what that entails. The best advice I ever got was this. You’re job is to convince them that you’re right. Go and interview a patient and come up with some kind of plan for whatever you think is going on. Present them in a way that shows them that you know what each positive and negative exam finding means for your diagnosis. Tell them a story. Head to toe. Lead them down the path you think is right. Sometimes you’ll be wrong but you will get credit for trying and you’ll learn so much more that way. Don’t forget that that’s why you’re there. You aren’t there to make sure the intern’s clerical work is done, or to make sure the sutures are cut to perfect length. Those things are nice to do but you aren’t getting paid. You are literally paying to hang out and learn. So learn. Find new experiences. Find good teachers. Don’t settle for being left alone in an office to stare at a book all day.

And as you get towards the end of the year the entire world will be asking what you’re going to do with your life. It’s going to be ridiculously overwhelming if you don’t have a good answer, but it’s okay not to know! Just prepare like you are going into the most difficult specialty you are considering and then if you change your mind everything else will be easier. Be patient. It will all fall into place by the time you finish up the year.

So for the next year…persevere. Fight the good fight. High five when something goes right and watch funny videos when something goes wrong. Just keep pushing forward and you’ll get there. I promise.

Good luck, you’re going to rock third year!

Maeghan Gibson
Dear MS3s,

This is my advice to you:

1. Sleep.

The absolute best thing I did for myself to excel this year was keep a very regular sleep schedule. I forced myself to get in bed 8 hours before I had to wake up even if that meant going to bed at 7:30pm. You will find that on some rotations, especially at the beginning, you are using 110% of your brain trying to look and be competent, while on your feet constantly, and caffeine can only do so much. You will be able to think of the answers to pimp questions much more easily with a good night’s sleep and you will learn more throughout the day. I know this concept seems obvious, but when you have to wake up at 3:30am every day for surgery and should get in bed by 8pm, it’s hard to adjust to, but just do it. You’ll be so much happier.

2. Don’t stress about evals.

If you show up on time, ask to help your residents, and have a good attitude, you will do fine evaluation-wise. You are going to say dumb things and get questions wrong, but residents and attendings can tell when you are putting in good effort and care about the work and the patients. That goes farther than medical knowledge or trying to suck up and quote articles. And if you put in the effort, you’ll end up with the medical knowledge anyway.

3. Try to study a little bit every day.

Even if that means reading one case or doing 20 UWORLD questions. Be consistent with this and you’ll be ready for the shelf. You won’t be able to study multiple hours a day like you’re used to and that’s ok. The shelf exams are much like your shelf exams first 2 years. If you’ve studied, you basically feel like you’re giving decent guesses to all the questions, but they are always hard. I used:

- Internal Medicine – UWORLD supplemented with Step up to Medicine
- Surgery – don’t know what to tell ya for this one, I did NMS and Case files and did fine, but the exam is pretty much like Medicine
- Family – case files, pretest is really good, AAFP board questions if you have time
- Peds – pretest, UWORLD
- OBGYN and psych – haven’t finished rotating through these yet!

4. If an Attending offers to write you a letter, always say yes thank you, no matter the specialty. You don’t have to submit all of them, but it’ll be less stressful 4th year to have 1 or 2 under your belt.

5. Some people are just mean.

And there is nothing you can do about it. If you have good intentions and communicate well, it is their problem, not yours. Bite your tongue when necessary. I remember during part of a rotation feeling so timid and dumb and like I was walking on eggshells constantly. I hated myself for being such a pansy and letting everything get to me, I never thought I would be like that. When that rotation was over and I encountered other meanies or tense situations, I realized how much stronger I was for going through that and was actually thankful for it.

Third year is pretty intense in every way. At times you’ll have no idea who you are and you’ll have never felt so incompetent and for all us crazy med students, that is the worst feeling. But then eventually you start to figure out exactly who you are, what is important to you, things you like and don’t like that you never even thought about before. You will really grow this year in many ways. It’s pretty cool.

Be confident and humble. You’ve got some amazing experiences ahead of you.

Love,

Andrea Goode
Dear Newly Minted 3rd Years,

One of the first things you will learn about 3rd year is that you will never be short of some survival tips and advice from those above you. This book really hammers that point home. But don’t take our advice lightly – we’ve been there before and we can help you learn from our mistakes and/or successes. So in the spirit of things, let me throw my two cents at you and bestow upon you Thomas’s top 10 list of do’s and don’ts for victory:

10. Be early: Always get there before the interns arrive. Set a minimum of 2 alarms in the morning to avoid sleeping in. NEVER be late.
9. Stay late: Do not ask to leave before you are told. Feel free to ask, “Is there anything else I can help you with?” but keep that to a limit of 2-3 times per day.
8. Always look busy: Whether you are frantically working on something or not, act like you are on a mission. Walk briskly through the hallways with a purpose, even if you’re lost or just looking for a bathroom. Make it seem like you have somewhere to be.
7. Related to number 8, always carry a folded stack of papers around, preferably with writing on them. Always.
6. Schedule psychiatry during your favorite time of the year: Spring, summer, hunting season, and right before Christmas are all acceptable times. You’ll thank me later.
5. Don’t make excuses or talk back to anyone: This includes nurses, attendings, residents, interns, techs, janitors, mirrors, walls, etc…
4. Don’t be sensitive to criticism.
3. Figure out who the “difficult” nurses are and smother them with kindness.
2. Work hard, but don’t kill yourself: There will be times this year where you will be working so hard for so long, that you may overlook taking care of yourself. Don’t forget your basic human requirements: food, water, sleep, and maybe a shower every now and then.
1. Don’t forget to stop and smell the roses?: Enjoy your 3rd year experience. You’ve been waiting for 2 years to finally touch patients and apply the knowledge you’ve been acquiring. Don’t be afraid to get your hands dirty: enjoy all the interesting smells, get some blood on your pants, or maybe rub your sleeve through some vomit. When times get tough, (and believe me, they will get tough) remember how hard you worked to get to this point. You’ll live.

Best of luck!

Thomas L. Hand
Dear Third Year,

   Congratulations, and welcome to your clinical years! This is the real thing, the time when you’ll begin to learn your chosen profession. This year is full of so much learning! I can’t tell you everything you need to know to help you succeed in one letter; learning how to succeed on your own is part of the process that will transform you into a physician. However, I’d like to share some of the most important things.

   The most important thing I can tell you is to really take advantage of this opportunity to get to know your patients. It may be a little intimidating at first, but you will be amazed at how people will open up to you. The trust they will place in you is an honor, and the information you can learn can be very helpful to your team. The experience I will most remember from this year happened on pediatric heme/onc at CHoFSA. I was assigned to a teenaged boy with a cancer that was most likely terminal. He was depressed from his diagnosis and, to make things worse, had very poor family support. I spent three weeks with him watching him lay in bed all day. Every day, he told me he was dying. I spent hours talking to him and trying to motivate him to get out of bed and attempting to do what I could to help him cope with his illness. He’d often cover his head with the blanket and tell me to go away. However, eventually, my efforts paid off. He began to open up to me and to do what I asked him. My team would send me to ask him questions and get him to do physical therapy because he wouldn’t work with anyone but me. One day, he let me walk him around the floor. We went hobbling around the ward with him leaning on me and me pushing his IV pole, playing Ozzy on my phone. I’ll never forget the day I told him goodbye. He shed a few tears and thanked me for being a friend and for listening. Sometimes in 3rd year, it was frustrating because I felt like I wasn’t making a difference. But this experience showed me that I really was. It also became an inspiration to me for the rest of the year.

   The most difficult part about third year is getting out of bed in the morning. If you can do that, then get to work on time and have a good attitude every day, you’ll do well. Learn all you can and enjoy this year, because it will be over before you know it. And don’t get upset if you don’t know all the answers when you get pimped. They don’t expect you to know everything. If you did, you wouldn’t need to be in third year.

Good luck!

Sandra Hardin, MS3
Dear rising Third Years,

If you are anything like me, you have long since recognized the fact that during your first two years in medical school, just about everyone is boiling over with information about what to learn, how to learn it, and how to apply that hard-won knowledge in a way that will translate to the most correct circles when you bubble in your Scantron on test day. If you had set aside the time to adhere to all of the advice you received, it is quite possible that you would still be buried in every resource known to the medical world, studying rigorously for your first set of module exams. You will hopefully have also noticed that just about all of that information borders on the near side of worthless when you lack any sort of insight into the type of person that is giving that information to you. A well-meaning colleague might give me a library’s worth of excellent textbooks on the subject matter I need to have committed to memory in order to make my grades, without realizing that my attention span whittles down to goldfish levels when it comes to systematically tackling the scientifically opulent and stylistically devoid material they have endowed me with. When you boil it down, any advice you receive is a product of another’s experience and therefore a unique, personal distillation of intelligence, personality, motivation, and perception of which only a fraction may be useful when applied to your own life and your own set of talents and abilities.

In an effort to keep these things in mind and avoid wasting your time, I will start with a short disclaimer so you can decide whether my two cents is worth your next few minutes. Academically, I have done moderately well, with A's and B's in mostly equal proportions translating to a current GPA of 3.5 and middle of the pack class ranking. Similarly, my Step 1 score of 231 puts me in decent, but not spectacular, standing for the applications I plan on submitting for a residency in Emergency Medicine. I generally study using question books and banks or by reading up on my patient’s diseases because I need feedback to keep myself motivated to make information stick and fill in holes where my knowledge is lacking. This year, I have received very positive commentary on my performance in clinical rotations. Additionally, I’ve made a conscious effort throughout med school to stay involved in extracurricular activities; traveling and playing rugby with a local men’s club, drumming in a band, gardening, reading books for fun, and getting out and about in San Antonio and Austin. Finally, the following advice is general because I try not to make assumptions about people, the duties and context of your role on each rotation is highly variable, and I don’t think expounding on the subtleties of studying, presentations or electronic medical record usage does anyone any good. If any of this strikes a cord and you feel my input might help, by all means, read on.

Don’t Listen to the Whiners – If I had one thing to say to everyone, this would be it. Every rotation I went on was apparently supposed to be the worst, with the meanest residents, the most insufferable attendings, and the most inane problems to trudge through each day. I even had friends switch rotations just because they heard through the grapevine that one was harder than another, with more hours, a heavier workload, and higher expectations. What baffles me about this is that for every person that just hates ______________ (fill in with whatever specialty you wish), there is another that absolutely loves it and will soon devote a vast portion of their adult lives to the study and application of that field of medicine or surgery. Lending an ear to hear the woes of a fellow student during a less than ideal situation is a must, and being able to trade stories about the joys and difficulties encountered on your journey is what makes being human the best of all possible situations, but the truth is that there are innumerable influences and tiny nuances in each of our lives that will draw us to one field or another and to take someone else’s word, or the temptation of afternoons off when your investment of time, money, and effort is already so vast and to deprive yourself of an experience that could be life altering is a serious error in judgment.

Do your best to show up ready to work on day 1 of each rotation excited and open minded about what you are about to do because your preconceived notions can radically affect how you view your situation. Ignore the haters and nay-sayers. Form your own opinions and define your own preferences as you go.
Ask Questions – To me, there is no easier way to learn things than to have someone with a vast knowledge of a given subject explain the material that you don’t understand on your terms and in the context of your own ignorance. You are at an institution of learning and are paying for an education that you should milk every last drop of information out of. This is also the beginning of the end in terms of our incomprehension being acceptable and expected, take advantage and get as many potentially dumb mistakes out of your system as you can. This technique comes with a bonus as well. Everyone loves when you take an interest in their knowledge, skills and abilities, so intelligent questions can help score big points with attendings, residents, nurses, techs, and fellow med students.

Play to your Strengths – Some people are just good at certain things and everyone should know by now what they are for you. Information, languages, interactive skills, humor, whatever. I had a friend with an encyclopedic memory of drug names, interactions, indications, and side effects as well as diagnostic criteria for diseases that made him shine on rounds and pimping sessions. I do a decent job of shooting the breeze with people and have a great memory for worthless facts and tidbits that I pick up while surfing the internet, reading magazines, watching TV and listening to the radio. Whatever it is that you’re good at, exploit it. Pursue your interests and if a situation comes where your strengths are of value, be ready to show off a bit.

Have Fun – When you step back and take a broader view of the situation, the first two years of med school are devoted to knowledge building and the second two are devoted to its application and learning what you want to be. Essentially, you are currently in the middle of an intensive hands-on acting course with the hope that by the completion of your curriculum, you will have developed the ability to play the role of doctor proficiently and effectively. It will be years still before any of us are trusted enough to have human lives directly in our hands without close guidance and an experienced set of eyes looking over our shoulders so don’t get too worked up. Observe the styles and techniques that the doctors around you have developed to execute their part, try your best to emulate and mimic the performances you admire, and make note of the mannerisms and affectations that you dislike. You’ve put your last 18+ years of education into this and if you aren’t having a pretty good time most days, then you either made a serious mistake in your choice of career path, or you’re doing something wrong and need to try a new approach.

I hope something in there helped,

Nick Harrell
Dear Third Year Medical Student,

Get excited! You have made it through the arduous hours of lectures and studying, awkward standardized patient encounters, and the Mt. Everest also known as STEP 1 and you are now at the brink of what is arguably the best part of medical school. It is finally time to start doing what you came here for. You will be challenged intellectually, physically, and emotionally. If I was going to go back and do it all over again, there are some pieces of advice I wish I would have known.

First of all, it is one of the things medical students fear the most- the ever dreaded pimping (aka being asked questions on rounds or in the operating room in front of attendings, residents, peers, nurses, and techs who all stare at you as you try desperately to search for the answer that you probably once knew months ago while studying for STEP). Don’t panic, give your best smile, and remember that most of the work in coming up with the answer is figuring out what they are asking in the first place (because as soon as they say the answer, you will think it is obvious and why would they be asking that anyway). Respond with what you know about the topic and try to reason your way through it. Take it like interview questions, take a little time to think, and then start talking so you don’t look awkward just standing there. And if you really don’t know, say you don’t know, but you would be happy to look it up. My best trick to mastering pimping is to beat them to it and ask a lot of questions yourself. Most of the time, if you know at least a little about a condition or procedure, asking an intelligent question will show the attending that you have a baseline of knowledge and want to expand on it, not to mention you are showing interest and taking initiative in learning more about your patients. Can’t think of a question? Most of the time, just ask why something was (or wasn’t done). You will not only learn about the standard of care for a certain condition, but also a bit into the thinking and decision making process of tests, procedures, and choosing the right medication instead of just memorizing what is done. Sometimes, asking questions can backfire and the attending will turn around and ask you the same thing or give the standard response of “look it up”, but even that is an opportunity to look up an article and present it the next day, showing off your knowledge and talents even more. It also doesn’t hurt to ask something you already know the answer to, especially when it helps break awkward silences on elevators.

Sleep deprivation is something that you have already become accustomed to during medical school. Take that sleep deprivation and quadruple it. I never thought I would get to the point of falling asleep standing up, but it happens. Make sleep a priority when you can, and make caffeine a priority when you can’t. But really, don’t stay up and watch that 20 minute episode of Modern Family because you think you have time. Just sleep. Try to maintain all those sleep hygiene habits they teach you- go to bed at the same time and wake up at the same time every day. Only use your bed for sleeping and not studying. When on night float and you have to sleep during the day, invest in some heavy curtains. The thing that worked best was forcing myself to stay awake all day the day before night float, with a quick nap before my shift and then staying up all day after the last day of nights (again, with just a quick nap) so that you transition to normal hours faster. Always carry a granola bar in your pocket. You never know when (or if) you’re going to get a lunch break and fainting on rounds from hypoglycemia is never a good story.

Not only will your mental and physical capacity be pushed to the limit, your emotional stability will be tested third year as well. A lot will be expected of you when you don’t know what to expect yourself and it can be stressful. You will have to be the last one to leave the room after the surgeon tells a family their son/daughter/wife/husband didn’t make it. You will have to describe the criteria of brain death to an attending while performing a physical exam on an 18 year old victim of a car accident. You will hear stories of heartbreak and loss. Your sense of humanity will be tested in ways you never thought it would. You will hear yourself complaining about patients and the way you lead their lives and how annoying their body habitus is. And then your will realize that your annoyance in talking to a homeless man about medical records and past hospitalizations after working a 13 hour work day without eating is unfounded and your pleasant tone of voice, smile, and patience, is the best care that can be provided to this man who has gotten the run around from hospitals around town because of his social status. Reflect often on your reasons for wanting to become a doctor, wanting to help people, and let that above all else shine through your work.

Go forth and prosper future doctors of America! Saving lives one “MSIII Progress Note” at a time.

Sara Hartnet
Dear MS3,

Congratulations!!!! You are embarking on a new chapter in your career. Now is a time of excitement mixed with nervousness and worry. The next year will be full of new experiences for you. Many memories will be made and there will be moments that you will remember for the rest of your life. Before you begin your new adventure I have some words of wisdom to share with you to make the transition to the clinic years a little smoother.

• Patients come first—Take advantage of the opportunity to get to know your patients. This is what you have been waiting for ever since you decided on medicine as a career. Residents are very busy during the day and don’t have the time that you will have to know your patient well. Take that extra time to go visit them again in the afternoon and to make sure all their concerns are addressed. You are an advocate for the patient, and you should take this new job seriously.

• Be on time—This may sound like common sense, but you’d be surprised. Being on time shows that you are committed and interested in learning. It also shows that you are reliable and responsible. These are definitely qualities that every attending expects of not only students, but residents as well.

• Read about your patients—This is important because not only will this help you remember details for your exam, but more importantly this will help you to give the best care to your patient. It is amazing to me how much more you retain when you are actually doing the things you are learning about. Plus, you will look like a rock star when you know all about Ranson’s Criteria and how it applies to your patient with acute pancreatitis before a resident or attending tells you to go look it up.

• Don’t be afraid to say “I don’t know”—This seems scary to us because we are trained to think that not knowing an answer translates into being stupid or being a failure. This is not the case for third year. You will not know all the answers and at times you may feel incompetent, but believe me everyone is in the same boat and feeling the same way. Medicine is such a big field and we cannot possibly remember everything. Attendings know this as well, and they will tell you that they don’t even know everything. They know we are here to learn. If you are asked a question just remember that they are not asking questions to see how smart you are, but to teach you and help you learn.

• Be a team player—You will be meeting and working with many new people throughout the year. Be friendly and pull your share of the workload. Team work is a big part of medicine. Don’t try to out shine each other, because that never looks good. Attendings would rather see you help each other to figure out answers instead. Be tolerant of other personalities and learn to work together as a group. Group dynamic can make or break a rotation so keep that in mind.

• Lastly have a good time—Open yourself up to the new experiences that you will encounter, even if it is in a specialty that you don’t think you will be interested in. Believe me the residents will notice and so will your attendings if you appear disinterested. Not the best way to make an impression. Open your mind and be enthusiastic, you are going to be dealing with REAL patients!!!! This is what you have been studying for these last two years, enjoy yourself.

I remember the first baby I delivered, and how I almost cried watching a father comfort his wife while she gave birth. I remember the first patient I had to relay bad news to and the feeling of her soft hand as I held it. I remember my first difficult patient and how proud I felt when he thanked me for just listening. I remember the first time I had to perform a hernia exam on a real male patient and how I attempted to act confident with my face bright red. Third year is about memories and learning from them. I hope your third year experience is as meaningful to you as mine was to me. Keep an open mind and a caring heart, and never forget to put your patients first.

Good luck,

Leah Hernandez
Dear 3rd year,

Congratulations on making it through the first two years of medical school and crushing Step 1! Most of you are probably excited to be getting out of the classroom and into the hospitals or clinics, spend time talking to and taking care of patients, and put all the knowledge you’ve learned into action. There may be a handful of you who are more on the apprehensive side to leave the comforts of the classroom and actually needing to impress. That was exactly how I felt. But regardless, you are all in the same boat.

Everyone is nervous and anxious about 3rd year because it’s a whole new world of long, exhausting hours at the hospital/clinic with the pressure to perform, and then going home to prepare for the next day and studying for the Shelf. And don’t forget about needing to sleep, eat, work out, taking care of the family if you have one, and everything else that may be important to you. There will be days when you will like what you’re doing and days when you flat out want to quit.

My first piece of advice is to make sure you have a life outside of medical school that makes you happy. This will make the rest of my advice easier. 3rd year will stress you out and if you have nothing to escape to, you will be miserable. So make something else equally or more important, whether that’s your family, your faith, your pet, some particular hobby, etc. and find happiness in that so when you have a hectic call day on inpatient medicine or feel completely clueless on surgery, you know that there is something more important that defines you and makes you happy.

Second, accept that you won’t know a lot of how things work and you will make lots of mistakes. People may make you feel extremely dumb and incompetent. And you may come to find that no matter how prepared you try to be, there is always something you forgot to think about. It’s okay! Learn from the experience, and fight the urge to feel discouraged. Don’t take it personally, and just remind yourself that you’re in the same boat as your fellow med students and that your residents and attendings were too. You’ll get there!

Third, study when there is down time. And there will be lots of down time. Sometimes you may worry that you should be doing something, so just ask a resident. If there’s really nothing to do, then your job is to study. This may open up your night to do more important things like in my first advice. Time will be very important in 3rd year, so when you have some during the workday, take advantage of it and study. It might also make the day go by faster.

Lastly, always have the future in mind. If you don’t like a particular rotation, it might not be the specialty for you, so just remind yourself that it won’t last forever. Don’t let it bring you down. If you do find yourself enjoying a rotation and think that maybe this could be your chosen specialty, hold on to those positive thoughts and use it as motivation for the not so enjoyable ones. It will give you purpose for going through the grind sticking it out.

My goal with these four pieces of advice is hopefully to show you that preparing yourself for 3rd year is all about preparing your attitude. Going to work will be a big part, so it is essential to make room for it. But though this clinical year is important, it is still just another part of your life and should not overcome you. Bottom line, there is life outside of medical school and beyond the 3rd year, so don’t sweat it. Do your best, and I have no doubts that you will all do great!

Wishing you all the best!

- Steffi
Dear MS3,

Congrats on completing your second year of medicine and finishing that ridiculous Step 1 exam! I know that the thought of starting third year and taking care of real patients alongside peers, residents and attendings freaked me out when I was in your place, but I promise that you will enjoy your third year much more than you enjoyed attending lectures for the past two years. That said, third year is more demanding, more difficult, and more challenging than the first two years without a doubt. Hopefully some of the advice I can give you will put you at ease and get you excited about the year.

One of the things I worried about the most in starting third year was that I would be pimped relentlessly. Being pimped is just a reality of working under an attending and you will find that not all attendings will crush your soul with question after question. Most of the attendings are just trying to gauge your current knowledge and want to teach you relevant information that applies to patient care. It is okay to not know the correct answer and to say “I do not know.” What is more important is that you do learn the right answer if you do not know it and be sure to apply it to your current and future patients. Also, if you find down time between seeing your patients and presenting to a superior, take some time to look up additional information about your patients and think not only about the differential, but what needs to happen to better evaluate and care for the patients.

The other issue that I was concerned about was that I would make mistakes that could potentially harm a patient. Do not worry about this! In fact, it is best to tackle anything you feel uncomfortable about early in third year so that if you make mistakes, you make them early, get feedback, and learn how to look like a rock star when you have the opportunity to perform the same task later in the same rotation or on a different rotation. The only warning I have about this is that you should never say you know how to do something when you honestly have no clue. Ask for help when you need it and if there is something that you are concerned about or feel uncomfortable doing, let someone know! You are not alone and it is pretty easy to get help.

Another concern I had was that I would spend all day (and/or night!) in the hospital and that I would have very little free time and, much less, study time. It is true that you will work tons during third year and that your schedule will interfere with your life outside of school. Honestly, I thought it would be much worse. Not all rotations work you 12 hours a day for 6 days a week. Take advantage of your free time as you see fit and be sure to get some sleep before the next shift. You will learn a great deal of the information you need to know for the shelf exams simply by caring for your patients and being proactive at work. If you find some down time during the day, study there so you make some free time when you go home. Just be sure not to neglect your patients or look like you are playing on your phone all day.

Lastly, I was concerned that I would have issues working in some teams and the other students, residents, nurses, and attendings would be ruthless and or difficult. This never happened in any of my rotations! If anything, I made even more friendships working with students I hardly interacted with during the first two years. Most of the other students will work with you as a team and you will all have each other’s back during your rotations. As far as residents, nurses, and attendings are concerned, if you can show them respect and your willingness to become a better physician for your patients, you will have an awesome time working with just about everyone. You will occasionally work with someone who is just having a bad day and it is important that you do not let that affect your work. Also, do not be afraid to be yourself amongst your team; personality and humor can really make your workdays fun and can improve your evaluations.

In conclusion, if I had known what third year was like before I started, I would have been much more excited and eager to start that first day than nervous and timid. You finally get to take care of patients for real! Learn from your experiences and get your monies worth out of your rotations. It’s going to be awesome!

Sincerely,

Michael Herzik
It's hard to comprehend the fortitude required of military spouses. I felt like I had a total grasp on this after moving across the country for my husband's military assignment. However, it wasn’t until he deployed to Afghanistan during my medicine and surgery clerkships of third year that I felt I truly deserved the accolades for the sacrifices my family has made. It takes courage to comfort a weeping four year old and tell him his daddy will be safe, when the truth is his base was attacked the night before and his safety is unknown. It takes endurance to spend 14-hour days at the hospital and then come home and read bedtime stories to your children that are missing their mommy as much as they’re missing their dad. The combination of challenges is hard to replicate. The perseverance and dedication to my work and family was more than I realized I could accomplish.

Sometimes the challenges faced can seem insurmountable. Yet, from these struggles comes strength. I am proud to have grown from my experiences during third year clerkships and to be able to bring these qualities to my future career as a physician.

Jessica Hollingsworth
Dear Third-Year Students,

Congratulations on reaching the halfway point in your degree! It is a milestone and a big step forward. Expect personal growth like you never imagined possible in the coming year. You will experience high’s and low’s this year like you’ve probably never experienced before.

Most of my classmates will offer you tips for success and how to avoid stepping on toes. Most of their advice will be intuitive, and extremely valuable, but ultimately people don’t change their true personality based on this advice. So just be your self and you will succeed.

What I found I enjoyed most about letters to a third year were the positive anecdotes. They helped fill me with energy and excitement before getting underway. Here are two stories from my experiences that I value:

On my very first rotation, medicine, I met my first patient who had just suffered a central retinal artery occlusion. Knowing nothing about the medical work-up needed for my patient I found all I could do when pre-rounding was chat with my patient about life. In doing so I got to actually know her from a social stand point. I knew her dietary habits, her social habits, how she had lived her life. She laughed and joked with me. I even shared my trepidations of being a new third year. When she hesitated about starting anti-coagulation therapy I counseled her, in my simplistic understanding, of the benefits and risks of doing so. She was the perfect patient to start my medical career with. She was kind, understanding, and full of life lessons. Unfortunately, not every patient has been such a great role model but they all have something to teach us.

Now, eight months later, I found myself slogging through OB-GYN night float. On the fourth consecutive night, at 4 a.m., I found myself only desiring sleep. I wanted nothing to do with another gynecologic complaint. Needing a mental pick-me-up I walked over to the newborn nursery. While not always the case, I found the nurses running the nursery as kind and sweet as I could hope for. I told them I was working night float and just wanted to smile at some babies. They waved me in and I walked around the nursery looking at each newborn. These young patients literally instilled me with life. I felt refreshed and hopeful. Secure in tackling the work ahead of me. As I left the nurses told me to come back any time and smiled at me as I left.

I won’t soon forget the diverse experiences I’ve been privy to as a third year medical student. Though hard, I recognize that in eight months I’ve seen things that the general population will never experience. Use this to your advantage, see and do as much as you can.

Best of luck and here’s to your own unique third year experiences!

Ryan Horton
Dear Third Year Student,

Congratulations on finishing your first two years of medical school and finishing Step 1! This next year you are about to experience will probably be one of the most interesting and memorable years of your careers and lives. I will start with possibly the most important advice I can offer you and that is to make the most out of this next year. We are given this opportunity and it is easy to forget that we are privileged to have this unique experience.

With that advice in mind, you will experience situations that will be out of your comfort zone and situations where you will feel completely out of your element. Try to still seize these moments and adjust to the situation. Be sure to still be the best you can be and learn from these situations. Speaking of being the best, I think one thing I realized this year is that you should try to be the best you can be and not always try to be the best. You will realize that this will make your life easier and make working with your team more enjoyable.

One of the most enjoyable experiences of third year is working with your classmates and being able to experience this amazing journey with people who are your friends or classmates who you have never interacted with. Take the time to get to know your classmates and take this opportunity to make new friends. Remember, that you are in this together so try to help each other out during the rotation. Work as a team and pass on information that could be potentially helpful to your classmates when working up a patient. Work as a team by offering a hand to your residents and classmates when you have nothing else to do. Try to pick up on routines and things that happen every time during a situation and try to be proactive. Residents and attendings will notice how well the students work together and how smoothly a team runs.

There will be times however when you will feel completely useless and helpless. During these times realize it, try to not get in the way and just try to learn from the situation. Even though you may not be helpful during a particular situation you are still a student and are there to learn. Continue to ask questions and be interested. Similarly, there will be times where you will feel miserable, whether it be long nights on call or very early mornings. During these times try to remind yourself to have a positive attitude and that your patients are giving you this privilege of caring for them and helping them in their time of need.

Utilize your time wisely throughout your day and be efficient. Learn quickly and adapt to each rotation. Everyday will not be the same, but each day should be similar to the previous, so predict how your day will go and be efficient with your time. Being efficient with your time is one of the keys to balancing work, studying, and life. I found it hard to effectively read and retain information during the day in a team room or when everyone is around, but I found doing questions by yourself or even with other students really made my study time at home significantly less. With less study time at home, remember to still have a life outside of medicine. Continue to go out with friends and family. Continue to do things that you love to do. Much like the first two years of medical school, it is important to enjoy things in life; this is what will keep you sane during third year.

Best of luck to your third year and try to enjoy every moment of it.

Sincerely,

David Hu
Beep, beep, beep, beep. My phone violently shakes as the high pitched shriek of the alarm reverberates along the walls in my room. It’s 3:45am on Day 1 of third year. Sadly, I’ve been awake for the past two hours, dreading this very second. I tossed and turned all night, trying to push my racing thoughts of failure into the back of my head. What do I expect? How do I pre-round on patients? What do I ask them? I refuse to turn off my alarm, hoping this is all a dream. Beep, beep, beep. Ok, reality check, this is it, my first day on ObGyn. I pull myself out of bed, splash some cold water on my face, and throw on some scrubs. Still half asleep, I stumble to the kitchen, choke down a few bites of cereal, grab a cup of coffee, and head to the hospital.

1, 2, 3, 4…Floor 4, ObGyn. Here we go. My heart is about to beat out of my chest. I walk into the nurses’ station with eight other terrified med students, write my initials next to two patients, and slide into a chair in front of a computer. Ok, now what? I’ve never done this before, what labs are relevant? What previous notes do I read? What do I need to know about my patient? I realize I have no idea where to start. I’ve never even used Sunrise before, even if I knew what to look up I would have no idea how to find it. My head starts to spin, sweat drips from my brow, and I can hardly swallow. I would ask a resident, but oh yea, they aren’t here yet. Worse yet, this will be the interns’ first day, which means a thick haze of stress and anxiety is about to fill the corridors. They won’t have the time or patience to help out the med students. Great…

My hand shakes as I knock and open the door to her room. My patient is sleeping soundly, her husband sleeping on the couch next to her. I whisper her name and surprisingly she awakens with a smile. This may not be so bad after all. I stumble through my first few questions, but she answers and even elaborates! Victory number one of third year! As I’m walking out of the room, desperately hoping I did not forget to ask something, I realize I never performed a physical exam. Phew, that was close. I awkwardly stagger back to the patient and politely ask her if I can do a physical exam. “Of course, I was waiting to see if you would remember” she responds, and a slight smirk forms at the corner of my mouth. Maybe this day won’t be so bad. Then, it hits me. What exams do I do? I certainly can’t spend 30 minutes doing a full physical. Well, looks like I’m winging it. Head, heart, lungs, abdomen, extremities. Let’s hope that’s it…

Welcome to third year! Third year, in a few short words, is unpredictable, scary, exhilarating, and exhausting. On your first day, you may feel like I did, as my scenario above depicts, but I promise you will survive. We all did, and so will you. It is by far the best year of medical school. You finally get to feel like a real doctor, no longer sitting in a classroom for hours on end struggling to listen and pay attention. A few short words of advice to help you succeed during your third year:

Be on time. Med students are very forgettable. Some residents and attendings will forget your name on a daily basis. However, they certainly will remember your name when you walk in 20 minutes late to morning report.

Be enthusiastic. The majority of your grade third year comes from evaluations. Be early, always ask questions and volunteer to help, and never look like you want to go home! Always act like you want to go into that profession, no matter if you absolutely hate it. Your apathy shows and will not be looked at kindly.

Be a team player. Do not, under any circumstances, throw your fellow classmates or residents under the bus. Attendings don’t like to see it, and I promise it will come back to haunt you. You are always on a team in the hospital, and even one slacking medical student can make the whole team look bad. Help each other out, and I promise the residents will notice.

Study. The best way to impress your residents and attendings is by demonstrating you have read the material and are interested in it. You will never know more than the residents, but at least knowing the basics is a good place to start. Additionally, the shelf exams are very challenging, so start studying from Day 1.

Lastly, have fun! There are no bad rotations unless you make them bad. I enjoyed every rotation I had, even if the subject was not interesting. Just remember, you’ve been studying non-stop the past two years just to be in the hospital, so enjoy it.

Sincerely,

Jonathan Hughes, Class of 2014
Class of 2015,

By the time you have received this book, you have (hopefully) gotten that exam-that-must-not-be-named over with, made it through MS3 orientation, and had some good vacation time and rest. Now it’s time for third year: the most exciting yet terrifying, energizing yet exhausting year of medical school. No matter what rotation you have first, you will quickly be presented with a large list of tasks, assignments, and clinical skills that you are expected to complete and have mastered in a relatively short amount of time. And though it is important to learn as much as possible, you WILL NOT learn or finish everything. You will not get every pimp question correct. You won’t throw a perfect suture every time. Let it go now, gunners.

So, if there if there was one piece of advice I could give you for third year, it would be to celebrate the small victories. They won’t be the things the intern thanks you for, or that the attending stamps with “solid work.” It’s the little things that are going to help you make it through the year, trauma call, 6 hr medicine rounds, Ob-Gyn night float. It’s up to you to define and celebrate your own small victories when they occur (suggestion: spontaneous dance party), but were a few of mine to get you started:

Pediatrics
- Successfully dodge baby urine
- Successfully dodge vomit
- Make it through the rotation without getting sick. Good luck with this one.

Family Medicine
- Diagnose diabetes. You got this.
- Convince a patient that it’s a virus
- Convince a patient that they don’t need antibiotics

Ob-Gyn
- Gowned and gloved before baby is actually born. Sounds easy enough, you’ll see when you get there.
- Make it through 5 hr Gyn-On robotic-assisted hyst without breaking sterile

Medicine
- Make it through rounds without leaning on a wall for support
- Finish an H&P in under 10 minutes
- Consult or curbside another service without them figuring out you’re just a medical student. Sneaky, sneaky.
- Write a student note that remains un-edited by the intern. Win.

Psyc
- Observe a takedown
- End up on the “good doctor” side when your borderline patient is demonstrating splitting

Surgery
- Attending knows your name by end of rotation
- Finish 6 inch sub in under 2 minutes
- Make friends with a scrub tech. They are awesome, will drop hints about what comes next, and possibly feed you answers to pimp questions under your resident’s nose
- Stay awake during Grand Rounds/M&M

Pretty cheesy, I know, but I have Step 2 brain (don’t even think about it, I shouldn’t have even said anything). And in one very short year, you’ll be writing these letters to the Class of 2016.

Congrats on completing basic science and best of luck third year!

Megan Hughes
Dear New MS 3’s,

Welcome to your third year! I promise, it’s going to be a blast. I also promise that it’ll be a little terrifying and probably overwhelming at times, and you’re going to feel like the dumbest person in the room most of the time. Just embrace it. Something I tried to do as a third year student was to completely own my ignorance as to how life works outside the classroom. I tried to be a sponge and just soak up all the knowledge that my residents and attendings were more than eager to give. I was not afraid to admit that I didn’t know an answer or to ask questions. I know that you probably feel like you should know all the things and have all the answers right now; that’s exactly how I felt sitting in your place last year. It’s just not true, and I wish someone had emphasized that more. I’ve had a few attendings tell me how much they appreciated me being brave enough to just say, “I don’t know” instead of blindly and desperately grasping for and guessing at answers (Honestly, it wasn’t so much out of bravery as it was that I can only guess if I have some idea at what the answer is, and I genuinely had no idea). The residents and attendings LOVE to teach, and if you give them the opportunity to do so, they’ll love you for it.

I remember during Step studying last year seeing the then-third years (now MD’s... oh my!) as they sauntered confidently into the library in their pressed and pristine white coats to look up articles online. They always seemed so serious and seemed to know all the things when we asked them questions. Several students and I had several conversations about what we called “The Change.” It occurs sometime between the end of your second year and Winter Break of your third year, and apparently it’s when everyone becomes serious and suddenly very adult. Suddenly you can do a full physical exam in 10 minutes and write up a full HPI in 5. Differential diagnoses flow effortlessly from your mouth like a continuous, sinewy stream of knowledge. I remember being apprehensive and dubious that “The Change” would ever happen to me. My friends and I have unanimously affirmed that although we never noticed a fundamental change occurring, it’s already happened to all of us. It slips in, undetected, and you don’t recognize that something is different until it is. I mention this because I don’t want you to be nervous about feeling like your physical exams aren’t the best yet; I swear to you, if you practice them, they will be. I make it a point to do a full physical on every patient who is well enough to participate, and I encourage you to do the same. Your confidence will build, you’ll be able to do an entire physical exam in your sleep & quickly, and you’ll start developing a base of what “normal” feels like so that you’ll quickly realize when something is abnormal. The first attending I had during third year told me to do that, and it’s been the best advice that I’ve gotten so far.

Something that I wish someone had told me but didn’t is that you should try to have fun and enjoy your breaks whenever you can. There are going to be services where all you do is go to work, eat, sleep, and repeat. During Ob/Gyn I went to bed at 7pm every night because I’m one of those people who needs at least 8 hours of sleep to function and be a normal human. But with pretty much everything else there were huge windows of time in the evenings or on the weekends where I was free to do whatever I wanted. I can tell you with complete certainty that studying will not be at the top of your list of ideal activities during these breaks. Don’t be afraid to take advantage of them! Get together with your friends, go out on a date with your significant other, play with your kids, play with your cat, go out to dinner, play video games, hit up a karaoke bar, see a movie, go for a hike, take a day trip... I could go on & on. There are going to be students who study every single day and make you feel guilty for not doing the same. I’m here to tell you that I definitely didn’t study everyday and still did really well. It’s important to appreciate and enjoy your life outside the hospital.

The last bit of advice that I’d like to leave you with is just a Top Ten list of what I think is important. I know that this book is full of similar lists, most of which repeat the same things over and over, but I feel that I’d be remiss if I didn’t dispense my own version. So here goes:

1.) SMILE. Don’t be afraid to laugh or make jokes. The doctors you’re working with are all people, and I don’t know anyone who doesn’t like to laugh.

2.) Do a full physical on everyone you can. It’s a game-changer.

3.) Be confident in your treatment plan, but don’t be afraid to ask questions.

4.) If you need to eat often, pack a lunch. You don’t get lunch breaks basically ever, except on Medicine and on Psych. Definitely never on Ob/Gyn or EM.
5.) If you don’t understand something about your patient enough to give a presentation on it, look it up. Look up as much as you can about your patients’ disease processes. I don’t know why, but it just sticks with you.

6.) I know everyone says this, but when they tell you that you can go home, GO HOME! I always did, and I always got really good evals, so don’t worry. The only thing that’ll happen if you stay longer is that you’ll be there super late wishing you had left sooner.

7.) Take the Neurology option on Internal Medicine. Everyone told us that the exam was way harder than the Ambulatory one, but it wasn’t, and our Neuro exams ROCKED after those three weeks.

8.) Be grateful for everything that you get to do. Be stoked that you’re getting to walk a patient or give a rectal exam. It’s the first step in getting to do the thing you want to do the most. Also, ask to watch every single procedure you can.

9.) Be proactive. They usually don’t give us a lot of guidance, which is something that surprised me. Ask if you can help. Find something to do. If there’s nothing to do, go visit and talk with your patients, especially on Internal Medicine.

10.) BE A TEAM PLAYER. It sucks being on a team where everyone is super gunnery and back-stabbing. I was really lucky and didn’t have any horrible incidents with other students, but I know several people who did. All it does is create distrust within the team. Attendings notice, and not in a good way. Play nice with each other.

I sincerely hope that you enjoy your third year as much as I did. I’d wish you luck, but as I read in my Letters to a Third Year last year, you don’t need luck, you just need a good question bank.

Jennifer Jacobson
Dear Third year medical students,

First off, the big question everyone has, is third year hard? The honest answer is no, not really. Unlike first and second year where you went to class...maybe...then ended up studying for long periods of time, you ended up being more mentally exhausted. It was just large amounts of new material that you may or may not have heard before. The honest truth is that studying an hour or two every day during a rotation (starting at the beginning of the rotation) will be pretty much all you need to do. Some rotations have really long days, but usually you do have a downtime to study during the day, so when you’re done in the afternoon you can honestly be done for the day. Just go home, watch some tv, or spend time with that significant other. The problem is that it is more physically exhausting (I’m looking at you OB!). Studying when you have the time is your best option, you will have weeks where you work a lot less and have better hours, these weeks you need to capitalize on and get some studying in. That way when you get to the weeks where you work 14 hours a day and just pass out when you get home, you won’t worry that you haven’t been studying. Here are some rules to live by during the year:

1) Don’t be that person: You know, the person who always answers every question during class, loves to hear themselves talk...that person. By the end of that first 6 week rotation everyone pretty much knows who those people are, they aren’t fun to work with and everyone dreads seeing their name next to theirs when groups get assigned in some rotations. Being someone who helps out the team, making sure everyone knows what’s going on that day or simply allowing your classmates time to answer a question they are being pimped on. Being a team player goes a long way. Also surprisingly if you are out for yourself and try to answer every question or bring in articles every day, the residents and attendings will take notice and it’s rarely positive.

2) Food: Know where your food is at all times, be it snacks in your white coat (I saw one student put a pig-in-a-blanket in their inside white coat pocket to save for later), or just where the cafeteria is. Most rotations you will have no problem having time to eat lunch but there are a few that may require you to be eating granola bars steadily threw out the day.

3) Adapt: The first few days on any rotation is horrifying, breathe and don’t be worried to say you don’t know what to do. Often time’s attendings will assume you know what is going on and how to do something. Let them know if you don’t know how to do something and more often then not they will be more than happy to help you out or explain something, rarely will they ever get mad. Remember, the residents and attendings also rotate so they do not always know how far along you are in the rotation. Every attending is different with presentations on rounds, some want short presentations, some want everything. You just have to learn your audience and go from there.

Finally take time for yourself, it’s important to study and keep up but you might just go crazy if you don’t take some time for yourself. Taking a night off to go out with friends/watch a movie/go to dinner can go a very long way.

Best of luck,

Matt Jeffreys
Dear New MS3,

Congratulations, doc - you are officially half a doctor! Welcome to third year. Succeeding on your rotations is pretty much as self-explanatory as everyone has told you. The real challenges you will face this year are finding time and motivation to maintain a balanced life while staying on top of your studying and coming to terms with how your time no longer belongs to you. For those of you who have prior work experience, this second part will not be too difficult, but for those of us who went straight into medical school as a college graduate, this is the first time you will be working 40 plus hours a week while finding time to study for shelf exams, prepare presentations, and do all the things you do to keep yourself sane.

The key to succeeding is understanding yourself. Rotations are a chance for you to learn as much as you want to learn while at work. You can be a student who chooses to pull out a textbook during every few minutes of down time so that you can get through all the books you want before the shelf exam, or you can choose to become engaged in interacting with patients and doing procedures on the patients to build better skills for when you are in residency. You can also typically balance the two throughout the course of the clerkship. Choosing the right schedule also affects your general attitude towards going to work. It is important to make sure that you avoid burning yourself out before you get to a tough rotation or one that really interests you in terms of a future career. You have to learn through trial and error how hard you can push yourself to go home and study after a long day at work without resenting the next day or week and without falling behind. I cannot stress enough how important it is to be enthusiastic and proactive at the hospital about learning, being a part of the healthcare team, and patient care as a whole. At the end of the day, you have to figure out what schedule will allow you to succeed.

Like previous years, towards the end of third year you will start becoming progressively more stressed out. Even those students who entered medical school knowing exactly what they wanted to do will become confused at one point or another on an unexpected rotation. Take advantage of your resources in the event that you are confused. In simpler terms, visit with the deans, program and clerkship directors, faculty, and residents. Have them assist you in planning your perfect schedule to find a career that will fit your ideal lifestyle. Towards the end of third year, start building relationships with these people so that you can contact them for mentorship, research opportunities, and letters of recommendation.

Third year, like the beginning of medical school, is another transition period for students. You are now going to dive into hands-on learning experiences with greater responsibility and an opportunity to show your passion and enthusiasm as a member of the healthcare team. Although it can get intimidating, overwhelming, and exhausting, many of these experiences will only come around once in your life, and the best advice you can carry with you is to stay motivated as you continue to learn about medicine, being a healthcare provider, and most of all, yourself!

Best of luck,

Ekta Kakkar
Third Year... it has an ominous tone to it, yes? I know it did when I spoke of it during my first two years of med school. It was as if my mind inserted a Morgan Freeman voice-over just to add that extra emphasis, that subtle hint of fear with a dab of excitement.

I wish I could gift you with my “words of wisdom” to calm all your fears and eliminate any anxiety you may have, but I don’t know that I have the golden answer yet, for as this year closes I am convinced there is no “choose the best answer” response here. I can’t tell you what to do to make all A’s, have every attending love you, or dominate every shelf; I’ll kindly leave that up to my fellow classmates. But what I can do is impart on you a bit of simple advice: embrace that silly combination of fear and anxiety. After all, that is exactly what third year is supposed to be! It’s supposed to be unpredictable, because that’s what people are. You are finally free to step outside of a lecture hall and start interacting with real actual patients, real actual people. After two years of grinding in the classroom you all will have a chance to take the training wheels off. You are ready, and yet you will never be ready. That’s the beauty of third year.

So each and every day, realize that the hardest part of that day is controlling the one thing you can control, how many times you hit the snooze button. So after that second, third, or fourth snooze alarm goes off realize for the rest of the day you will no longer be in control, you won’t be acting, but instead you’ll be reacting to what gets thrown your way. It could be that horror story patient that definitely crosses one field of medicine off your list, it could be the patient that solidifies the field you want to go into, or it could be any other of a plethora of experiences in-between. It’ll be easy to react to what gets thrown your way though, because you’ve had a great experience the last two years and now it’s time to let all that hard work shine.

Best of luck!

Joshua Karlin
Dear Third Year Student,

I will be the first to admit that the third year of medical school is unique. I know that seems rather vague and contrite, but let me have a few moments of your time to explain the above designation and hopefully impart some wisdom along the way.

Special, according to Merriam-Webster dictionary, means “distinguished by some unusual quality, being in some way superior.” The third year is indeed special in that we as students finally are able to break free of the classroom and enter the world and the workforce of medicine. You will finally have that opportunity to put into practice, or in some cases desperately try to recall, all of the knowledge that you have gained over the past two years of schooling. The information will finally come together as it applies to a whole patient rather than being confined to a chapter in some verbose textbook. It is in the application of knowledge that I would encourage you to stay sharp, understand that it is acceptable to not know, and be willing to learn.

“Stay sharp” is a saying that my father used frequently during my high-school and college years. With that saying, he conveyed the importance of being knowledgeable – of actually working at learning information, actively seeking wisdom from those superior, and demonstrating your own understanding of concepts. The easiest and perhaps most profitable method of acquiring this knowledge is to read about what’s going on in your patients. I read a lot about asthma in pediatrics, a lot about birth control in OB/Gyn, and a lot about gallbladders in general surgery. Each subject “stuck” because I had physical patients to relate it to – real people behind the diagnosis. Seeing patients and trying to understand more about the nuances behind their disease process is a fantastic asset during the third year, utilize it.

The other aspect of “staying sharp” is being conscious of the environment you are in and aware of how your presence affects those around you. The bottom line here is understanding that your presence will not always be appreciated, even though we are in a teaching hospital. It’s a fact of life that all are different and that not all are willing to work with students. Thus, you must adapt. I made changes to verbal presentations from day to day in an attempt to learn and perfect exactly how different attendings wanted to hear daily information. In the same way I quickly realized which residents were amenable to help from a medical student and which residents became frustrated by me slowing them down while I learned. Therefore, I got to know those that accepted assistance really well and did my best to make them look good on a daily basis. For those residents that seemed bothered by my presence, I learned to keep my head down and get my daily work done. Be flexible, be aware, and be able to read people.

I recently expressed my personal frustration with a rotation to a good friend of mine at which he replied, “It’s okay to say I don’t know. If I look back at all the times that I had to say I don’t know – in the vast majority of those times nothing bad happened.” While it may seem rather rudimentary and frustrating to admit – I don’t know is a perfectly acceptable answer as long as you TRY. Throughout the year, I quickly came to understand that I have much more to learn in order to become a competent physician. When I am asked, I do my best to explain the answer and convey what I do know. That usually suffices because it shows that I am thinking critically and that I am beginning to think through a differential like a doctor should think. The resident and attending then fill in any gaps in my knowledge and help me to better understand which answer is correct. I understand that this particular point is a tough one to swallow because we are ingrained to provide an informed response. Most of us did well in college with this philosophy and we have been strengthened in this belief during the first two years of schooling. Bottom line – share where your knowledge level is and don’t be afraid to admit, with all of the courage that a third year student can muster, “I just don’t know.”

This then leads us to the last point, remain teachable. I did my best to enter each rotation with an open mind and made myself available to learn as much as possible during the course of the work day. I understood that I did things wrong (first time suturing was awful – especially because I was asked to do a ‘figure-of-8’ even though I had never seen one done before!). But with the understanding of doing things wrong came the ability to take criticism and willingness to make changes. Sure holding the camera during a lap chole isn’t the most enjoyable part of the case – but I made it my mission that during that procedure, the camera would be steady, focused, and clear of fog throughout the entire case. My first ED shift was a daze of 4-pagers (which is really about 6 pages now) and not knowing where anything was. But, by being on good terms with the nurses and a willingness to go the extra mile – I quickly settled into a comfortable routine.
There is no denying it, the third year of medical school is certainly unique. I am always tired and there is currently a short stack of review books sitting on my desk waiting to be cracked open after a long day’s work. Rest in the fact that you will actually get to DO SOMETHING on a daily basis – and take advantage of those opportunities. Stay sharp, admit when you don’t know something, and remain teachable.

--Bryan Kennedy

P.S. In all of the craziness that is this year, always set aside time for family. My wife and I made it a point to always have dinner together when possible – whether that meant 8pm after a long day on surgery or 4pm before I had to show-up for my overnight ED shift.
Dearest Third-Year Student,

Congratulations on officially being halfway there! Even though you may feel like it's taken an eternity to get here, trust me -- the next half will go by exponentially more quickly. By the time I got to where you are now, I was weary from all the lecture halls and Starbucks studying, but setting foot in the hospital on that first day and seeing my own patients reinvigorated me (or it might've been the adrenaline of starting out full-force on Internal Medicine).

The only advice I want to give to you is: breathe! Amidst all the detailed plans and information overload on which study resources to use, I think I would've benefited greatly from someone just reminding me that third year is an amazing time to learn and grow academically, but even more so the time to demonstrate the person you are inside. This is when the passion you have for medicine as an art and a science takes center stage.

Attitude is everything. If you can be kind, enthusiastic, eager to learn and eager to help -- all with integrity and a smile -- you will do great! Don't be discouraged if one person doesn't notice, because most people will pick up on it and appreciate your attitude and demeanor. This year is when you set precedents for what kind of physician you will be, so try to make good choices consistently and learn as much as you can (we are in the business of learning new things forever!). As the world drifts toward the casual, remember to be professional -- even as a third-year student, many patients will respect and refer to you as “Doctor,” and consider you a part of the team taking care of them.

I've enjoyed this year far better than the first two, and suspect that you will, too. Be excited! And breathe! (Remembering these things throughout your third-year will also probably come in handy).

Yours,

Grace Kim
Dear MS3s,

First and foremost, congratulations on completing the first two years of medical school. Take pride in the accomplishment of finishing the basic sciences of medicine. Now it is time to move forward and focus on what we are here for - the patients. You might be nervous or feel overwhelmed the first day you step on the wards for medicine or handle a newborn in the nursery, but don’t worry, those feelings will pass. You will become more comfortable as the months progress and begin to realize that third year can be pretty awesome. I want to share a few things I have learned this year from my experiences, and hopefully they might be helpful for you in the coming year.

-- Patient care always comes first. Your focus should be 100% on ensuring that everything which needs to be done for the patient is completed in a timely manner. If your intern or resident has forgotten to order a lab test or call a consult service, politely remind them or offer to do it yourself. This shows that you are actually paying attention and care about your patients. The small things like this will not go unnoticed.

-- Enjoy your patients and the lessons they will teach you. Allow yourself to have conservations longer than the time you spend with them before rounds in the morning. Some of the stories you hear might be inspiring, funny, sad, amazing, or just plain crazy. But, at the end of the day, these stories are probably what you will share with your friends and family when they ask you about school.

-- Do not complain about or dwell upon your bad rotations, but rather learn from them. It eventually happens to everybody during third year. You might get stuck with a hard nose attending, resident or intern, or get put on a team with a student that you don’t get along with. Remember that the schedule is the luck of the draw, and sometimes it is not always fair. Have confidence that you will be a better doctor having adapted and succeeded to a difficult situation or working with difficult people.

-- Don’t be late, show enthusiasm to learn, and don’t throw your teammates under the bus. These should be common sense to everybody, but you might be surprised on how often these mistakes are made.

I wish you good luck and hope that all of you will succeed next year.

Sincerely,

Michael Kubala
Dear MSIII,

Congratulations! You’re done with the toughest part. Third year is great. Third year is a lot like playing a game where the rules change about every two weeks and you don’t really know what the changes to the rules are. The faster your team can figure out the rules and become proficient at the new game, the better your team will be able to succeed. By succeed I mean you and your team (other med students) getting the most out of 3rd year and hopefully making a positive difference in a patient’s quality of care/life. That being said, my advice to you revolves around succeeding at the ever changing game.

1. Take advantage of this opportunity. Third year is the one time in your life when you can do and say everything incorrectly and that be completely acceptable (if not expected). The residents and attendings love teaching; if you answer everything right then they don’t get to teach. As long as you are learning and able to laugh at yourself when you’re wrong, you are doing something right. When you do something really embarrassing, write it down, because it’s probably going to be funny in a few weeks and something you’ll laugh about later.

2. Approach every rotation like it’s not the career you want to pursue. I know that sounds a bit backwards. But, you only have a few weeks to experience everything you are ever going to experience in the fields you are not planning to pursue. That should make you more fired up to embrace it fully.

3. Really get know your patients. Many patients have amazing tragedies and/or outrageous life decisions that got them to where they are now. Spend time talking to your patients about things other than the immediate plan to get them out of the hospital. Not only are the stories great, but you will understand the impact that strong rapport with a patient makes on their care. A patient with a positive outlook is more willing to participate in their treatment and thus they do better.

4. Be grateful and remember that we are all fortunate to have this opportunity. Some days are exhausting and frustrating, and it can be easy to forget that we signed up for this gig. At the end of the day, if you still have all the appendages that you started the day with, it couldn’t have been that bad of a day.

5. Most importantly, have fun. No matter where you are in life, if you aren’t having fun then you are doing something wrong. Fix that first and everything else will fall into place.

Good day friends,

Andrew Lee
“Hey y’all. My name is Deborah, I’m a medical student helping take care of you today.”

Annnd commence cringing. Yes. That was the very first impression I made... The first time I walked into a room as an MS3 to talk with a patient... That was my opening line. I quickly turned red, thinking I had been too familiar and too unprofessional with my first patient. However, the group huddled around the hospital bed in addition to the patient herself smiled, and they all proceeded to introduce themselves. And so I transitioned into MS3 year... Maybe not such a graceful start, but I have absolutely LOVED third year and learned so very much along the way...

The long and short of it is – when in doubt, do a few things to start off on the right foot:
1) Introduce yourself  2) Shake hands (when you can)  3) Smile (when appropriate) and 4) Listen – Always, always, always.

For me, the beauty of MS3 year is (for the most part), you have a chance to spend more time with patients and get to know them very well. On some services, you might follow one patient the entire time you are there. You’re going to become friends with your patients (in a professional manner) while asking them questions such as “How many bowel movements have you had today? Notice any blood in your stool?” and “Are you urinating okay? Able to empty your bladder? Any pain?” Oh yes, the things we get used to asking... However, most importantly, you will be your patient’s advocate on the treatment team. You will make sure your patient is being informed about what is going on with their care and that they are comfortable with their treatment plan. I hope you all will enjoy this experience because as future doctors – it is so important and crucial that we do educate our patients and ask them if they are comfortable with our plan for them. Involving them in their care is so important to their recovery.

I hope you all will have a great experience as you move forward and transition into the patient care environment. There is no doubt about it. MS3 year is hard. The hours will at times be awful and time to sleep will be scarce. You will ask yourself “When’s the last time I called my family? Friends?” You will realize it has been 24 hrs since you have eaten anything (That was a very bad day for me. Try not to do that…) However, that being said, I don’t remember a time in my life thus far where I have changed so much in one year’s time. I am forever changed and forever grateful for all the opportunities I have had this year to be a part of caring for patients and their families. (They need support too!)

It’s stressful, challenging, frustrating, rewarding, tiring, amazing, and unforgettable. All at the same time. Take it all in and… go for it.

Good luck y’all. You got this.

Deborah Lee
Dear third year,

First of all congrats on getting here! This is going to be completely different than anything you have done in medical school so far. Just be happy you are done with the monotonousness of day after day of sitting down and listening to lectures. You are finally going to be out in the medical world getting the hands on experience you wanted when you signed up for med school. You will definitely have some “once in a lifetime” experiences that will hopefully help you decide what path you want to take for your career. Although it can be stressful at times, third year an amazing time in your med school life so try to make the most out of it.

The best piece of advice I can give you is always try to keep a positive attitude on whatever rotation you are on. This will make you happier and also your preceptor happier…so turn that frown upside down! A preceptor never wants to teach someone who doesn’t want to be on their rotation and they for sure will not give you a good evaluation. I have been with a few teammates that are just miserable because they are always complaining and don’t keep a positive attitude. Try to get the most out of the rotation and learn as much as you can. Even if you become frustrated, just take a step back and look at the big picture. Also, make sure to go into every rotation with an open mind. You never know if this rotation will be your “true calling.” The area that I thought I would never even consider is what I think I will end up going into.

Third year is going to be a mix of emotions, but just remember keep positive and enjoy the experience! It will go by faster than you think. Good luck in your rotations!

Sincerely,

Amanda Lipsitt
Congratulations on making it to third year! You’ve probably received tons of advice by now and will receive tons more (this entire booklet is filled with it!), so I won’t give you much. Pick and choose what you take to heart and what you don’t. Not every piece of advice will be right for you. One piece of advice that I would suggest tossing is the one where you always pretend you are only interested in the service that you are currently on. If you’re interested in medicine and you’re on surgery, don’t lie and say you’re interested in surgery. Everyone knows there’s a good chance that students won’t be going into the service they are currently on. You should never have to hide your true interests.

What might be of more is what I’ve listed below. It’s just a random conglomeration of info that I found useful doing the day-to-day things on rotations. There will be a lot little confusing things that you’ve never been told about and you just learn as you go on. Don’t be afraid to ask someone what something means or what something is even if you think it’s inconsequential. Everyone had to learn the same way. Hopefully this will make it a little easier. (disclaimer: at the time submission, I have yet to do my OB/Gyn rotation, so there isn’t anything from that rotation.)

**Presentations**

Use the SOAP format (in peds you may encounter the PBAR format, but don’t worry about it unless you’re specifically told to use it). Psych has a somewhat different format and focus points, but the general format is still SOAP.

**Subjective:** 24 hr/overnight events. Anything that the patient brings up as far as complaints/symptoms/questions/concerns when you talk to them.

**Objective:** vitals, physical exam, labs, imaging (in this order)

**Assessment/Plan:** what do you want to do with the patient (how you present this particular section varies by service. Most will use a problem based method where you list each of the issues a patient has. The other common format is the systems based where you go through each system and say the issues in that particular system. ICU services will always use the latter.)

**Note writing abbreviations that you may see**

- 2/2 = secondary to
- AMS = altered mental status
- AVH = auditory/visual hallucinations
- Bx = biopsy
- “c” with a little line over it (often ends up looking like a weird small capital “T” with a hook) = with
- Cx = culture
- HI = homicidal ideations (psych)
- I&O = input & output (in regards to fluids)
- NGTD or NTD = no growth to date (in regards to cultures)
- NKA or NKDA = no known (drug) allergies
- OSH = outside hospital
- PCA = patient controlled analgesia (this is a pain medication pump with a button that the patient can push when they need relief)
- SI = suicidal ideations (psych)

**PE abbreviations (and the heading they go under)**

- AAO x 3 = alert and oriented x 3 (general: oriented to person, place, time)
- CTAB = clear to auscultation bilaterally (lungs)
- EOMI = extra-occular muscles intact (HEENT)
- MAEW = moves all extremities well (extremities)
- MMM = moist mucous membranes (HEENT)
- NCAT = normocephalic atraumatic (HEENT)
- NAD = no acute distress (general)
- NTND = non-tender, non-distended (abdomen)
- NTTP = non-tender to palpation (abdomen)
PERRLA= pupils equally round and reactive to light accommodation (HEENT)
r/g/m = rubs/gallops/murmurs (cardiac)
RRR = regular rate and rhythm (cardiac)

VA specific abbreviations
CLC = community living center (this is a building attached to the VA where patients can live as an outpatient and mostly independently as they recover; aka ECTC)
ECTC = Extended Care Therapy Center (different name for CLC)
GEM = Geriatric Evaluation and Management (a VA clinic for the elderly)

Prescription abbreviations
PRN = as needed
PR = per rectum
PO = by mouth
QD = once a day
BID = twice a day
TID = 3 times a day
QAM = once in the morning
QID = 4 times a day
QHS = once at bedtime
Supp = suppository (given via rectum)

Commonly used brand name drugs
Abilify = aripiprazole
Ativan=lorazepam (benzo – often used in ED or before an MRI for sedation)
Augmentin = amoxicillin/clavulanate (excellent for ear infections)
Concerta = methylphenidate
Creon = rosvastatin
Cymbalta = duloxetine
Dilantin = phenytoin (often used for seizures)
Dilaudid = hydromorphone (analgesic)
Flagyl = metronidazole (good for C. diff)
Keflex = cephalaxin
Lasix = furosemide
Levaquin = levofloxacin (good for respiratory and sinus infections)
Lexapro = escitalopram
Lipitor = atorvastatin
Lovenox = enoxaparin (low molecular weight heparin for DVT prophylaxis)
Norco = hydromorphone/acetaminophen (for pain, usually 10mg/325mg)
Omnicef = cefdinir
Rocephin = ceftriaxone
Toradol = ketorolac (NSAID)
Ultram = tramadol (for pain)
Unasyn = ampicillin/sulbactam
Versed = midazolam (benzo)
Zocor = simvastatin
Zofran = ondansetron (5-HT3 blocker)
Zoloft = sertraline
Zosyn = pip/tazo (covers for pseudomonas)
Zyrtec = cetirizine (anti-histamine)
How to page someone

1) Dial the number of the pager. All pager numbers have a 210 area code unless otherwise noted.
2) You will either be prompted to enter a number or just hear a beep. Enter the phone number at which you want the other person to call you.
3) Press # to signal that you are done entering your phone number. It will either say something or just beep again.

How to make a phone call from a hospital phone

1) To call an internal number, just dial the 4 or 5 digits you have.
2) To make a local San Antonio call, dial 9 + 7 digit phone number. You do not dial the 210 area code.
3) To make a long distance phone number... ask someone about it before you try. At UH you have to apply for a special code which we can’t do.

Making calls to hospitals and clinics

Often times you are only given the 4-5 digit internal phone number. These are the actual last 4-5 digits of the entire 7 digit phone number. You just need to find out the first 2 or 3 digits, which are usually the same within each hospital. The first three digits of some of the hospitals/clinics are listed below.

UH: 358    VA: 617    MARC/CTRC: 450

One last random piece of advice, write down your passwords somewhere safe. You will likely rotate at 2-3 different hospitals, each with their own EMR system and computer logins. That adds up to quite a few login/password combinations. Combine that with not being at a particular hospital for several months and the chances of you remembering your login/password get pretty slim. This will be a very different, but hopefully enjoyable year. Just be ready to learn and ready to work. Good luck!

Myra Liu
Letters to a Third Year

Dear Third Year Student,

You’ve finally made it. You’ve reached the part of medical school you were waiting for. Gone are the days of endless lectures. Gone are the days of camping out in the library. Congratulations on completing second year and completing STEP 1. If you are like me, you had a couple of days during first and second year or during step studying when you wondered if you made the right decision coming to medical school. Trust me when I say, third year will remind you why you are here. Every day, you will be seeing real patients and learning how to be a real doctor.

You are probably feeling pretty nervous right now, with your first day of clinical rotations right around the corner. That’s ok. You might feel like you aren’t ready, and I remember feeling the same way. Third year is all about not being afraid to make mistakes because, rest assured, you will make mistakes. The important thing to remember is that it is ok to make mistakes. No one will ever fault you for trying.

To be a successful third year student you need to remember a few simple rules. First, be on time. Better yet, be early. Second, be a good teammate. Help each other out. Your residents and attendings will take greater notice of a group of students that work well together rather than a single stand-out student. Third, enjoy your life outside of school. This year will be one of the busiest of your life. Remember to visit your friends and loved ones, call your parents, and take some “you-time” to relax.

Now, while working so hard in the clinics and the wards, there will be days you don’t have the energy to study. However, don’t put off studying for your shelf exams until the last week of your clerkship. As you might already know, shelf exams are tough and trying to cram for them is a bad idea. One of the best ways to study is to do extensive reading about your patients; it will help you prepare for the shelf and make you an asset to your team as well. Don’t stress too much about evaluations. If you show up and give your best effort, you will always do well.

Best of luck,

Bryan Lublin
Dear Third Year Student,

Congratulations on making it through the first two years of medical school! You must be feeling incredibly excited to start a new journey, but it’s ok to feel nervous as well. You’re about to start a whole different kind of learning that doesn’t come from textbooks.

One of the biggest things that I’ve learned this year is that it is very important to be flexible. You can’t control the structure of your environment or what’s going on in the hospital. You will only be on specific services for a few weeks and during that time you may switch attending s or residents because they rotate through the hospital as well. This means that by the time you actually become comfortable with what you’re doing, things will change and you will feel like you have to start all over. Just keep putting out the effort and trying your hardest. Ask what people’s expectations of you are and remember that people know you’re just learning and don’t expect you to be perfect.

Another piece of advice is to not start a rotation with too many expectations and to keep an open mind. I started off the year in surgery thinking that there was no way I would ever like surgery, but I actually enjoyed my first rotation and thought it was interesting. I still don’t want to do surgery, but I felt like I learned a lot. Having a bad attitude about a rotation will only make that rotation harder so try to find something that you’re excited about in every rotation.

The last advice that I want to give you is to make sure you find time to spend with your family and friends. While 3rd year is exciting and rewarding, it’s also hard. It’s time demanding and some days, it’s just emotionally straining. The best way I found to get myself going on those days when I was feeling down was to think about my fiancé and my puppy and about what we were going to do on my day off. Another thing that helped me on one rotation when I was starting to feel kind of depressed was another medical student telling me that he had been feeling the exact same way. Knowing that I was not alone actually made a huge difference. I would recommend that you talk to your fellow students if you start to feel low because chances are you are not alone and knowing that will help.

Good luck with third year and I hope you find what you want to do when you grow up!

Stephanie Lynch
Dear Third Year Medical Students,

This is going to be a great year!

Though you’ve heard this before, some of the most basic advice is to: show up early, research every chief complaint, and research every medication including it’s mechanism of action, warnings and adverse effects. A good medical student works hard and exudes a positive attitude. A great medical student anticipates the needs of the Faculty and Residents and acts in such a way as to facilitate the goals of the team (which are always: optimal patient care).

Be grateful when someone takes the time to teach you something. Even if you think you ‘know’, you probably don’t know it like they do and therefore you stand to learn. Listen politely and intently, ask questions, take notes and research and review that teaching the same night. Don’t forget to thank the person who has taken the time to teach you.

Please remember to filter everything that you hear, read and learn. Ensure that it is based on good research and verifiable data. We as future physicians have a huge responsibility to demand data in basing decisions and to exhaustively examine a subject before forming a conclusion. Be on your guard against sophism, specious logical entrapment and social, political, and moral manipulation.

Never wear jeans, and never wear sports shoes unless you’re wearing scrubs. Speak properly. As Winston Churchill once said “I am not with a sentence that ends in a preposition, up going to put.” Some specific advice for gentlemen: open doors for people (if necessary walk a few steps ahead of the group when approaching a door), always offer your seat to ladies without seats (if they object, insist), and never fasten the lowest button on your white-coat (I didn’t make the rules, but according to ‘The Chap Manifesto’ this one dates back to Edward VII).

The following lyrics are from a song of the French Foreign Legion, but I think they’re just as applicable to us:

*Tête haute sans tourner les yeux,*  
*L’âme légère et le coeur joyeux*  
*Suis ta route sans peur de tomber*  
*Avec Honneur et Fidélité*

*Head high without turning your eyes,*  
*Spirit light and heart joyful*  
*Stay on your path without fear of falling*  
*With honor and loyalty*

Have a great year!

Sincerely,

Marco Mavromaras
Dear third years,

When I was in your shoes, I heard many people say that as you begin your clinical years you will take care of some patients whose stories will stick with you forever. And while I could use this whole page to give you all my advice for surviving third year, I’m confident that you all will do just fine in each of your own ways. So I’m going to share a story with you, the story of Ms. Jones. Ms. Jones was a woman in her early 40s struggling with Secondary Progressive Multiple Sclerosis. I started caring for her the day after she was admitted and continued to see her every day for the next two weeks until the rotation ended.

Ms. Jones was described to me as being very difficult, occasionally refusing treatment, being non-compliant with medications and coming from an unstable social situation. My team was always very abrupt with her when rounding and would rush in, do a quick exam and rush out. So I started making it a point to arrive extra early in the morning and to see Ms. Jones as my last patient of pre-rounding in order to have more time to spend with her. Some mornings she would be tearful, some mornings she would be happy and optimistic and other morning she would be delusional and slightly confrontational. But I found that as time went on, suddenly I wasn’t the only one asking questions in these early mornings.

My team was treating her MS exacerbation of dysphagia and dysarthria with high dose corticosteroids but after limited improvement we began plasma exchange. One morning, after she had her first plasma exchange she was feeling especially defeated. The line placed for the exchange was causing her discomfort and still none of her symptoms were improving. She asked about the plasma exchange and all sorts of other questions. I did my best to explain what the plasma exchange was and how it could help her. I stated that my team hoped that this different treatment would work for her but that it would take time to see the results. She stopped me and asked, “but how hopeful are you, do you think this will really work?” That question gave me pause. It was then that I realized how over time we had formed a special relationship and that she trusted me (a medical student!) and was looking to me for guidance. I answered as honestly as I could, but this question was difficult and I will never forget it. After taking a moment to collect my thoughts, I explained that I was very hopeful but that I was a student that was still learning so it was hard for me to know exactly what to expect and I went on to provide a more in-depth explanation. After my long response, she said “ok, if you are hopeful, I will be hopeful too,” as if we were fighting this together. I tried my best to hide the tears rushing to my eyes as I expressed a polite smile and asked if there was anything else on her mind. She said no and I closed our conversation as I always did, saying that the team would be by later and that I would return in the afternoon to see how she’s doing. But I couldn’t help but think it’s funny that one word, hope, can make a big difference.

Ms. Jones taught me the importance of getting to know patients and treating them as a whole person, not just treating their illness. I didn’t realize at first that spending time talking with Ms. Jones every morning was as therapeutic to her as the treatment my team was providing. It is a lesson that I will take with me the rest of my career.

You too will have an experience like this, and that is the amazing thing about third year. Yes it’s hard, the hours are long and there’s a lot to learn. But you get the unique opportunity to take care of patients at extremely vulnerable times and hopefully make a difference.

Good luck and enjoy it!

Caitlin McAllister
Dear Third Year Medical Students,

It is an exciting time for you because step 1 and the first two years are finally over! Third year is a time to grow as a person and more importantly to prepare you for intern year. Third year is different from the first two years in that instead of studying and attending class, you will rotate through your clinical rotations and learn how to take care of patients. This will involve learning how to speak with patients in a regular office visit to conversations about end of life, learning how to take an accurate and thorough history and physical examination, learn how to manage patients and come up with a plan of care, and how to work with the health care team in a professional and helpful way.

It is difficult on some rotations when you have little free time, but it is important to study everyday! This means you may have to study during your down time at the hospital or clinic that you are working at. Not only will reading prepare you for your shelf exams and step 2, but it will also help you excel in your rotations. The more knowledgeable I was, the better my evaluations were. I have included what I studied for every exam at the end of this letter.

During some rotations such as surgery, OB-GYN and days when you are on call, you cannot be certain of when you will have a break to eat so bring snacks. Also, it is important to get enough sleep if you can throughout the year. Being rested will keep you in a more positive mood for your patients and those you work with, and lower your stress level. Remember to always be respectful and kind to those around you.

**Shelf Exam Preparation:**

**Pediatrics:** I used Casefiles, Blueprints, U-world and pretest to prepare for the exam. This shelf was very difficult, and the material was tough to learn because you are exposed to a lot of new concepts that you have not learned during the first two years of medical school.

**Family Medicine:** I used Casefiles, the online AAFP questions (about 1400 questions so start early!) and pretest to prepare for the exam.

**OB-GYN:** I used Blueprints, Casefiles, U-world and the online U-wise questions (about 700 questions) to prepare for the exam.

**Psych:** I used First Aid, Casefiles, Lange Q&A, Pretest and U-world to prepare for the exam.

**Internal Medicine:** I thought this exam was by far the hardest one all year so begin studying the first day of the rotation! Be careful, it is easy to run out of time during this exam. I used Step up to Medicine, Casefiles, MKSAP question book and U-world to prepare for the exam. There are about 1400 U-world questions, I highly recommend doing them all before taking the midterm and shelf exams. I used the Washington manual of medical therapeutics throughout the rotation and found it extremely useful! I did not use it to study for the shelf exam but I used it almost everyday on inpatient for management/treatment in patient care.

**Surgery:** I have not taken this shelf exam yet, but I plan to prepare for the exam by reading Casefiles, NMS Casebook, Dr. Pestana’s Surgery Notes, Pretest and U-world.

I wish you all the best of luck!

Sincerely,

**Sarah McCurdy**
Congrats 3rd years! There is no greater feeling than being done with Step 1. In my letter to you all I am going to briefly mention a couple things I learned throughout my 3rd year that will hopefully serve as good advice.

1. Be flexible- unless you are on a rotation where you are working shift work hours, be prepared to stay late or rarely leave early! It was difficult for me to deal with the fact that just because clinic is supposed to end at five does not mean I go home at five. The sooner you embrace it the less stressful work is.

2. Communicate with your peers – if you feel overwhelmed talk to other students about your situation. Chances are they found an easier way to get things done or have a document with everything you need to know. I don’t know how many times I struggled didactics when my classmates had files with everything I needed to know.

3. Study when you can – more often than not you never know when you are going to have time to study and when you won’t. The best way to study for the shelf exams is to study an hour or two every day. The days you can study longer will make up for the days you absolutely cannot study because by the time you get home it is time to go to sleep. This makes the week before the test much less stressful.

4. Make mistakes! – If you aren’t making mistakes you aren’t learning. At this point you are not responsible for what goes wrong so take advantage of it. Don’t be afraid to do things because you don’t know how to do them. Staff is always around to teach and you will not learn unless you ask. Residents like when students ask to learn.

5. Don’t stand when you can sit. Don’t sit when you can lie. – Trust me.

A memorable experience:

As a 3rd year medical student we get to interact with hundreds of patients. Developing quick student doctor-patient relationships is essential to make our patients feel comfortable and cared for. Ensuring we are giving our patients the best care possible is our ultimate goal, but who decides what the best care possible really is? Let’s be honest, as 3rd year medical students there is ONE thing on our mind when we are seeing patients… “What do I need to know about this patient to impress my attending, so that I get a good evaluation??” If there is one thing I learned 3rd year it is that my patients could care less how good or bad my history and physical are performed. The two things they care about are feeling like we are listening and that they can trust us. Developing a strong relationship in a fifteen-minute encounter is key. I’ll never forget one patient I saw on my family practice rotation. I walked into the exam room and all my patient wanted to talk about was everything BUT her medical problems. As patiently as I could, I listened to her ramble on and threw in an occasional comment of my own. I did my best not to force medical questions in between her words, but allowed her to inform me of what she pleased. Sure enough when the attending walked into the exam room 15 minutes later I had a minimal history and physical exam done. I thought for sure I was going to receive some “constructive criticism” for failing to get things done efficiently. However, at the end of the encounter, my patient went out of her way to tell the attending she felt more comfortable having me handle her medical care than she did some of her other doctors. She commented on my bedside manner and even asked if I would meet her daughter. Who would have guessed that a less than spectacular H&P got me the amazing evaluation I was so caught up with?

Mel Medina
Dear Class,

Welcome to third year. Breathe. Don't panic.

First thing: It's amazing. Seriously. My worst days third year are about as bad as a mediocre day first and second year.

With that said, I'm going to drop some nuggets of truth, so keep reading:

1) It's not the kind patients that test or change you -- it's the ones you don't like. The ornery, difficult ones will frustrate you to no end, but learning to deal with them in an effective, objective manner is one of the most important things you will learn. Mean people fall ill and need care, too.

2) Understand you are at the bottom of the totem pole -- and that's fine. You're there to learn, and the doctors, residents, nurses, and techs are all happy to teach. But if you are left waiting to be dismissed, don't whine. Just bring something to study.

3) Communicate with your teammates. Look out for each other. Don't try to make them look bad. You will fail, and you will look bad.

4) Don't lie. Don't lie. Don't lie.

5) The sentence "I don't know" will become your friend. Accept it. Embrace it. It's ok to not be perfect (or even good) sometimes.

6) Residents are really fun people.

7) If you have the option to sleep or study, sleep.

8) You will become friends with people you have never talked to before, better friends with some friends you already have, and dislike people that you once were friends with. Working closely with people will do that.

Each clerkship has some combination of first aid, pre-test, case files, blueprints, etc., that you can study. Figure out what works for you and keep doing it.

Again. Don't panic.

Rachel Mehendale
Dear Third Year Student,

Congratulations on finishing Step, and simultaneously taking your next step in becoming a full-fledged clinician. You have definitely come a long way from your first anatomy dissection. Pretty soon, you will be catching babies during deliveries and suturing up open wounds during trauma call. You will have the opportunity to delve into the lives of complete strangers, learning information that their own families aren’t aware of. Enjoy it, and never take this experience for granted. Patient care is a privilege.

You will learn more than you can possibly imagine in the next two years. I must warn you, the learning curve is steep. You are thrown into a new environment and expected to take care of real people with real problems (no more SPs for you). Just remember that every one of us has been through what you’re about to experience, and there is no secret to allow you to avoid this situation. Regardless, one of the most important things to help you succeed is to work collectively with your colleagues as a team. Medicine is too complex of a task for it to be managed singlehandedly. Because you will be working with different personalities, you must work hard from the start and always try to help your teammates.

My advice in a nutshell:

Coffee is your friend. Regardless on your intention of going into a particular field, be excited to be there. Set time aside from school for family and friends. Don’t be afraid to say “I don’t know”. Talk to patients like they are people. Keep an open mind. Don’t take yourself too seriously. You will have days you love and days you absolutely hate. Be on time, always. Be yourself. You will not be able to make everybody happy. Don’t sweat the small stuff – every once in a while you will have a negative encounter with a resident, faculty, or patient… learn from your experiences and move on. Be nice to everyone, from the maintenance staff to the nurses to the interns. Bring snacks. Don’t complain. Don’t ever try and bleach your white coat. Be prepared to smell some awful things. Solicit feedback as often as you can. Start studying day 1 of each of your rotations. Embrace the idea of looking stupid everyday. Set more than one alarm clock.

I know these seem rudimentary, but I speak on behalf of some of my classmates when I say that these guidelines got us far in our clinical rotations. With all that goes on during third year, it can be easy to forget the simple things. Above all, have fun. This will be a year you will remember for the rest of your life. Cultivate the positive experiences and enjoy the year for all that it’s worth. Good luck!

Best Wishes,

David Meyer
Dear Class of 2015,

Of all the advice you receive it is important that you Follow Dr. Keeton’s rules of third year; Show up early, stay late, smile, and don’t complain. It’s very simple but will get you through almost any of the situations you are going to encounter in the coming year. But as I started third year, I was overwhelmed by all the additional advice that came my way. A lot of which didn’t make that much sense to me. What I have come to realize over the past year is that there is no step by step to doing well third year. There is no list of what to do, or what to study that will work for everyone. Each of my friends had a different approach to third year. Everyone acts differently on the wards, and interacts with residents and attendings in different ways. You will study differently than others study. Some books will work for others that won’t work for you. But the one thing that holds true for every third year is that even though you are at the bottom of the totem pole, you truly can make a difference in the lives of your patients. Because you have the least amount of responsibility on the team, you will have more time to spend with your patients. You will be able to get to know them and their families, and help them cope with their illnesses. Really knowing what is going on with your patients and advocating for their needs with social workers, nurses, and the rest of the team will be very helpful to the patients and your residents.

There are several things I think it is important to keep in mind while you make your way through third year. Always remember why you wanted to become a physician and take pride in making that transition (even if it is painful). Remember to call your friends and family. Third year can be challenging and maintaining your relationships will help to get you through the tough times. It is important to be reading and studying but give yourself permission to be normal sometimes. Every now and then put the book down so you can watch a movie, grab dinner with a friend, or just go to bed early. Good Luck!!

Sarah Mitchell
Dear 3rd years,

Congratulations, you’re halfway done with medical school! After spending two years building a solid foundation of medical knowledge, I’m sure you’re ready to finally put that information to use.

By now you are all probably experts on how to be successful during third year. Instead of offering success tips, I’ll fill you in on some of the inside scoop I wish I had known before starting my rotations:

• Fill your scrub pockets with snacks! Most rotations don’t have set lunch hours, and having your stomach growl in the middle of a surgical case can be pretty embarrassing.
• During your medicine rotation, buy a foldable clipboard and download a “Medicine Scutsheet” so that you can be organized and complete during your presentations.
• Always carry a book to read. You’ll occasionally have down time, so make sure you have something to keep you busy.
• Invest in comfortable shoes!! You will do a lot of walking and stair climbing!
• If your patient needs to have a procedure done, always ask if you can do it. You’d be surprised at what the residents will let you do.
• Medicine teams really like it when medical students bring coffee/ snacks for everyone. This isn’t required by any means, but it sure does make the morning go by a lot smoother!
• No matter how tired you are, always get the best history & physical that you can on your patients. The extra information you acquire can help formulate a diagnosis that would otherwise be missed.
• Most importantly: have fun! This year goes by so fast!

I hope you find these tidbits useful as you continue your journey through medical school. You will soon see just how blessed you are to have been given the privilege to learn and practice medicine.

Wishing you the best,

Laura Iglesias Montes
Dear 3rd Year,

I wish there were a distinct piece of advice I could give to you about how to succeed during your upcoming year... But I can’t... 3rd year is full of experimentation, trials and tribulations, self-learning and loathing, new relationships and even some fun. I offer you some tips that I found useful throughout the year and a parting story.

• Perfection is a surgeon’s worst enemy.
• The nurses are your best friend or worst enemy. Befriend them early.
• You will screw up. It’s how you handle it that determines your character.
• Be prepared to read a paper if you ask a question.
• More likely than not, your question will be answered with a question.
• Take your own blood pressures.
• Learn one. Do one. Teach one.
• Don’t one-up your partner.
• When “smoke break” is called, let the vets smoke.
• Respect the hierarchy. You are at the bottom.
• Stick to the SOAP and state the pertinents.
• A smile goes a long way.
• Residents are like a box of chocolates, you never know what you could get.
• You can usually be replaced by a self-retaining retractor.
• 25, 50 or 75 percent is usually a solid answer to most percentage questions.
• Learn to cut sutures right handed and practice knots with 2 pairs of gloves.
• The short coat is a white, shining beacon of incompetence.
• Breakfast tacos at UH are pretty decent.
• Grab a pair of gloves. You will touch some pretty nasty stuff.
• Humor is a good tool in awkward situations.
• People poop. It’s ok to ask about bowel habits. Gas is a good thing.
• When asked if you want to do a DRE, smile, say yes, and get it over with.
• Volunteer if you can. So what if you fail. At least you tried.
• Venture out of your comfort zone. It’s stressful, but rewarding.

My story

I was on inpatient psychiatry at the VA and the census was full. There were a variety of vets from all walks of life. I had never seen schizophrenia before so I picked up a case. As I walked out to the common room I could not find this particular patient. I asked the orderly where I could find him and he pointed to the solitary room. I walked to the glass and a vet jumped in front of the window spitting blood and screaming “the poison gas is eating me alive.” I knew I was in for it. I waited until he calmed down and began my interview. He went on to tell me that the air in the VA was poisoned and that his scrambled eggs were infused with poison. As the days went on I gained his trust. I managed to convince him to take his injection that he previously refused because it was a “poisonous peanut butter infusion.” We sat and talked for hours. He told me about his four favorite restaurants, their locations, décor, menu items and his favorite waiters. I went on to look the restaurants up and not a single word he spoke turned out to be true. Nonetheless, we were still friends. I never fully understood schizophrenia until I met this patient and I will never forget the experience we had. The moral of the story is that you never know what you are going to run into next year. Approach it with an open mind and enjoy the ride.

--Chance Moore--
Dear rising third year,

Here's the story of my first patient as a third year student. I completed my third year in Harlingen, TX, where the ocean breeze gently rocks the palm trees, the people are kind and laid back, and the food is truly legit. I started my year out on the Family Medicine rotation...“not a bad way to start,” I thought. I’d be in an outpatient setting, with nice family doctors, and in low stress environment...right? I arrived at my assigned location after orientation, ready to start. I met the family physician, and after exchanging greetings, he immediately said, “Matt, where’s your stethoscope? Yes...I had forgotten to bring my stethoscope. The family doctor, however, was very kind and lent me an extra one.

After getting to know my attending for a bit, I received my first assignment. “This is a 78 year old gentleman, here for a follow up appointment. Go see how he’s doing. Try to take a full history and physical, if you can.” Great, I can handle that...right? I know how to take a history and do a physical exam. This will be a breeze. The attending added, “Oh, and by the way, do you speak Spanish? He only speaks Spanish.” Ahhh... so there’s the catch! I knew it couldn’t be so easy. Panicking, I said, “Well I mean, I took medical Spanish, and I can kind of speak Spanish...” The doc said, “Do your best, Matt, see what you can get.”

I knocked on the door, introduced myself to the patient, and forgot to wash my hands. Heart racing, I rather awkwardly meandered through the history in broken Spanish, not understanding half of what was said back to me, and really not understanding half of what I said. In conducting the review of systems, I managed to ask if the gentleman had any change in urinary habits. He said “no, pero tengo un problema...no puedo...” (and he motions to me, bending his finger and then straightening it.) I looked at him, curiously, not understanding. He said, “Señor, es que...no funciona lo mismo ahora.” (And he made the same gesture with his finger.)

Blushing, I suddenly started to “get it”. This 78 year-old gentleman’s main concern was that he was suffering from erectile dysfunction. He then asked me, “Doctor, puedo tener más viagra?” Oh dear, I thought. I explained to him again, in broken Spanish, “Sir, I’m a medical student, a student.” I told him that I couldn’t prescribe medicine but I could discuss this with the doctor. He was slightly perturbed at my inability to speak Spanish, at the length of time it took me to take the history and physical, at my inability to prescribe anything, and at my overall awkwardness, but he appreciated my efforts and understood that I was going to talk with the main doctor for him. I quickly finished my history and physical and left the room.

I spent the next few minutes gathering my wits and writing up my note. Suddenly, it was time to report my findings to my attending. Annnd...my history was terrible, and my physical exams were incomplete. The moment arrived in which I somewhat timidly relayed the information about the patient’s erectile dysfunction to the attending. “Ah, yes” the doctor said. He smiled. “He’s been a patient of mine for a while, I’m very familiar with that complaint, don’t worry.” The attending laughed gently, and congratulated me on seeing my first patient. He encouraged me to grow throughout the rotation, and this set the tone for my entire experience as a third year student.

I tell this story to you to reinforce that things are going to be okay. Third year can be difficult, challenging, nerve-wracking, and anxiety provoking, but it’s so much fun! This is a year to grow, explore, and gain confidence in your clinical abilities. Invest yourselves into every rotation, and start living in the world of medicine. Some attendings may come off as mean, but trust that we’re all a community together, and we’re all here to take care of each other and help make one another into the best doctors we can be. Be outgoing, find your opportunities, be good to your classmates, respect your teachers, and keep up with your studies. This is the time where it all starts to come together.

Congratulations on finishing your basic sciences. You all have done a wonderful job so far, and I’m sure you won’t be as awkward as I was on my first patient encounter. Best of luck to you all!

Sincerely,

Matthew T. Mullane
Dear MSIII,

Congrats!! You made it! You are done with STEP 1, halfway through medical school and are about to start one of the most amazing years of your life. Really. It may sound cliché, but third year is an incredible (and challenging) journey. You will learn a great deal about practicing medicine, will experience many things for the first time (and some things for the only time), and will discover new things about yourself. Be excited!

Remember that this is your year to learn as much as you can about the core medical specialties. Give it your all on each rotation, whether or not it is the career that you want to pursue. This is definitely easier said than done, but having that perspective will help you through even the roughest days. You will look back at the end of the year and realize how much you learned and how you wish you had more time to explore things a little bit further.

You will undoubtedly receive tons of advice, not only through this book, but from peers and residents and friends. Take it all with a grain of salt, especially the negative stuff. Third year is often what you make of it. That being said, I'll start you off with a few key things that I think helped me throughout the year.

- Get used to being awkward. You'll have to introduce yourself to new residents and attendings every few weeks. You will get lost, ask for directions, and still be lost. You will struggle through your first couple of presentations with each new attending and will have to call people you don’t feel competent enough to talk to. Embrace it as learning opportunities and don’t be afraid to ask for instruction and feedback and recognize it’ll get better and you’ll get better at it.

- Be ready and willing to learn. This means showing up on time, even if it means setting 5 alarms, asking informed questions, and reading about your patients on Up to Date or in your review book of choice. Don’t just seem interested, but BE interested. There are things you can learn from each patient you have and each person you work with and it will make studying for your shelf a lot easier.

- Care. Care for your patients, care for your team, and care for yourself. First, know your patients well and take the time to talk to them and see what you can do to help them. Be their advocate. Second, be a team player. Help your teammates out and work together to make your experience a good one, because it can really make or break a rotation. And finally, make sure you take care of yourself. Sleep well, eat well, get some exercise. It’s amazing how big of a difference a good night of sleep and a real breakfast can make.

- Get U World for Step 2 early in the year. There are questions for each of your rotations (except Family) and they will be a great resource for studying for the Shelf exams. Also download and become familiar with the following apps/websites: Epocrates, Medscape, MedCalc, UpToDate. There will be others that you may find along the way but these were the ones I used most frequently.

- Think seriously about your career. Even if you know what you want to do, do not forget to be open minded. If you do not know what you want to go into yet, that is more than ok. Just actively think about what you like and don’t like about each rotation and why it may or may not be a good fit for you. Try and talk to your residents about why they chose the specialty and what they wish they had known. It’s valuable information that you’ll want to have at the end of the year.

- Have fun! As hard as your rotations may be, try and make them enjoyable. Realize you’ll have more time than you would think to go out or visit friends and family. Third year can be surprisingly isolating at times, so when you have the chance make sure you get some fresh air and spend some quality time with people you care about.

I wish you the best of luck throughout the year! Feel free to contact me with any questions!

Best,

Neelima Navuluri
Dear Third-Year Medical Student,

Congratulation on making it so far, you have sacrificed a great deal and it is about to pay off. I realize that many things have changed between your year and mine but the core principles of working hard have not. So here are a few Dos and Do Not that I live by, I sincerely hope they help you too.

**Do Not:**

1. **Be a Liar:** This may seem simple but do not lie. For example, if you did not ask a patient a question or if you did not do a physical exam, do not lie. Instead, preempt the attending by stating: “you know I forgot to ask if he uses IV drugs, I will go back and do a thorough drug history later.”

2. **Be Lazy:** Another self-explanatory rule. For instance, if you have finished seeing your patients and have typed your notes but it is still only noon, do not ask to go home because it is not only lazy, it is also disrespectful. Instead, ask your residents and fellow medical students if there is something that you can do to help, be proactive.

**Do:**

1. **Be Prepared:** My favorite quote is by Louis Pasteur: “Chance/Luck favors the prepared mind.” I could not agree more. For instance, on your first day of a new rotation if you see a CHF patient for medicine, or appendicitis for surgery, or vaginal bleed for ob/gyn, go home and read about it. This is because, common things being common, you will see those disease states over and over again, so learn it the first time.

2. **Be Confident:** The difference between a great HPI presentation and a mediocre one is confidence. You can have all the information and lab values but if you do not organize it and project it into a succinct presentation, it will be useless. Instead, practice till you can present and be confident of what to filter out and what to emphasize.

3. **Be a Team Player:** The truth is that you will meet so many different people throughout your medical careers, some who you will automatically become best friends with, while others you will have a difficult time getting along with their personalities. The trick is to be humble and be a team player. For instance, do not take everything personally, if you are not getting along with a fellow team member, realize that you are ultimately here to learn how to take care of patients. So, focus on the patient and use your team member’s strengths to improve your weakness, no man is an island.

The bottom line is that if you are a decent human being and work hard, people will love you and you will do great.

Take care. Great luck, I am cheering for you all.

Sincerely,

**Louis Ndupu**
THIRD YEAR

Congratulations you made it halfway through! Third year is tough but definitely fun and a great learning experience. Just a warning: when you start off you’ll feel like you don’t know anything. You’ll know tons of Step material but getting lost in the hospitals, adjusting to dealing with the medical team hierarchy, and actually taking care of patients for the first time will feel like a little setback. That’s completely normal. The learning curve during third year is just ridiculous. Its amazing looking back to see how awkward and hesitant we were in July compared to actually feeling competent and self-sufficient now. So here’s a couple random tips for getting through the rough patches:

• Be early to everything. Especially when starting new rotations (duh) because there’s always going to be soooomethinf you didn’t plan on or a meeting in a conference room located who knows where. Check schedules every day!
  o This is especially pertinent to OB/GYN. The rotation is formatted so that we get to experience so many different aspects of OB, but the downside is the multiple different times and places you have to be at on different days, depending on your team.
  o Most surgery rotations: you’ll be expected to prepare the morning report for the team in addition to seeing your patients, so make sure to leave enough time for that.
• Volunteer! LOOK for those opportunities to do things (pull chest tubes, staple head lacerations, do wound vacs, perform cardiac massage!!) and SPEAK UP! Especially towards the end of the year residents will have done so much and usually are pretty willing to let students do tons of procedures. But you have to be on the look out and ask for those opportunities.
• General surgery B: a lot of students shied away from this rotation because it’s been notorious for having long hours and working the students pretty hard.
  o You do have a lot of responsibility – putting together morning reports, pre-op conference patient lists and pathology lists, seeing pts and writing notes of course... But they really treat you like part of the team and you will learn so much by doing. I absolutely loved it.
• Templates are your best friend! Find good templates for classic H&Ps, wards patients, clinic pts, etc (or make your own) – and use them EARLY ON to get used to organizing your thoughts and presentation. They’re a great way to keep track of little things you might not think about when visiting with your patient and definitely make you sound much better when presenting. And then after awhile you’ll have just memorized the format. And you’ll sound like a rockstar. Boom.
• Always be thinking of questions you can ask about that procedure/diagnosis/presentation etc – they’ll definitely ask and you’ll look much more interested.
  o Read up on surgeries the night before! Even if they don’t pimp, ask questions. Otherwise you’ll just be a human retractor.
• With hard attendings or grumpy residents: don’t take it personally. People get stressed and crabby all the time, you will too. Don’t let it get to you and you’ll be fine.
• Study early. Even 10 wks flies by fast, especially when it’s so easy to get ridiculously tired after work.

GOOD LUCK!

Andrea Nguyen
To third year students,

   Congratulations on completing your pre-clinical years! For your hard work, you are rewarded with a shiny green nametag. You must be very anxious to get started with third year of medical school. No longer can you lounge around, go to the gym, or hang out at your leisure. No longer can you sleep past 8am. Doesn’t sound like anything to look forward to.

   All joking aside, third year of medical school is what most people envision when they enter medical school. You picture yourself in your white coat interacting with patients and presenting your patients to the attending physician. You picture yourself scrubbing into surgery and suturing real flesh. You are officially halfway to obtaining an MD degree. Third year of medical school is a huge milestone on your journey to becoming a full-fledged physician.

   Tips for third year. Be proactive, which is easier said than done. This is determined essentially by how hard working you are. Examples of how to be proactive: Be early. Be knowledgeable. On rounds, you will most often be pimped on your patients, so use UptoDate before rounds to look up high yield information regarding your patient’s condition. Spend time refining your note taking skills. Go back to previous notes for good examples and ask for feedback. Practice writing good notes since this is an important asset for the rest of your career in medicine. Be helpful to your team. You can be a huge asset to the team by helping the residents with scud work. Be careful though. There is a fine line between being proactive and being annoying. Make sure you are able to gauge which side you are on. Although your immediate purpose may be to show off your abilities to your attending physician and be recognized by your team, your hard work will pay off in the long run because you are learning knowledge and skills that will be essential to being a competent resident.

Best of luck,

   Anhtuan Nguyen
Dear third year medical student, (crazy huh?!)

First of all, congrats on making it this far! (Both in this book and in medical school!). No more days of sitting all day in a lecture hall listening to someone talk, of podcasting videos, of reading syllabi…life as a third year medical student is completely different. Some of you will like it so much more, but some of you may like it less, and that’s ok! Just know that it’s going to be really, really different…

1. **Third year is a grind.** Even if you were the kind of person who went to every single class and then came home and studied all night, third year is a grind in a very different way. You will wake up very early, be in the hospital or clinic usually until around 5pm, and then come home, where you’ll be expected to read up on the disease processes of your patients or the surgery cases that you’ll be scrubbing into the next day. On top of that, you should also be trying to study for your shelf exam each night.

2. You’ll be working closely with your classmates, some of whom you may have never interacted with before. Try not to be a jerk. I was lucky and have really loved every team that I’ve been on this year and have made a lot of good friends. **Help your teammates out.** If a resident or faculty asks them a question, give them a chance to answer. Even if you know the answer, do not say it before they have a chance. Try to mouth the answer secretly to them, they’ll really appreciate it, and then they’ll be more likely to do that for you the next time you’re being pimped. You may think that it’ll make you look good if you know the answer and say it before your teammate does, but most likely that resident or attending won’t even remember that you answered correctly, but your teammate will remember that you cut them off. You do not want to be that person that come midway through third year, nobody wants to be on a team with. Your rotation will be much more enjoyable and you’ll do much better if your team all gets along and works together.

3. Your evaluations are important, and on most rotations, make up a decently large percentage of your grade. The advice is so simple and straightforward, but you’ll be amazed at how many people don’t do these things. Work hard. Enjoy the rotation (and if you don’t, pretend to enjoy the rotation). When you’re done with all your work, ask the interns and residents if there’s anything you can help them with. No need to be annoying about it (because unfortunately that can rub them the wrong way too), but just ask once. To me, I felt like it was **less important how much I knew, and more important the effort I put in and the attitude that I had.** You don’t have to lie and say that you’re interested in a specialty that you’re not, but however hard you plan to work on a rotation that you’re interested in, you really should work that hard on every rotation. Those are the things that get noticed, and not whether you answered all of the attendings’ “pimp” questions correctly.

4. Every rotation is different, and even attendings and residents in the same rotation will be different. You’ll have mastered how to present a patient on rounds, and then the next week you’ll get a different attending and they’ll want things completely different. And that’s ok. That’s another big piece of advice I’d give about third year, **be flexible.** Most people will tell you, just ask how the attending likes students to present, etc. But I think it’s important to **be observant.** On the first few days of a new rotation or with a new attending, watch how the resident or intern does things. And pay attention when your other teammates are presenting, or doing anything, for that matter. If they get good feedback, then incorporate that into what you do; if they get bad feedback, then don’t do whatever it is they did. And also, with the exception of the very first rotation of third year, you’ll know at least one person who already had the rotation that you’re about to start. Ask them about it.

5. Third year can also be very **awkward.** Interns and residents are trying to get their work done too, and so unfortunately sometimes you’ll be ignored. Ask once if there’s anything you can do to help them out, and if they say no, then just sit there and study or look something up about your patient on uptodate. Sometimes you’ll feel like you’re just following residents and attendings around and not really doing anything. Unfortunately that’s part of being a third year medical student. Not every rotation will be like that though. And accept the fact that there will be times (many, if you’re like me) where you get pimped and you have no idea what the answer is. Just say you don’t know, but then read up about it. If you’re asked something about your patient and you don’t know the answer, just say you don’t know, but that you can go
look it up. Do not lie and say you did listen to their lungs when you didn’t, or say their potassium level was within normal limits when you forgot to look it up. It’s so much better to look like an idiot than it is to lie. Just embrace the fact that you’re a third year medical student and you really have no idea what’s going on. Just have a good attitude, and be able to laugh at yourself and the situation.

6. And then of course there are your patients. All of you are different. Some of you will love working with patients, and some of you may be somewhat indifferent. You will almost certainly see someone die, especially in trauma call, and you will see people who are dying. I remember sitting with a family medicine doctor in clinic and watching him tell a woman and her daughter for the first time that she had lung cancer, and watching her daughter cry. I remember standing in a patient’s room in the hospital on rounds and listening as my resident told the patient’s family to call the rest of their family and start saying their goodbyes, because the patient most likely only had a few hours left to live. There are also, of course, the great patient experiences. Sometimes on rounds you’ll see the attending or resident explain to the patient something about their care, and you can tell the patient does not understand at all. I can tell, because I can barely understand what the resident is saying! Whenever this happened, I would always try to go back afterwards and explain things in layman’s terms. Your patients will really appreciate this. This probably won’t score you any bonus points because your resident or attending will most likely never hear about it, but your patients will thank you.

7. As a third year medical student, you may feel like what you do doesn’t matter. Because a lot of times you write notes, and no one reads them. You see your patient, but the intern or resident also sees them. But just try to be as helpful as you can, and learn. On rounds, when the attending or upper-level resident is telling the intern everything that needs to be done that day for the patient, write all of them down, especially if it’s your patient. Interns are human too, and sometimes they forget something too, and if you can remind them later (not in front of the resident or attending), they’ll be really appreciative. And learn! As I’m sure you probably already know, most of fourth year is spent interviewing and doing pretty chill rotations. So really, you have only one year – third year – to learn and prepare yourself to be an intern and real doctor. Go into third year with that mentality. The days will be long, and you’ll get burnt out and want to leave as early as possible, but just remember that you’re preparing yourself for your future. Even if that’s not the specialty you go into, everyone needs to know how to write a note, or present a patient, etc.

Good luck and enjoy it!

Lilian Nguyen

p.s. if you have any questions about anything, even if I don’t know you, feel free to email me! I know what it’s like to be really confused and have no idea what’s going on, so I’m always happy to help!
Dear Third Year Medical Student,

Congratulations on finished your Step 1 and your first half of medical school! The worst part of medical is finally over and you will be moving onto the next phase of your medical education. At this point, a lot of you are probably excited but anxious about making the transition from the classroom to the inpatient wards and clinics. Third year is definitely the most physically and mentally demanding year of medical school. At times, you will be working very long hours and will have to get used to 6 day weeks. However, it is by far the most rewarding! You will finally get to go out there to see patients and make an impact on their care.

Based on my experiences, here are some words of wisdom for third year:

1. Don’t be late! Seems like a no brainer, but you would be surprised at how often students are late. Set multiple alarms, do whatever you need to get yourself there on time every day. There will be times when you get to the hospital and end up having to wait around for your residents and attendings for half an hour, but that’s always better than arriving late and having the residents wait on you.
2. You will get pimped. There’s no escaping it. No matter how much you try to prepare for it, you will never have all the answers. A lot of times you will be pimped on topics not even remotely related to medicine. Some high yield topics are: 70s and 80s music, sports (mostly college football), old movie quotes, historic events, and even social media.
3. The residents and attendings won’t always be the most pleasant people. Unfortunately, your team will determine the experience you have on each rotation, whether it is good or bad. Try to make the best of each rotation and remember it will be over in 2-3 weeks.
4. Work as a team. For most rotations, you will be working with 2-4 other students. Never throw your classmates under the bus, to make yourself look good. You may not think so, but your residents will notice and this will likely be reflected your evaluations. Also, word spreads quickly in your class on who are the “gunners,” who is lazy, and etc.
5. Everything evens out in the end. There will be times when you will hear your classmates bragging about their “easy” rotations where they get dismissed early or have the “best attending/residents” while you are stuck at the hospital till 5 or 6 every day. Don’t let it get to you. At some point things will work in your favor and you will get your fair share of “easy” rotations.
6. Always bring something to read. You will have a lot of down time on certain rotations. Try to make use of this time and the less you will have to study when you go home.

Finally, here is some advice on how to get good evaluations. Ask lots of questions, but don’t be annoying. Attendings like it when students ask questions and are eager to learn, but pick your spots to do so. Don’t be “that gunner” who is constantly asking questions and holding up rounds every day. In general, you will get great evals if you simply show up on time every day, have a positive attitude, work hard, be a team player, and help out as much as possible. I wish all of you the best of luck on the wards and clinics!

Peter Nguyen
“You Can Go Now”

She seemed like just another chronic patient when I first glanced at her medical record – morbid obesity, non-compliant with meds and diet, abundant comorbidities, stuck in a bathtub for three days covered in feces and 6 inches of urine. Wait, what? Three days in a tub covered in excrement? I remember thinking “How does anyone allow themselves to get like this?” I had no logical answers, but I knew she was going to be quite a challenging patient. Over the course of our 18 days together, she and I grew to become friends and I frequently visited her room throughout the day to give updates and chat. I got to know her quite well and learned that she had many struggles in her life outside the hospital. I realized through our interaction that I had not really considered that this hospitalization is only a microscopic fraction of her multi-faceted life. She regularly told me that she felt fully genuine around me and that I was delivering the best care to her compared to everyone else. The actual reality is that I was not doing much for her other than being a friendly face and helping monitor her medical progress. Could I make actual medical decisions about her care? No. Could I be the person to represent her during morning rounds while making our next plan for her care? Absolutely.

This patient was not always a sweet lady. As expected, laying in a hospital bed for almost 3 weeks can be challenging. Toward the end of her hospitalization, our team decided she would require rehab in order to regain strength before going back to her home alone. She interpreted our medical decision as a personal attack on her character and she blamed me, calling me incompetent and a fool, because I could not talk “them” out of sending her to the rehab center. On my last day of the rotation and coincidentally her last day in the hospital, I went to her room to say my goodbyes. I let her know that it was a pleasure working with her and how much I enjoyed getting to know her. I wished her good luck in rehab and said goodbye.

She barely looked my direction and dismissively said, “You can go now” without any sign of familiarity or friendliness. I was so offended that a woman I had spent innumerable hours with and helped cure of multiple deadly infections could just dismiss me on a disdainful whim due to anger. I was angry and frustrated that she was not at all appreciative of everything the team had done for her. We literally saved her life and she could not even look me in the eye to say goodbye or thank you? That’s when it hit me: my emotional response was inappropriate, unprofessional, and embarrassingly self-entitled. Why was I even having those thoughts? Do I really deserve to be thanked? It should be my pleasure to help people, and alleviate their suffering, even unappreciative patients. After all, that is why we pursue the unrelenting, sleep-deprived medical profession, right?

The entire interaction with this patient taught me a valuable lesson in humility and patient relationships. Total dismissal by a patient that I worked with extensively was very hard to swallow, but it helped me realize that I am part of a larger team and do not deserve any extra praise or thankfulness for my role. I now approach patients with a hard-learned understanding that they are people (that just happen to be in the hospital) with complex life histories and extensive social considerations. The more you can understand the person and their situation, the better you will understand the patient that is depending on you for care. Viewing patients as humans and not just medical diagnoses or cool syndromes is an important mindset that all physicians should strive to uphold. I encourage you to practice medicine through fully open eyes and see the whole picture. Patients will directly benefit.

Travis Reece-Nguyen

P.S. Throughout this year, I have had countless experiences with positive outcomes. I chose to share this story specifically because it taught me a valuable lesson about the art of medicine, patient care and patient advocacy.

Enjoy yourselves this year and remember – your patients have a lot to teach you!
Dear New MS3’s,

I know you are excited to be done with your first 2 years of medical school. You should feel very accomplished that you have made it half way! Not every person who embarks on this journey will make it all of the way through. It is enjoyable and at the same time stressful. Your minds have already been stretched to the max and piled full of knowledge. It is now time for you to try to manipulate all of that knowledge and put it towards something more meaningful.

Let me be honest with you up front. Third year is not always fun. This may seem like a shocker to you because it sure beats being in the classroom all day. The bottom line is that it is impossible for you to have an awesome day every day. No matter who you are, you are going to have a bad day. It is easiest to accept this at the beginning. The great news is that I have had multiple bad days, but I do not remember any of them. I do, however, remember the good ones. It is easy to be stressed out and upset about every little mistake you make. I have been there multiple times and so has everyone else. It is part of the nature of the beast. This too shall surely pass.

You are not always going to get along with everyone. We all know the people in our class that go the extra 1.2354 mile instead of the extra mile. That is just the way they are and no one is going to tell them otherwise. They have been like this their whole life and it is not going to change. It seems hopeless then, right? You have to learn to adapt. You might as well learn to adapt to your classmates, because you will also have to learn to adapt to different residents and attendings. Everyone does things differently. Some styles you may like, and others you may despise. Regardless, things still have to get done.

You are going to be amazed at how fast you start getting calloused. The fire and excitement of third year quickly fades when things do not go your way or for some reason the rotation does not allow you to focus on the patient as much, but maybe paperwork. You start feeling like you don’t have a purpose anymore. The system is stretched thin and that even goes down to the medical students. It is very easy to lose track of why you are here. Think back to when you were applying to medical school. Why did you do it? You knew the academics and such would be challenging. But ultimately, why did you get involved in such a crazy field. Maybe write this down somewhere, because it can be easy to forget when you start to feel useless during third year.

Know that third year goes by fast. It will blow by in a second, and if you are not paying attention, you may miss it. If you already know what you want to do, that is great. You will have plenty of time to broaden your knowledge to make you as well rounded as possible. If you don’t know what you want to do, really try as much as possible to enjoy each rotation and not to sweat the small stuff. If you get caught up in little things that frustrate you, you may miss the joy that something gives you. Remember that you have a role. It may be to just fill out some paperwork on some days, or it may be to do a procedure on another, but it is a role nonetheless. Try to look at the big picture and take soak up as much as possible. Hard work goes a long way, regardless of how much you know or think you know.

Last, but definitely not least, don’t abandon your life outside of the hospital. It is so tempting to get so immersed in studying or being gone most of the day that you block out your life. Whether you have a family or are single, make time for yourself and others. You will be most happy when you have some balance. You may already be good at this from first and second year, but third year will challenge this skill. It does no good to go be a superhero for your patients, but you have abandoned yourself or your family. To keep others healthy, you have to be healthy yourself. Invest your time wisely. Remember, I said it will go by fast.

God Bless,

Cameron Nick
There are only a few things you need to know to succeed during third year. You will hear countless stories from colleagues and those that have come before you on how terrible this rotation was and how awesome this other one was. Take all that advice with a grain of salt. Every rotation you do next year is resident and attending dependent.

To make it through third year without going insane you need to realize that this year is a privilege. Our first instinct is to complain and whine that our attending pimps too hard, our resident makes us do extra work, or our hours are so long. Remember one thing, those before you had it a lot worse. Don’t complain because in the end, this year is where you will shine. You get to leave the classroom behind you and actually treat real patients. If your attending pimps you hard, guess what, you are probably going do extremely well on the shelf. But doing well on a shelf exam is not the point of this experience; it is to make you a better doctor in the end. You are going to be at the bottom of the totem pole and you have so much to learn this year. Make the best of every opportunity even if it is hour 13 and all you want to do is go home, watch TV, sleep or eat.

Go into third year with a completely open mind and dress to impress. I thought I was going to hate OB/GYN because of the horror stories I heard about the residents and the fact that all you do is deal with “vaginal bleeding”. It was actually one of my favorite rotations in hindsight. I got to use my broken Spanish and hone it into a complete gynecological line of questioning and exam. By the end of the year, I saw my notes transform from unorganized and cluttered with layman’s term to coherent, concise notes that were helpful to the care of my patient. I saw myself go from feeling like I had no idea what I was doing (it is completely normal to feel this way) to being able to walk into a room, talk with my patients and walk out with an assessment and plan to treat my patient. Each clerkship added to my repertoire of knowledge of patient care and hospital inner workings. Learn the stair wells and codes for the supply rooms. You will be surprised how often this knowledge will come in handy.

My best advice is show up on time, do what’s expected of you and show interest in whatever rotation you are on. If you go into medicine, your surgery rotation is your only OR time of your life. Make the most of it. Also, nurses are your friend. Whenever someone asks you a questions, don’t ever be afraid to say “I don’t know or how”. Your response should always be either “I will look it up and present to you tomorrow” or “Will you please show me how?” If you remember what I just told you, then third year will be the best experience it possibly can be. I wish you the best of luck in your future endeavors.

Will Nutting
Dear third year student,

You have made it through 2 years of basic sciences and the right of passage that is step1. Congratulations! Third year is like no other year in medical school everyone says, but like most experiences along this journey there is no way to fully explain until you are right there in it. What I will tell you is that no matter how smart you are, how well you did the first two years, or what you got on Step 1 ; every student has a moment (or many!) when they feel inadequate. Some days you wonder if you will ever know enough information. It is so easy to compare yourself to your classmates and feel as though you don't measure up. One important thing to remember is that we are always our own biggest critic and most of the time the things we obsess over (I missed a pimp question, my presentation sucked, I'm the worst retractor ever) are really not a big deal in the eyes of our residents and attending's. You will hear it time and time again but having a good attitude, being a good teammate, and working hard really go a long way.

One of the hardest things about third year is the shift in responsibilities. You now have to study for your shelf, read literature on your patients (which may or may not help you on your shelf), work with other students (and your ability to work with them affects your grades), and try impress residents and attendings! I think this is the sentence where I am supposed to tell you how you manage above responsibilities gracefully, but there is no great answer. Accept the fact that you will be overwhelmed at times, learn as you go, and try and be enthusiastic. When all else fails, ask your intern for help.

The unfair thing about third year is that the people that you work with can define the joy or misery that you experience on a rotation and ultimately have an impact on the career you choose. However, if you're lucky enough to have a team that clicks and you experience the pleasure of crumbling the preconceived notions you had of your classmates. You can forge great friendships, and the inside jokes you create on call will become your sanity and help you get through the hard days.

Despite being at the bottom of the medical hierarchy and having crappy days that may make you want to cry, there are still SO MANY wonderful things about third year. There are the moments when a patient calls you doctor, when they thank you for listening to them, when they tell you no one has ever taken the time to explain their disease to them besides you. And then there is the moment when the heavens open and you get asked the question that you just did the UWORLD question on, and impress your attending.

Third year is hard, but so is medicine. It is also inspiring, exciting, and beautiful. This is the time when everything you have read comes to life. Just remember what a privilege we have to intervene during people’s most vulnerable time and you will be fine.

P.S.

-Bring an extra pair of scrubs to trauma or you will be the girl who got peed on the first time she attempted a Foley and had to be in those scrubs all night.
-If you know you don’t want to do surgery and have no interest in being in the OR, do SICU and PMNR (No OR time necessary on either of these).
-Some scrub techs are mean, some are very mean, same is true for nurses. But they can help you a lot, and if you come with a submissive attitude, and let them know they are the expert and you are the lowly student, they are much more inclined to help you.
-Free food is awesome. Scrubs make you unaware that you have gained 10 lbs, so don’t go overboard.
-Go to mandatory sessions, they might randomly decide to take roll and the consequences can be detrimental to your residency application.
-Interns can help you A LOT.
-NEVER throw your intern under the bus. Seriously. If you notice some medication wasn’t started etc tell them about it, don’t bring it up on rounds. Your intern shouldn’t be surprised by anything you present on rounds.
- Sometimes you get 3’s when you killed yourself the entire rotation, sometimes you get 5’s when you thought the attending hated you. That’s third year. However, if you feel that a comment that is going in your dean’s letter may potentially hurt you in the future AND you believe it is an inaccurate assessment, SAY SOMETHING!

- You never know who your talking to, residents, nurses etc are married to other residents or attending’s and you may have no idea. So just be nice to everyone. And don’t gossip in front of your residents!

- There are some great apps out there, most people know about epocrates, but I found having a calculator app is very useful (med calc 3000 is my favorite, but there are certainly free ones out there).

Also For IM (Journal club app: summary of really big clinical trials, all of the Joshua Steinburg apps: warfarin guide, pneumonia guide, pre opeval etc, Read by QX: subscribe to any major journal, and you can search a topic within all of the major journals–FREE app, amazing!)

- Try and enjoy this year, this is a time when it is OK to not know much, and your job is to learn. You may have to write notes and do scut work from time to time but in the end you will look back and realize that you have learned a lot, and that the time has flown by.

Wishing you all the very best,

Serena Michelle Okoronkwo
I remember the beginning of third year, and the anticipation we all felt about working with non-standardized patients, and being out of the classroom, that first day of didactics. Along with anticipation soon came confusion and puzzled looks around the room when instructors started talking about SOAP notes and instructing us that “if you see a chair, it is not for you to sit in. That is a special chair, and you are not special.” Damn, was I all that I could say. After going through it all, here are a few pointers that I took away from third year. Hopefully they will help you too:

1) Take a deep breath! No one expects very much out of you your first rotation. Be excited to be there, ask questions, ask to be involved, and LOOK INTERESTED. If you do these things, you'll enjoy each rotation and get something out of each one. Oh and those SOAP notes, they come with practice 😊

2) Don’t judge patients. I remember one night when I was on trauma call, and other people were talking about “the druggy hooker” who was a “poor historian”. They almost sounded annoyed that they had to care for someone who caused multiple abscess formations all over her body due to extensive IV drug use. I volunteered to go speak with this patient and here is what I saw: a pretty girl about my age, writing in pain from the abscesses, and withdrawing from heroine. How did she get here? What happened in her life that she ended up like this? I placed my hand on hers, and gently talked with her for a few minutes, sympathizing with her pain, and listened to her story. I walked back to the pit with a full H&P. Take home message: these are your patient’s, they put their lives and trust in our hands. You’ve never walked a day in their shoes, and passing judgment on them doesn’t help them or you.

3) Always smile. It boosts team and patients moral.

Third year is your opportunity to spend a great deal of time with patients. Get to know them, hear their stories, and learn from them. Ask a lot of questions, and always advocate for your patient.

Good luck this year ya’ll, it is the best year yet!

Warm Regards,

Alexa Olszewski
Dear Third Year Medical Student,

Don’t get discouraged! Even THOUGH you have spent the last two years sitting in lecture for endless hours….even THOUGH you spent a total of 77 hours taking exams…even THOUGH you just finished 240 hours of studying for the Step 1 exam….you will get to the hospital and your first patient may not speak to you. He might just lay there and let you examine him every day. You might have a jail patient that complains about pain and ask for IV medications because she is “allergic to po meds”. You might be in the OR where you stand for a total of 14 hours while a vascular surgeon intricately salvages veins and performs a bypass procedure to then see your patient smoking outside the hospital the next day.

But, little do you know that one day the patient that doesn’t speak will grab your arm and say “pain”. You will touch every part of his body until he nods when you touch his stomach. You will report these findings to your attending physician who will ask the patient himself if he is feeling ok; the patient will give no response. You immediately ask him after your attending and once again he grabs your arm and say “pain”. Blood cultures are ordered; the patient is bacteremic. Your attending physician starts him on antibiotics and prevents sepsis, likely giving this patient several months more of life. Why did he respond only to you? Because you were the medical student that spent thirty minutes examining him every day! Even though he did not speak, he could hear your voice and when something wasn’t feeling right, he knew the person that he could trust to tell was you.

You will visit your jail patient every morning and listen to her for what seems like hours describing pain. She is in the hospital for swallowing bags of cocaine; of course she is in pain! You report the pain findings every morning to your resident and then again when you complete her physical exam, you notice that the patient’s right arm is much more swollen and red than yesterday. On palpation, the arm is extremely sensitive to touch. You report these new findings to your attending physician who will order a stat ultrasound. The patient has a 4cm abscess in her right arm; no wonder she was in so much pain! Never assume that your patient’s pain isn’t real; patients are in the hospital for a reason and in this case one of her needs was pain control. This patient ended up having surgery and was on IV Morphine for the next several days of her hospital stay.

You see your patient smoking. All you can think about is my feet hurt so much, and for what? The patient clearly does not care about his newly re-vascularized leg. You report this to your intern that counsels him on smoking cessation. “I’m really trying sir” the patient states. For the next five days, you see the patient with the entire vascular team and watch as the intern asks him about smoking. “Yes sir, I smoked 10 cigarettes yesterday” the patient states. He is counseled on smoking cessation again and again. It’s 5am on a Saturday morning. You are rushing to the hospital to meet up with your intern. There is an emergency surgery, so it is up to you to round on all the patients and report the findings to the team after they get out of the OR. Since you do not expect them to leave the OR for at least a few hours, you decide to spend some time talking one one with your patient about smoking cessation. The patient seems frustrated and says that he is really trying to cut down. After speaking with him, you realize that before the surgery he was smoking 4 packs per day and now he is down to just 5 cigarettes per day. All throughout these morning rounds you realize that the team never asked once what he was already doing to cut down on cigarette smoking.

While you are in your third year, there will be many days that you will be very frustrated about a patient encounter. But, you never know when you are going to be talking to the patient that will change your life. These are just a few of the patients that changed mine. Good luck in your third year and be excited to be involved in all of your patient’s care as you will never know which of the patient’s will create stories that will stick with you forever.

Sincerely,

Sara Ostrosky
It was the end of another long day in gynecology. We had just finished examining an elderly female with advanced cervical cancer and speaking with her and her family for 45 minutes. The patient could not have been sweeter nor the family more supportive as we discussed her treatment options. A kindly grandmother who was obviously uncomfortable with the multiple exams she had endured, Abuelita continued to smile amiably whenever we spoke to her. She spoke very little English but nodded in agreement as the discussion proceeded. When the discussion ended the intern, resident, attending, and multiple family members filed out of the cramped room. It was just myself and another medical student in the exam room with Abuelita. She smiled kindly as we moved her from the examine table to a wheel chair.

As I settled Abuelita in the wheel chair I asked her if she was comfortable. She smiled. I asked her if she was going back home tonight and again she just smiled. Finally, I asked Abuelita if she had and questions about the conversation and she smiled for a third time. It was the same pleasant smile she displayed during the entire conversation about her diagnosis and treatment. The hairs on the back of my neck stood up. Had she understood any of the previous three hours? Did she know we were scheduling her for a major surgery? Did she know she would be getting multiple doses of deadly radiation? Did Abuelita even know she had cancer?

My classmate spoke fluent Spanish. It seemed worthwhile to ensure Abuelita was clear about what had been discussed. We decided to work backwards.

In Spanish: “Did you understand the conversation, ma’am?” Abuelita, “No, not really.”
“Do you understand that you’re scheduled for surgery this Friday?” Abuelita in an inquisitive voice, “No. Here?”
“Did you get the part about radiation therapy?” Abuelita: “No, what does that mean?”
“Ma’am, do you understand that you have cervical cancer?” Abuelita was silent. Then she burst into tears.
“I have cancer? How did I get it? Will I live? How long do I have?” The questions poured out as the reality of cancer sunk in for the first time, hours after she had originally been told. Although she was competent, the language barrier prevented us from informing Abuelita of her diagnosis and treatment.

We found the intern and again relayed the diagnosis and treatment plan to Abuelita, this time in Spanish. With the Abuelita and the family all understanding, the treatment could progress. But what if we had not had that final conversation? What if the family had calmly driven Abuelita to the hospital for surgery Friday believing she understood her diagnosis and treatment plan? Fortunately none of these questions ever need to be answered. I will never forget Abuelita. Although healing is understood in every tongue, a language barrier prevents it from speaking. I thank her for teaching me this.

Nate Ott
Dear 3rd Year Student,

Congratulations on getting through Basic Sciences! Don’t worry, I promise that what you learned will come in handy this year! Unfortunately, your learning isn’t over. To be honest, you will probably learn more during third year than you have in the first two years combined - which is both daunting and awesome. I’m sure by now you’ve heard a lot about how great third year is compared to first and second year and I’m certainly guilty of spreading that statement. However, I must throw a little honesty into the equation: third year is tough! Rewarding, absolutely, but tough.

The part that makes 3rd year different and possibly more challenging than 1st and 2nd years combined is that you have to battle fatigue on top of the studying. It is definitely not easy working 12 hours each day, 6 days a week, and then trying to study for your weekly quiz. It is even more challenging dragging your bottom out of bed at 3:45 am for general surgery or OB-GYN rounds. Honestly, nobody should be awake when the first digit on the clock says “3” - it’s just not natural! On top of that, you may have to stand most of the day, you may or may not get a lunch break, and depending on your rotation, you may even have to run up multiple flights of stairs with your attending on occasion!

However, for all of the components that make 3rd year challenging, there are so many more that are rewarding. Yes it stinks to get up at 3:45 am, and it always will. But when you are getting up at 3:45 to go round on a grateful patient who is smiling and friendly, and also up at 4:00, you can’t help but remember the whole purpose of your training. And yes it is exhausting to stand on your feet all day. But when you get to put your hands on the drill for the craniotomy or deliver your first baby or resolve a medical complaint, all of the sudden you won’t remember the hours or the fatigue - your entire day (and week!) will be focused in on that one incredible experience.

My biggest advice to you is to respect your patients. Let’s be real: nobody really likes being the first patient that a student sticks a needle into to draw blood or perform their first pap smear on, but your patients are going to let you, because they respect your role in the world of medicine. Respect them back for the opportunity they have given you to take a role in their personal and private lives. Do not be afraid to touch your patients or hug them. They will appreciate your kindness and interest in their wellbeing. Finally, have fun! Participate in every cool experience that you can. Don’t be afraid to ask - it will show interest and a willingness to learn. Every rotation, even your least favorites, will have it’s fun moments if you open your mind to them - look forward to each and every one!

Best of Luck!

**Kathlyn Parr**

PS: Buy another alarm clock if you only have one and stick it across the room. At 3:45 am, it often takes the physical act of getting out of bed to motivate yourself to get dressed and go in. And make sure you never get back into bed once out!! That will surely lead to unfortunate circumstances!

Also, I would highly recommend packing your lunch, or at least bringing a stash of snacks - there will be instances, especially on your busier rotations (surgery/OB-GYN) when there will not be ample time to get to the cafeteria. If you do not have a back-up option, you will be very hungry!
Dear Third Year Medical Student,

Congrats on your upgrade to MSIII! Third year is awesome. It is the year where book meets reality. Concepts that were difficult to grasp during the first two years suddenly make sense after morning rounds. You will meet great people from patients to educators to classmates you never talked to before. Your main goal for third year is to learn as much as possible from our great patient population! Don’t worry if you don’t speak Spanish. You will graduate with a minor in Spanish after completing Ob-Gyn.

Third year is not an easy task and is very different from your first two years. I’ve had a great learning experience and I am sure you will too. Make the best of it. You might find yourself without time to do things you used to do. Don’t let this discourage you from having a life. Get your rest and spend time with family, friends, and loved ones.

Each clerkship will end with an NBME shelf exam. Talk to classmates who have done the clerkship you will rotate on and get tips. You can also visit online student forums where you can read about the most popular study resources for each shelf. Make use of the great resources on the 5th floor of the library and borrow shelf review books but please return them! If I’d do something different third year, it would be many more practice questions. The shelf exams tend to throw jabs, hooks, and uppercuts from all angles and the best way to prepare is to do as many questions as you can.

Here’s another tip. There will be times where you have to go to clinic outside the medical center. Use your phone wisely and take advantage of the traffic feature on Google Maps before you drive. I found it extremely helpful and always avoided traffic in the mornings and evenings. Efficiency is crucial.

Dr. Keeton gave you great tips at the end of your third year. Hope you consolidated them to long-term memory. If you didn’t, I’ll summarize them. Be early, happy, open minded, courteous to everyone, and be proactive. Always do more than what is asked for and never leave your clinical site before offering to help your team. Finally, smile.

Best wishes,

Julio C. Peña
Dear Incoming 3rd Year Medical Student,

Congratulations on surviving the first two years of medical school and the rigorous Step 1 exam. Now you will be faced with a completely different situation of treating real patients. I found third year to be very challenging, as you will be pushed to your limits in regards to your stamina, efficiency and studying intertwined with parts of happiness and excitement. To survive third year, you really need to keep close to you the reason why you entered medical school and the positive feelings you get throughout the rotation, whether it be the excitement of your first surgery, the improvement of health in an ill patient you helped cared for, or any moment that reminds of your own long-term end goal. These memories will help push you through the hardships of the year.

Now that you are emotionally prepared, we can talk about logistics of third year. The first couple of days of any rotation will be quite stressful as you will try to get your computer access to work, learn how to round on patients, and where to find certain lab values. After the first couple of days, things will become routine and you can focus more on learning and improving patient care. When you enter your first surgery, you will quickly find out whether you love it or hate it. The attitude of the operating rooms is quite different from other areas of medicine. Make sure you meet the patient, read the history, and study for the anatomy of the surgery. You will most likely be fatigue from the end of the day to do anything, but always make an effort to study. Days fly by during all the rotations, so the shelf can sneak up on you. The shelf exams are very hard, so try to make a studying schedule and follow it.

I feel that the best way to look at 3rd year is to view every patient as your own. Think as if you are the only care provider they will see and feel as if you have full responsibility for the patient. I say this because many times during different rotations, you will feel that you are in the way and not really contributing to the team. If you look at your patient as your own, you will be more interested in patient care regardless of what specialty you rotate through and you will learn so much more. Even if they don’t ask you for an assessment or plan, go ahead and always say what you’re thinking, so that they can point you in the right direction. This is where the learning is because in a couple of years, you will be the one making these decisions and its good to learn from your mistakes now under supervision.

You can do it! Remember why you entered medical school and the happy times you’ve encountered 3rd year. Even when things get tough, remember this and pull through. Don’t forget about keeping in touch with family and friends. You can easily lose touch of people when you are on rotations. Keep your social support because this will help keep you sane!

Good Luck!

Nicholas Perez
Dear Incoming 3rd years,

I had many experiences throughout my third year. I wanted to share with you the one encounter I know will stay with me forever. I hope you find it helpful…

It seemed to be a standard Saturday morning for the PICU. I gathered my patient’s overnight events, all their chemistries, I/O, prepared my presentation and plan and began rounding with the team. We got to one of the new admits of the night, we will call him Jacob.

Jacob, a 5 year old kid, with a history of CF was admitted for lethargy and hypernatremia, with a correct Na of 183. Before his mom noticed him becoming lethargic, Jacob was functioning as a normal 5 year old does. A few days prior to admission, Jacob had begun to have multiple loose stools. Having had a previous hospitalization for hyponatremia, mom gave Jacob double his Sodium packets to compensate for his volume loss. This is what ultimately made Jacob dangerously hypernatremic.

Outside of his room, with mom listening in, the attending, residents, and I discussed his case. We discussed the need for dropping his sodium levels at 0.5-1 mEq per hour to prevent central pontine myelinolysis and herniation. We discussed to protocol to achieve such a slow decrease and how there are many children that no matter how slow try to drop their levels they ultimately dropped too quickly, even if they respond appropriately throughout the day. After discussing his plan, we moved on to the next child on our list. Not more than 10 minutes had passed when a nurse came to alarm us that Jacob had begun seizing.

When we walked into the room, Jacob was in full tonic-clonic seizure, with mom and dad sitting by on a couch in shock. We sent a stat Na level to the lab and waited by for Jacob to stop his seizures. During this time, Jacob’s Mom and Dad sat and sobbed. I looked into his mother’s eyes and all I could see was guilt and sorrow for what she believed she did to her son. I looked into his father’s eyes and felt his pain. His father did not look at his mother and his mother did not look at his father. They were in their own worlds, watching their son disappear before their eyes.

Even after following protocol and starting 3% NaCl, Jacob did not fully stop seizing for hours. He continued to have seizures on and off for the next 48 hours. I returned to the hospital on Monday, to find Jacob still sedated and seizing on and off. The difference was that family continually poured in and out of Jacob’s room, crying and praying. By mid-day, Jacob’s parents could not take any more pain and decided to have him formally pronounced brain-dead and extubate him.

At 18:00 the family gathered in Jacob’s room. Jacob’s mom, dad, big sister, grandparents, uncles, aunts, and cousins all gathered around and reminisced about Jacob’s short childhood. Jacob’s Mom and sister recounted a story of Jacob the week before his hospitalization. Jacob and his sister were running around the house, releasing all the energy he had and while trying to get a cookie, accidentally broke a cup on the table. At the end of the story, Jacob’s sister, cried out, “Jacob, please wake up, don’t leave.” Trying to console her daughter, Mom started to sing Jacob’s favorite song, “This Little Light of Mine.” As the whole family chimed in, they extubated Jacob and pronounced him dead at 18:30…

I studied fiercely my first two years of medical school and I did well. I studied fiercely for Step I and I did well. But, there is nothing in the world a person can study to prepare to confront death, especially of a child. There are so many thoughts that came to me during and after this case. I am not sure I have even fully processed this case myself and it has been a month. How do you process the death of a child? All I can concretely say is this case reminded me that no matter how much I studied, no matter how well I did on standardized tests there are things out of our control. There are experiences that can not be taught, only experienced.

In third year you will be thrown out of your comfort zone and face multiple situations you will not be intellectually or emotionally ready for. My advice to you is when these situation occur (and they will happen), embrace them, discuss them, remember them, and learn from them.

Good Luck!

Nadia Perez
Family Medicine:

If you happen to have this rotation at some point following your medicine clerkship, you will probably have no issues getting the basic clinical knowledge required to excel. If you also happen to have finished pediatrics then this is even more to your advantage.

If you do not have these rotations under your belt, then this rotation can be a bit challenging simply because of the comprehensive nature of the field. Get all of your “easy points” that you can. Talk to others on your rotation about where quiz questions are coming from recently. Although there may be minor changes made, many of the questions on quizzes used the same sources used for quizzes that the last group had, and the questions will often be identical to those found in the relevant chapter case files or pretest.

Unfortunately (or fortunately), there is significant variation in what an attending expects of medical students, and how they tend to grade them. You may have to work harder to get a “4” out of 5 with one attending than you would to get a “5” with another. Do not stress over this at all. This is our current system and it is imperfect. Get over it from the beginning and you will reduce your stress level and have the exact same outcome.

Pos: Weekends are free, (most) patients love you for listening to them longer than anyone else
Neg: Notorious SHELF exam,

Pediatrics:

This rotation can be challenging but it is one of the few where you can potentially go into the SHELF exam feeling prepared. Be a bit aggressive early on in knocking out questions (e.g Uworld). Get yours “easy points” by completing the case examples online as these represent a large portion of the quiz questions. To save time I would skip through the cases and simply study the summary that comes at the end (this worked well for me). Once you start to notice patterns in the question banks you can relax a bit. By the end of the rotation I felt that there were between 80 and 100 key concepts or scenarios that can be exploited in different ways to make variations among questions. Write down the ones you tend to miss: they never go away and will be the similar to your SHELF exam.

As a final suggestion, if you rotate within a subspecialty, go ahead and knockout all the questions on that narrow field a day or two before you start. This practice alone gave me the answers to around half of the questions attendings asked me.

Pos: well defined quiz/test goals, No one hates a baby when they hold one….no one
Neg: Threat of boredom (outpatient),

Psychiatry:

This is a polarizing rotation: many hated or loved it. There is a relatively high component of the grade dependent on evals compared to other rotations. Getting along with the team and the attending is key. This will be easy for most students but you will see some struggle. Even if you are not considering psychiatry and are not thrilled during this rotation, you are much better off being a pleasant human being (in terms of both your experience and your final grade).

First Aid for psych was all that was needed here. Uworld questions were good but a bit too easy. Make sure to know the criteria differences for diagnoses (e.g. hypomania vs mania). Do not make the assumption that psychiatry is more conceptual (perhaps it is but that is not what is tested). Those details for diagnosis will be tested. Most questions I received from attendings were pharm based.

Pos: Amazing cases of psychopathy, laid back rotation, easy SHELF (if you attempt to prepare)
Neg: Patients who are not “cured” but still require large time investment, you are strongly at the mercy of your attending for grade and QOL (note this could be pos as well).

OBGYN:

Most reports of how hard this rotation will be are exaggerated. Much of the stress arises during the first two days of each subdivision of this course (e.g. one week of gyn onc, etc.). This is simply because the rules slightly change each time in terms of what the attendings and residents will need of you. Communicate
with others who are taking whichever portion you have next. Instead of asking generalities like “is it hard?” ask about details regarding requirements and which scutsheets they used. Because the hours are a bit longer than some rotations, and because you will often work in teams, getting along with others even if you are not feeling well rested is one of the keys to doing well. Do the Uworld q’s and pay attention to the common themes. If you are not sure what the common themes are, simply look in the back at the list of cases for obygn casefiles (even if you despise case files look at the list to get an idea). If you came to San Antonio in the hopes of bettering your Spanish, this is your chance.

**Pos:** Great mix of surgery and medicine, Lots of different experiences due to rapid rotations,

**Neg:** Less direction given (more “what am I supposed to be doing”), longer hours

**Medicine:**

More than any rotation this one requires you to know much of what ends up being on USMLE step 2. Going in with the mindset that this course could potentially help you significantly to do well on your board exam can be motivating during this long course. Frontload your Uworld questions as this will help you out on both the midterm and on the SHELF. It is difficult to finish all the questions depending on what teams you end up on and how hard they work you. Knowing this ahead of time will prevent you from going through questions too slowly and running out of time.

Compared to other rotations, students are expected to (try to) diagnose as well as come up with a plan. It is essential to get some friendly help from residents when doing this. You will simply not be able to “uptodate” all the problems your patients are having in the allotted time while choosing a correct plan of treatment. Best is to use such a source, scan it, get an good idea, run it by the resident (who likely already has put in order and enacted their own plan). If you are on the right path, show that you are making some rational sense, and show you are not just looking at the clock for your day to end, you will likely get at least 1 or 2 minutes of their time to tweak your plan. If it’s still wrong, the only thing that will happen is that you look like a medstudent who made a reasonable plan but the attending wanted something else. Not really a problem, plus you learned something. Most of the time the attending will agree. Your experience is quite dependent on who your attending happens to be. Rounds can be on the longer side or can be short and efficient. There is generally more time for pausing and discussing hypothetical scenarios that your patient could have had compared with other rotations.

**Pos:** Good intellectual challenges, Great Step 2 preparation

**Neg:** Rounding is quite variable in duration and quality of learning, heavy self studying requirements

(note: currently starting surgery)

**Ryan Peterson**
Dear ½ MD:

First of all, remember that you are already halfway through which means you have already proven you can survive two years of medical school, which is all you have left. Celebrate!

After you finish celebrating all that you have accomplished, contemplate on what is in front of you with confidence. I know it’s hard to muster that confidence when you are staring into the great unknown that is 3rd year. Here are some tips that helped me realize I already had what it took to make it through to become a ¾ MD:

1. Take all advice you receive from older students and classmates with a grain of salt. Nobody has the same 3rd year experience, no matter how standardized they try to make it. We are all different and have different interests, which means we will get along with different residents and enjoy or hate different things about each rotation. I’m not telling you to ignore everything you hear (the hours on OB/Gyn ARE rough for everyone!) but consider who is giving you this information and how your experience might differ from theirs based on the differences in your personalities, interests, goals, etc. before you rush to change your schedule to avoid the same experience as them.

2. Keep an open mind about what specialty you want to do. This is hard to say considering I knew what I wanted to do coming in first year, but if I hadn’t kept an open mind I would have hated all the rotations that I really came to enjoy just because it wasn’t what I knew I wanted to do. Who knows, you may love something that wasn’t even on your radar.

3. Be a good team player. Seriously! You will work with people you barely knew from your class and you will love getting to know them if you all work as a team. Attendings, residents and other staff always notice when someone is dropping the ball for their classmates to pick up or if someone is hogging all the attention.

4. Relax and get ready to adjust. 3rd year can be quite chaotic at times. Either your schedule gets changed at the last minute, or you are changing sites every 2 weeks, or your attending gets changed just when you perfected their presentation style. It happens, and it happens a lot. You have to learn to roll with the flow or you’ll get swept up in the “could have’s” and “should have’s” and not learn what you are there to learn. Complain to your friends/teammates/spouses/pets but limit it to a couple of minutes and move on.

5. Be yourself and discover the pearls that each rotation has to offer for you. 3rd year is very personal. You get to know your instructors better, your classmates better and mostly you learn A LOT about yourself. You don’t have to say that you want to do whatever your attending does (it honestly doesn’t help or hurt you) but if you’re interested let them know and pick their brain on why they like to do it. See what rotations best fit you and talk about it with people who know you. Above all try to learn whatever you can from every rotation because ultimately that’s what you are there to do.

3rd year has been an amazing experience for me. As hard as it has been, it’s the first time I felt like I really have what it takes to be a doctor. Hopefully you can say the same thing a year from now.

Sincerely,

Jessica Smith Pior, ¾ MD
Dear Third Year Medical Student,

CONGRATULATIONS! You made it to third year. Before I start telling you things that might scare you, STOP using your brilliant mind for a second and just relax. Your feelings of anxiety are valid, but I promise you, everything will be okay. Third year is like the speed dating of medical school. You get to do a little bit of everything! Even if it is something you are not interested in at all, it will still be surprisingly fun. Take some time in between Step 1 and the first day of third year to have some fun. Honestly, that's probably the best advice I can give. But, here it goes for all those other opinions:

1- The key to third year is NOT how smart you, but how hard you can work and how eager you are to learn. You will absolutely not know every answer. In fact, there is a good chance you won’t know any of the right answers. But that is OKAY. Attending, for the most part, want to see your eagerness to learn. If you get them excited about a patient/disease process, they will talk and teach you all day long.

2- NEVER be late. If you are late once, it will chance their opinion of you for the rest of the rotation.

3- Always treat the patient (and the patient’s family and friends for that matter) as if they were your own flesh and blood. You may have patients that are mean, disrespectful, and possibly violent. Think your terrible thoughts about humanity, because after all you are only human, and forget about it. Don’t complain about a patient to another team member. You never know when someone could overhear.

4- Study! Okay, this one is obvious. I know everyone will tell you to study a little every day, but I’m not going to bother. I know you won’t do it. I didn’t read every night. Honestly, you ARE studying every day. Seeing patients, presenting to your attending, forming an assessment and plan is studying. UpToDate is a great tool. Utilize it as much as possible while in the hospital. If you are not too tired, read from your Shelf/Step review books at night. If you can’t do that, don’t worry, PLEASE get sleep first. Refer to the above statement --- everything will be okay.

5- Have at least 2 weekends of every rotation (if you have weekends off) that are NO STUDY, ONLY FUN weekends. I mean it, only fun. Third year you develop so many great relationships with your peers in the hospital. Pretty soon you will all be going off to different residencies. Have fun with each other while you can.

In conclusion, this year, I can truthfully say, has been the best year of my adult life. I am finally applying and doing what I love so much. I am having so much fun in the hospital every day. Patients are amazing and hilarious. It is so rewarding to see people get better. The friendships you develop during third year are a type of bond that is indescribable. Keep your chin up, everything will be okay.

From your friendly, non-type A personality but still a decent student, MS3:

Elizabeth Purnell
Dear Third Year Medical Students,

Congratulations on surviving the first two years of medical school! I have always liked school, but after 2 long years filled with hours and hours of lectures and labs and studying and taking tests, I was more than ready to get into the practice of actually taking care of patients. After all, that is why we are becoming doctors! I was nervous when I first started 3rd year. It seemed like so much responsibility, seeing patients, analyzing lab results, presenting to attending physicians, writing clinical notes. What if I missed something and a patient suffered because of me? Thankfully, the medical profession has a system in place that protects patients while giving us the opportunity to gain the experience we need. You will always have someone around who is watching over your shoulder and won’t let you mess up too badly. Having said that, you will play an important role in the care of patients. You will have more time to spend with each patient, and often patients will tell you things that they have never told anyone else.

One of your roles is to gather information, synthesize everything you have learned from the pre-clinical years, and come up with a plan to present to your team. Another very important role is to serve as your patient’s advocate. You will know your patient better than anyone else. You will know what is important to them, and what they desire and expect from treatment. It is your job to express this to your team and make sure that your patient gets the best care possible. At times, you will see the injustices of the health care system as it exists in the United States. You may feel that there is nothing you can do, but even so, you should recognize these and fight for what you believe is right. Older physicians may think that you are young and naïve, but it is these very qualities that make you more in a position to change the way things are.

As you go through your clerkships, you will feel exhausted and like you never have enough time to finish all your work and study as much as you need, much less sleep and have a life. But I encourage you to take time to reflect on what you are doing. Keep a journal about things you learn, ethical dilemmas you face, patients you encounter, co-workers you interact with. See how some of your world views may change over the course of the year. Take notes on physicians you want to emulate, and those you don’t. This is a time for you to not only decide what specialty to pursue, but also what type of person you will be in your practice.

Lastly, don’t forget the people who helped you get to the place you are today. Take time to spend with your family and friends. You will spend the rest of your life working with patients, and now is the time to start setting boundaries for yourself and managing your time wisely. Take books with you to the hospital or clinic to study during any downtime. Keep up with your readings and review questions, because cramming is no longer a viable option. Take the weekend after your shelf exam to relax and have a little fun. You will make mistakes this year. You will probably say something stupid, forget the answer to a question you know, wake up late because your alarm didn’t go off, or get lost in the hospital. Learn from your mistakes and move on, and look forward to the day when you will be writing a letter to the next generation of new physicians.

Best of Luck!

Kristy Smithson Riniker
Dear third year students,

Congrats on finishing your first two years and step 1. Say goodbye to your favorite study spot in the library as you pass it along to some poor soul behind you. Now is the time to apply the knowledge you have gained studying for the past two years. I would first like to wish you all the best of luck and offer some advice for the year ahead.

- Be a team player: This is the most important piece of advice for third year. This involves being respectful to your coworkers, pulling your own weight, and helping others when they need it. The best rotations for me throughout third year were when I was a part of a really strong team. People were happier and time flew by.
- Don’t sweat what you can’t control: At some point throughout the year you will most likely receive an evaluation that is lower than you anticipated, but don’t let this discourage you. Residents and attendings cannot supervise you all the time and some of your hard work may go unnoticed. If at the end of the rotation you were friendly, worked hard, and were an active team member, you can feel satisfied with your performance. Incorporate any feedback you receive as you progress throughout the year.
- Have confidence: This will probably be one of the hardest things to put into practice at the start of third year. For me, this developed over the course of the year as I started seeing the same patient problems. The beginning of third year can be a little intimidating as you’re getting accustomed to interviewing patients, learning how to navigate the EMR and presenting patients. With time, these things will become second nature and you can begin to focus your energy on coming up with differentials and management plans for each patient. When presenting, some residents or attendings won’t ask for a differential or plan but always attempt to provide your input. Also, when asked questions, try to come up with an answer to show that you’re engaged. It is always better to have an answer and be wrong than to have no answer at all.

Third year is awesome as you will see some amazing things, work with some remarkable people and laugh harder than you ever have before. Seeing patients and learning in an active environment is much superior to studying for countless hours in the library. Remember to keep an open mind and grow as a person and medical student each day and you will be amazed at your progress by the end.

Best of Luck,

Richard Rissman
Know your Role and Earn straight 5’s

Over my third year, mental notes were taken of my own mistakes and those made by others. Herein lies the five most common mistakes performed in third year for your careful study and interpretation…

Mistake #1. **To react, rather than to act** shows laziness or at least uncertainty on behalf of the student doctor. Third year marks the transition between medical student to student doctor, nurtured to nurturer. Anticipate next moves and act before the request is made. This will impress your co-workers and let the patient know you care without words being said.

Mistake #2. **To keep quiet, rather than to speak up** shows lack of courage or care. Communication is key to moving forward and make you or break you. If you have a question, ask it, for at least it shows your attending or resident that you are thinking about your patient or their disease. If something appears odd or is contrary to your belief discuss it. After all, you are part of the team, and your patient depends on you.

Mistake #3. **To be negative, rather than positive**. Positive energy helps heal your patients and allows work to get done faster. Notice how you stopped to read this letter because you saw the word MISTAKE. As humans we have evolved to be hypersensitive to recognize dangerous things including negative language so that we can avoid it and survive longer. Consider this when it comes time to write evaluations, and ask yourself how might the evaluator see you based on attitude, appearance, behavior, body language and tone.

Mistake #4. **To be a handicap, rather than a help** often times is unbeknownst to the perpetrator. Thus, it is important for all of us to self-reflect on our impressions of others at the end of each day and consider countertransference. If a personality clash is at hand or an ego is in the way, consider taking the high-road as there is usually less congestion. Always remember you are here to serve.

Mistake #5. **To be complacent, rather than to demand an education** is what separates the 4’s from the 5’s (top 5%). The 5’s are hungry and will do literature searches for evidence-based treatment or etiologies of mysterious clinical presentations. The 5’s will thoughtfully question attending physicians in a way that will educate the entire team and will ensure an understanding of the purpose, risk, and benefit of every medication or therapy prescribed for the patient. Likewise an excellent student will share his or her literature discoveries with the team and encourage others to do the same.

In short, the student who receives straight 5’s from faculty is likely to be the student who shows leadership, courage, positivity, servitude, and enthusiasm in the form of educating his or her peers. Now this does require more work during the day and there must be a balance between studying for your patients and studying for the shelf. However, you have one year – the third year – to show your letter writers how you will perform as a doctor. Give them something to write about!

May you strive for excellence in all your ways,

*Jason Rocha*, class of 2014
Doctors:

This greeting was used by the director of the Center for Emergency Medicine, Dr. Adams, when addressing rotating MS3 students for our first lecture during the clerkship. He reminisced of the first time he was addressed with this designation as a third year medical student, and expressed his honor in having the opportunity to welcome us into the clerkship with the same designation.

I want to pass on both the excitement and the anxiety this title conjures up because both are worth addressing. First the excitement – congratulations on climbing the mountain of academic challenges and summiting the final 8 hour peak of Step 1 that marked your completion of the first two grueling years of medical school. As for the anxiety – I want to address both the pseudo-stress of third year and the real stress of responsibility that accompanies the title, ‘doctor.’ Your third year will bestow upon you the gift of pseudo-stress and anxiety-provoking moments that, initially, you may not realize you should be thankful for; I am referencing the notoriously anxiety provoking moments encountered during the first few days of a new rotation, round presentations, spontaneous pimping sessions, your first few procedure opportunities, etc. I refer to these moments now as pseudo-stress because as a student none of the real demands and final decision-making responsibility of patient care falls on you. The anxiety conjured up by being addressed as ‘doctor,’ however, is significant because (in my opinion) it is generated by the realization that the demands and real responsibility of patient care are not so far away anymore.

Having said all that...

Doctors:

I want to impress upon you the importance of taking full advantage of your third year while you are still in the pseudo-stress phase of your training. Try to mitigate the anxiety of being wrong or making mistakes as a student - better to take intellectual risks now and learn to grow confident through correcting them than to let mistakes and incorrect knowledge or unsound clinical reasoning carry over into subsequent years of training. Work hard and challenge yourself. Find gaps in your fund of knowledge and seek the answers. Ask questions. Accept constructive criticism, reflect on it judiciously, and take steps to translate the advice offered to improve and polish yourself as a physician. Enjoy your training and the opportunities you’re afforded. Be gentle and compassionate with your patients, your teammates, ancillary staff, and yourself. Make time for friends, family, a social life. Finally, read other letters in this book that give bulleted points on high-yield tips that I surely failed to address).

Best and Cheers

Jessica Rockwood
Dear 3rd year students,

Congratulations on being finished with Step 1! You will finally get to do what you thought medical school would actually be like. This next year will be filled with rotating through multiple disciplines, caring for patients (finally!), making good impressions, working all day and studying at night, while trying to figure out the answer to one question. What do I want to be when I grow up?

Here is some advice you should keep in mind while you go through your rotations.

1. Let your personality shine. People may not remember your name, but they will remember an engaged, helpful student. If things are not going the way you want them to, do not hesitate to speak to the course director to make changes to your schedule or address any issues.

2. Even if you are not interested in that field, take advantage of the opportunity. At the very least observe the styles of the physicians you work with as you are trying to form your own techniques.

3. Be curious. There will be times that you are tired, grumpy, frustrated but from the moment your foot crosses the entrance of the hospital motivate yourself to learn something new that day. You are paying for this opportunity, so make sure you get your money’s worth.

4. Continuously make a pro/con list with every rotation. This will help you tease out what it is that you like about certain rotations and help you figure out what you want in a future career.

5. Be a good team player. Many rotations, especially Ob-Gyn, remember how a team worked together so have good communication and help each other out. If your team makes the lives of residents and interns easier, they will definitely remember that. Similarly, if your team mate is asked a question during rounds, do not answer unless the attending specifically asks the team openly or the teammate looks to you for help.

6. Don’t worry about evaluations. For the most part if you abide by common sense rules—don’t be late, be nice to every person you encounter in the hospital, be willing to work—your evaluations will be fine. Most people’s grades depend on the shelf exams.

7. Relax when you can. Go to the gym. Take the weekend between rotations off and don’t feel guilty about it. Third year is a marathon, and you can only be enthusiastic if you feel energized.

8. Wash your white coat! One of the attendings I worked with said he went through his entire third year without washing his coat. Don’t be that person. Try to get another white coat if you can.

9. Shelf Exam Tips: I liked to have a primary book to read and then do as many questions as I could. I did not really need Uworld until I had Internal Medicine. I borrowed books from the Office of Medical Education: Blueprints, MKSAP, Pretest, Casefiles and used the free question databases for OB-Gyn, Family Medicine, and Neurology. Figure out what works best for you.

10. Enjoy this time and continue to push yourself to learn as much as you can. You can never predict which field may peak your interest or what pearls you will carry from your rotations to your final career.

Good luck and get ready to be mistaken for a real doctor!

Sharmistha Rudra
Letters to a third year

1. One person’s experience is not anothers - You will hear all sorts of things about a rotation before you start. When I told people I was doing general surgery at the VA people told me how awful it was and how much they hated it and heard horrible things. It ended up being my favorite rotation on surgery. I had a great team, saw tons of cool surgeries and Dr. Mayoral gives great evals.

2. You will feel confused/lost/out of place/unsure of what to do every time you start a new rotation. Just expect it and roll with it. You will get the hang of it, but I found it took me a week to feel comfortable in my roll on the team, know what I’m supposed to be doing, etc.

3. Be assertive. You will be asked to see patients and present on rounds. Try to have some sort of plan to present. Even if it’s wrong it will look better than having no plan at all. If someone pimps you, say your answer with confidence (especially on surgery). It might be wrong but it’s better than mumbling, stuttering, or saying nothing at all.

4. One great piece of advice I got from a current 4th year. Not everyone will like you, and no amount of working hard & sucking up will change this. If a resident/attending/nurse/intern does not like you, don’t let it ruin your day or your rotation. Just do your best, stay positive, and know that one person’s negative opinion does not mean you are doing a “bad job.” They are probably just a miserable person.

5. Be nice to the nurses. Even if they are sooooo rude back and give you attitude about using the copier (yes this is true) just smile and be nice because they can make your life much harder. Make sure to acknowledge how important they are. For example, I would always ask the scrub techs, “is it ok if I pull my gloves?” Seems silly but if you don’t ask and just pull your own gloves they will get in a tizzy because you messed up their space.

6. Don’t be “that med student” who makes your teammates look bad. It is so obvious and so annoying.

7. ALWAYS carry snacks in your pockets. This is not a joke.

8. Have FUN!! 3rd year is waaaaay better than 1st and 2nd year and you will actually have more free time than you think you will. Try to go into everything with an open mind, and don’t take it too seriously. It will be OK if someone doesn’t give you straight 5s on an eval. In a year, you’ll be in residency and that won’t matter.

Good LUCK!

-Stacey Russell
Dear 3rd year medical students,

First and foremost, congratulations on surviving STEP 1! That month of studying was just awful for me, and you should be very proud of yourselves for getting through it. Oh, and by the way, you’re half way to getting that lovely MD after your name!

Now, to get down to business -- you are about to begin what I consider to be one of the most exciting and trying times of my life. 3rd year is full of many unforgettable experiences, some that will impact you more personally than you could have expected, and some that will give you nightmares for way longer than you could have expected (ObGyn). Below are a few obvious tips to success with some not-so-obvious personal experiences along the way.

*Keep an open mind*, especially if you’re not sure about what you want to go into. I came into the year being fairly certain I wanted to go into Anesthesia. However, my ObGyn rotation took me by hormonal storm (literally). I had no idea what to expect, and found myself loving everything about it. It’s important to not get caught up in the moment of finally getting to do cool procedures and constantly ask yourself, “Can I see myself doing this everyday for the rest of my life.”

*Be a team player*. NO ONE likes a gunner. Sleeping with articles under your pillow and trying to show up your colleagues is not impressive. Having a team that works like a well-oiled machine where a large number of patients are successfully taken care of IS. I can honestly say the most fun rotations and best evals came from the times when I had a fantastic team where everyone worked well together.

*Take initiative*. What you get out of each rotation is entirely up to you. I found that simply being proactive and looking for things to do turned the slowest days into opportunities to do amazing things. One day the great Marco Mavromaras, known by many for his beautiful South African accent, and I had nothing going on in the ED and volunteered to help some struggling nurses literally hand-bathe a 300lb man going into heroin withdrawals. My attending happened to catch glimpse of what we were doing and later asked me if I wanted to close up a severely ravaged forearm, even though things had become very busy in the ED. Getting to close a wound for the first time and why heroin withdrawals are called “juicy,” is something I’ll never forget.

*Be compassionate*. You are busy, your interns and residents are even busier. I personally caught myself often rushing to get through morning rounds with my patients in order to have notes done before lunch. This is no good. The very first patient I got to know well was the sweetest old lady I’d ever met with terminal ovarian cancer that had metastasized to her lungs. Like most normal people, I love to sleep, dearly. I started to find myself waking up the first time my alarm went off instead of snoozing 6 times. I was excited to go see how she was doing and knew that the early morning was the only time I’d really get to sit down and talk to her. I was in awe of her strength and wondered how she could be so happy all the time despite her diagnosis. For me, this was the first time I realized I had the opportunity to choose between spending quality time with a patient or just going through the routine morning questions. Unfortunately, you will see the harsh limits of medicine; compassion is not one of them.

*Be confident in everything that you do*. You will constantly be pimped to oblivion no matter what rotation you’re on, and you will likely miss more questions than you thought possible. Attendings and residents can smell doubt like sharks smell blood in water, and some will exploit it in an attempt to break you. Don’t let them. If you don’t know something it is perfectly ok to say, “I don’t know but I’ll look it up.” Go home, read all about it and make certain you don’t miss the same question twice. Just recently, my surgery attending decided to pimp me on embryology, something I forcefully memorized before my STEP exam almost a year ago and quickly forgot. I answered his first question a little unsure which then inspired him to unleash a slew of questioning even the brilliant Dr. Rahimi would quiver at. I gave out answers about ligaments that I immediately questioned if even still existed in an adult, ultimately leading me into a hot sweaty mess, literally under those heavy lead vests, when all along the very 1st response I had given was correct. A majority of you have made it this far because you have a great intuition. Whether it be about an answer to a question or a patient that just does not look right to you, trust it.
Stay in touch with family and friends. Third year is hard. Third year is long. There will be periods of time where they will wonder if you’re even still alive. Give them a courtesy call every once in a while: they can serve as a nice reminder of the good things in life even the worst days can’t take away.

Best of luck!

Nick Saenz
A cold front had just come into San Antonio late in the fall of 2012. I wanted to get into some comfortable clothing and read in my cozy apartment. However, I was on call at the hospital so I would be staying late working up newly-admitted patients. I did not mind because I was anxious to see what exciting cases would walk through the door. As I opened a bag of Funyuns, I received instructions from my resident to go see Mr. X who had just been admitted for evaluation of hip pain. What is the differential diagnosis? I pondered the possibilities on my way to his room. I soon met a pleasant man who appeared his stated age of fifty and cheerfully greeted me while sitting comfortably at the edge of his hospital bed. “What brings you here today”, I asked Mr. X. “I have been having this bad throbbing pain in my right hip ever since I fell down two months ago but I have had x-rays and nothing is broken”, he said. Mrs. X soon joined us in the room and asked how soon he would be discharged, as they had home renovations to attend to. Mr. X’s physical examination was normal except for mild tenderness of the right hip and right inguinal lymphadenopathy.

Why was there still pain two months after Mr. X’s fall? Was there a fracture missed on prior imaging? Did he have undiagnosed osteoarthritis? Our workup included a pelvic CT that revealed a very large, circumferential mass in the right pelvis. Further imaging later revealed vertebral lesions, retro-sternal lesions, and a suspicious left renal mass. It was immediately apparent that there was a likely malignant process responsible for the chronic, gradual hip pain Mr. X was having. A subsequent biopsy later confirmed a very rare type of cancer. Mr. and Mrs. X sat emotionless as our medicine team conveyed the unfortunate diagnosis and grim prognosis. There were no tears or questions. Our meeting concluded with a placid silence.

Mrs. X wanted to speak to me privately the next day. She said, “My husband has worked hard his entire life. He has supported our family and given everything he has. Why would this happen to him?” I understood her shock and frustration but I was not prepared to answer this question. The sadness in her eyes brought tears to mine as I apologized for not having a good explanation. After a short discussion, she told me that she wished for me to remember her and her husband. She wanted me to remember that they were just two ordinary people who were minding their own business when their lives were turned upside down in just one day. She wanted me to remember that life is short and that I must take advantage of it by living and loving as much as possible. She wanted me to remember that doctors must always listen to their patients because they know themselves better than anyone else does so when they feel something is wrong, a doctor must investigate.

I thought I had mastered the art of being a medical student by the end of second year. I had become proficient in retrieving the hidden messages in question stems. I learned how to balance my personal life with my work responsibilities. I was ready for whatever task was placed in front of me. Then I met my third year of medical school and quickly realized that perhaps I was not as prepared for whatever task as I previously thought I was. My books prepared me for developing differential diagnoses and what diagnostic tests are indicated for different situations. Mr. and Mrs. X taught me that there is a whole different aspect of medicine that no book can ever prepare you for. Our patients are not a diagnosis; they are mothers, fathers, brothers, and sisters. They are people who come to us for help and we are honored to be a part of their lives.

Congratulations on everything you have accomplished. Be proud of your hard work because it has taken great commitment to make it to this point. Now be ready for the wild ride that third year of medical school will take you on. Nothing that anyone says can ever really prepare you for what is to come. However, the advice you receive will guide you and give you key puzzle pieces that you can use to build yourself into an astute, caring clinician. Study hard, do not be afraid to make mistakes, and good luck.

Sincerely,

Juan I Sanchez Jr
Dear New MS3’s,

By the time you read this, you will have undoubtedly received an extraordinary amount of advice regarding what you should and should not do during third year. People will tell you to do question after question until you dream of U-world. They’ll say that Pre-Test is money for Ped’s and Case Files is golden for OB/GYN. While at the end of this letter I plan on adding some of my personal insight into what I found helped me academically, I would like to start by talking about your life outside of academics.

Third year is difficult, but not for the reasons that I first thought. Prior to beginning rotations I was nervous that I wouldn’t know what to do. I was nervous that attendings and residents would ask me questions I wouldn’t know the answer to and that that would mean I failed as a student. It was so easy to focus on that pressure that I overlooked the true difficulty of third year: the demand on your time.

You have completed Step 1 now, so you are probably smarter than you ever will be and know more about Coronaviruses than anyone who isn’t a micro PhD. The book knowledge is there. Everyone knows that you are a third year, and that you are still learning. Thus, when you don’t know the answers to clinical questions, they aren’t surprise. They are looking for gaps in clinical knowledge that they can fill. After a few days, you will quickly find that all those fears of looking foolish were silly. You enjoy learning and desire to show everyone how eager you are to continue learning.

Therein lay the difficulty for me. It was easy to immerse myself in the hospital. It’s a thriving environment that never sleeps and always teaches. Obviously, we went to medical school because we enjoy the field, so this should come as no surprise. What was surprising instead was how easily it was to steal time away from the important people in my life and give it to the hospital. I am married, and while I know that is not everyone’s situation, we all have relationships that are important to us.

My advice is this: Make time for those relationships. There were times when I would come home from night float and have only 45 minutes with my wife a day while I was dead tired, but I realized that for me it was extremely important for my sanity and the sanity of my wife to take advantage of any and all opportunities to maintain that and other relationships. Medicine will always be there. There is always another patient to see. There is always another fact to know. But our loved ones are not so easily replaced. I would encourage you to work hard in the hospital with patients while not forgetting to make time outside the hospital for those who are important to you outside of the medical world as well. It takes work, but I believe it is worth the effort.

Some final general third year advice:

- Be on time. Be 10 minutes before on time, especially your first day on a new rotation
- If you don’t know something be honest about it. It is expected that you don’t know everything, but it is also expected that you to learn
- Be eager and excited to do things even if you aren’t eager or excited to do them
- Do questions, then do more questions. Most, if not all, people use U-world (yes you just did 2000+ questions studying for step 1, but you have to keep doing them)
- If you’re going to complain, never ever do it around someone who has letters after their name (MD, DO, PhD, RN, NP, PA etc etc), and realize that if you’re tired or frustrated most likely so is everyone else
- Don’t be afraid to do exams, even if you feel like it’s inconvenient to the patient
- Realize that you are paying a lot of money to learn from this time, so get your money’s worth Try to find something to enjoy in each rotation, being miserable for 6weeks is no way to live

Best of luck,

Daniel Sanders
Dear third year,

First of all, congratulations! Your first two years of medical school are officially over and ahead of you now will be the most rewarding part of your medical school experience. It’s hard to know what to expect but just be prepared to work hard and have fun. You will help treat patients from all walks of life. You will see diseases that you didn’t expect. You will remember those patients that shake your hand and wish you all the best in your future career as a physician.

I’ll be honest, you will lose sleep and have plenty of early mornings, but just learn to find ways to catch up on sleep even if it means changing that midnight bedtime to a little, okay maybe a lot, earlier. There will be times when you just can’t seem to get a break (I had one particular string of bad luck during my Medicine clerkship in which I cracked my windshield, had a dead car battery, and lost my computer access card), but just know that it is not forever and things will get better. Hopefully, you will find the rotation that clicks with you and then that will be all you think about.

I have a few tidbits of advice, but if I had to choose one thing to tell you that should stick with you for the entire year, it is to expect plans to change and be flexible. This goes for your schedule, but also the way you learn things. You may learn a certain skill from someone only to learn it differently from someone else. Don’t comment on how you do it differently. There is more than one right way to do things so take it as an opportunity to learn different styles so that you might adopt your own in the future.

My other pieces of advice,

- Be on time.
- Study up on your patients. Know them inside and out. This doesn’t just mean their disease process... this means who they live with, how they got to the hospital, and how many doses of a medication have they had, etc. It may seem trivial, but it’s the little things you will get asked about and you will look really good if you know the answers.
- Don’t ask to go eat or to use the restroom, just go.
- Smile and be interested, even if the rotation is the last thing on earth you would do. They can tell if you aren’t interested and it will reflect poorly on you.
- WEAR COMFORTABLE SHOES. If this means sacrificing looks, do it. Personally, I put inserts into all my flats to help survive the 4 hour rounds.
- Finally, be a team player. You will get to know many students in your class and spend LONG hours with them so you might as well get along.

Good Luck!

Danielle Santos
I didn’t come to medical school to be a doctor; I came to be an OBGYN. Before starting my third year, I had wanted to be an OBGYN for seven years and did not really think about the possibility of doing anything else.

Internal Medicine was my first rotation of third year, which was a little scary since it is literally all the topics we learned first and second year rolled into one. I absolutely loved it. I was excited to get up in the morning and see how my patients were doing (especially the time I did my first paracentesis and just wanted to get there to make sure my patient had survived and I hadn’t somehow punctured his bowel). I did Transplant Medicine, which is still, now in April, my favorite rotation of the entire year. The cases were really complex and every morning, I felt like a detective having to figure out what happened over night or how to interpret some lab results that I had never heard of (again this was my first rotation). Well, I joked with my attending that maybe internal medicine had won me over, but I didn’t really believe it. After all, I came here to be an OBGYN.

Later that semester we picked our elective, which was exciting because it gave us the choice to explore a specialty we would otherwise not have the opportunity to see until fourth year. At first, I was going to pick GI or HIV, but then I figured that I KNEW I wanted to be an OBGYN and I should probably just get the ball rolling. So I did research in OBGYN instead.

Then, after years of anticipation, I started my OBGYN rotation. I even made a facebook status the night before saying, “has been waiting for this for 7 years - started my OBGYN rotation today!! Here’s to hoping I love it as much as I think I will!” Well, I didn’t. For the 6 weeks of the rotation, I had this nagging, terrifying feeling in my stomach that this wasn’t what I was supposed to be doing. I felt like I was having a quarter life crisis. “But this is why I came here!” I told myself. And not to say I didn’t like this rotation, I did really, really like it. But not as much as other rotations and not ENOUGH to do it for the rest of my life, which is really what it comes down to in the end.

Picking a specialty is really hard. Harder than anyone tells you it’s going to be. Everyone tells you to go into third year with an open mind, but I didn’t listen, and maybe you won’t either. I’m not even sure I would have changed anything looking back – I pretty much have enjoyed every rotation up until this point and have learned a lot from each and every one. But I’m glad I finally sat down and made myself face the hard truth that I will never be an OBGYN. This took weeks to do. I went in for extra OBGYN shifts after the 6 weeks were over, because I was still hoping to have that “Ah hah!” moment and realize that I was just being silly and this IS what I wanted to do with the rest of my life.

But it isn’t. I want to do Internal Medicine and letting myself realize this resulted in a huge release followed by a sense of contentment and excitement about residency that wasn’t there previously. Because you want to do the thing that makes you WANT to wake up every morning. You want to do the thing that makes you want to fight for your patients and work a little bit harder and stay a little bit later. And as much as I loved the idea of OB and hadn’t even considered the idea of being an internal medicine doctor, I liked myself a lot better on medicine that I did on OB and I think I will make a better medicine doctor in the end.

So the moral of this long story is to keep your mind open and not be afraid to doubt a preconceived notion of what you SHOULD be. Third year is an amazing time to gain experience, learn probably more than you have in your life, and to begin to grow into the doctor that will save countless lives and comfort thousands of patient and family members along the way.

Best of luck… and have fun!

Lisa Sawyer
Dear Third Year Medical Student,

First of all, congratulations! I hope this letter finds you doing well and extremely excited to begin third year (also nervous/burnt out/tired, of course). I always found it helpful to hear from/see my upper-level med students in good health (alive, at least) because it gave me motivation; I hope I can instill the same sense of encouragement.

Here are a few tips I think you should live by to not only survive but to excel!

• **Be ON TIME** (or a few minutes early if possible). You never know what will happen or what you will miss, plus your supervisors will notice this, even if you think they don’t. Word spreads like wildfire in the health care setting, which brings me to another point…

• **Be professional!** You will always be in mixed company, and while it seems like you might be able to let loose every now and then, (in like-minded, non-judgmental company), there are many instances when you might get yourself into trouble. Think twice before you say something. Sometimes, being over-eager can lead to putting your foot in your mouth, or having someone else shove their foot in your mouth. Either way, be aware of your surroundings and your body language/appearance.

• **Be well-rested and well-nourished.** I have been able to maintain my eating/working-out habits rather well throughout med school, and third year is no exception. In fact, I found much more time to work out now than previously. If this is something that is important to you, you will make it a priority, and if it isn’t, well…. that will become apparent as the year goes on. You will see what I mean. A healthy brain and body functions best! Sleep and eating >>>>studying!! You will find time to study…things will work out, I promise. Keep little snacks on you at all times! I even stuck my water bottle in my white-coat- yea, what of it?!? 😊

• **Develop thick skin… quickly!** I used to think of myself as a more sensitive person who gets my feelings hurt easily. I am a people-pleaser and don’t like to let anyone down. I soon found out that when I made mistakes, people got over them way faster than I did. No need to bring it up incessantly or keep apologizing- it gets old fast. Also, you WILL be yelled at. At first, it’s quite alarming, but when you learn how to deal with different personalities, let it roll off your back. It’s easy to retort, but it’s even harder to hold your tongue and simply say “sorry” or “yes sir/mam” or “no sir/no mam”. You will gain respect, and typically the person yelling will realize that “ain’t nobody got time for dat!!!” It gets easier, I promise.

• **When there is an emergency, stay out of the way!!** If someone asks you for something, be honest about whether you understand/now where something is. You will not get in trouble! If you feel competent, speak up. If not, get back and observe the well-oiled machine do its work. Ask questions later! There is always time for questions, but in the right setting. Think about if it were the other way around. Read your surroundings and gauge the level of stress/intensity in the people around you. Think…”would I want an annoying medical student asking me some random, although possibly pertinent question RIGHT now??!!?” If the answer is no…. don’t ask….if the answer is yes, you need to re-evaluate because it’s still probably no!

• **Be prepared for busy-work.** Whether its mandatory clerkship stuff or work related to your rotation, just suck it up and do it. You have time to complain about it later to your friends.

• **Be a team player!** I hate to say it, but it’s true. You never truly know someone until you work with them, especially in a high stress environment. People you know will change. People who you don’t know will turn out to be really cool! You will make new friends during third year, which is probably one of my favorite things about it. Help your fellow team-mate out because when the team as a whole looks good, you look great! If you are THAT person, and please don’t be THAT person, people will realize that you are not a team-player….they will see your bad intentions and how you throw other people under the bus. I know this sounds crazy, but people do it!!! WHY? Is what you’re asking…..well, some people are just plain selfish and mean…. steer clear of these people, but if you’re stuck working with one, just roll with it. It will make you a better person in the end and will make you aware of things that you might possibly be doing as well. Who knows, maybe you can enlighten this person…..don’t hold your breath though. In the end, you will always be faced with different personalities, and that’s just life- deal with it, but don’t let it change who you are!
• **Be excited!** You won’t believe how many times I’ve overheard residents and attendings talking about a student who really seemed like they could care less. Look, even if you are not planning on going into that specific field of medicine, just show some respect! This is probably going to fall on deaf ears sadly because at this point in life, your personality is pretty much set. Those of you who are respectful, you will continue to be. Those of you who have issues with it, well, you will probably continue to have issues with it unless you desire to change it…that’s all I can say.

• **Be open-minded.** I have changed my mind so many times about what field I want to go into. I enjoyed all of my rotations because I had a positive attitude (as much as possible), but you will eventually find where you belong. There really is a light bulb that switches on in your brain—that “aha moment” when you realize that you have to do [insert here]. On the same token, don’t tell every resident on each rotation that you are going into that specific field….unless you really feel that way. Don’t lie….that’s sooo annoying, and people will not like you- just because you say, that does not mean you get automatic brownie points.

• **Lastly, make time for YOURSELF!** This is my most important piece of advice. I have gone through my entire school career with family and friends and myself, of course, as a priority. School/work is important, but when it all boils down, you are just a person- just like the patients you take care of. Have fun, mess up, go out with your friends, lose sleep (only for hot dates and close friends 😊), put off studying for a bit…there is always room for fun, but you have to make time for it! Work hard, play hard.

Good luck to you all!

- Lauren Scalercio
Dear Third Year medical student,

Congratulations on being done with Step 1! It’s an awesome feeling to clear the biggest hurdle of medical school. Overall, the best summary for Third Year advice comes from Dr. Keeton. “Show up early, smile, and don’t complain.”

Stress: The times during Third Year that were most stressful to me were actually the couple of days leading up to a rotation. Several questions go through your mind. Will I enjoy this? Will I have a good team? Will I be able to actually help the team and, most importantly, help the patients? Let me ease your anxiety by reassuring you that everything is going to be okay. In fact, the rotations I was most stressed about ended up being my favorite ones! Working in the different specialties truly is fun and you adapt to the schedule. Overall, your residents and attendings are pleasant, knowledgeable individuals, eager to help you learn. Yes, some will be stressed out, but don’t take it personally. And, you will be challenged, but this is your opportunity to rise to the occasion.

Studying: Start studying from day one. I chose to pay for USMLE Qbank for the whole year. In my opinion, it’s the best resource available because it’s high yield and you can download it to your iPhone. There are many times when books and binders are not convenient, but your phone is readily available for a few questions here and there when there is downtime. Also important, SHARE books. Get a group of 4-6 students together to significantly cut down on cost. The Office of Academic Enhancement is another great resource for study materials.

How to impress: For starters, DO NOT COMPLAIN! I can’t stress enough how important this is. You need to be confident, but never cocky. You won’t know all the answers, but that’s okay. However, if you do know the answer but it’s not your time to speak, do not undercut your team members by answering. Your “gunning” will be noticed and not in a positive way. In fact, Third Year is a great time to make new friends with fellow classmates while working together. Be respectful. Be courteous to your patients, to the nurses, and to your fellow classmates. It will likely help your evaluation, but more importantly, it’s the right thing to do. Know everything about your patients. Study about their diseases. You can actually be quite helpful to your residents and interns by doing so, perhaps offering something they had not thought of. Ask for feedback. Ask your resident at the end of each week what you can improve upon. Work hard to adjust on these areas where you may be deficient. Ultimately, you’ll be a better physician in the end.

Take time off: Third year can be stressful. It demands most of your time and energy. My advice is to have a good support system to help you through. And make sure to take some time off from studying periodically. The rejuvenation will likely help you perform better on the wards.

You’ll do great. The time is going fly by. Don’t sweat it.

God bless,

Brian Schallenberg
Third Years!

First and foremost, congratulations on passing your clinical sciences coursework and on completing your STEP 1 exam. It is a tremendous accomplishment, one that required intelligence, dedication, discipline, and perseverance. Surely by now you’re exuding confidence as you begin your clinical years, right? If you are, this letter isn’t for you. If you’re like me, sitting in Clinical Foundations filled with fear, uncertainty, and excitement about what lies ahead, you’ll know that you’re anxiety about starting clerkships is only matched by the gut wrenching thought of wondering when your STEP 1 scores will be released. While I know it may do little to ease your fears, I’m writing to let you know that you WILL do well in third year. The same characteristics that helped you succeed in your first two years in medical school will help make you an excellent student physician throughout the remainder of your medical training. The only thing missing is experience.

Those of us in the years ahead of you can attempt to relay our experiences, tips, successful study strategies, and inside information about clerkships, but you’ll soon find that very little of what we tell you will be of any use. Despite the overwhelming amount of information I had been told about being a successful third year, nothing could have prepared me for my first rotation of the year. I was full of text book answers and standardized patient exam maneuvers with little experience in application or communication. At that time, all I could do was show up on time, study and work hard, do what they asked me, and strive to build on, and not repeat, my mistakes. As the year progressed, experience garnished from previous rotations provided me with the tools, clinical skills, and knowledge to be successful in the next, as it’s designed to. When you sit down to write these letters next year, you will be astounded at the progress you have made in your clinical knowledge and skills.

I won’t lie to you. Third year will be a very stressful and trying time for you, but it can also be very rewarding. There will be days of discouragement, days with not enough hours to finish everything you need to do, days you’ll wish you could quit. But there will also be days when you discover the career you want do for the rest of your life, when a patient’s family thanks you for your dedication and hard work, when your Shelf results show you may actually know more about pediatrics than you thought. With this in mind, here are a few things I tried to remember as I was going through the trials of third year:

1. Don’t forget that patients are more than lab values and a differential diagnosis, but people. Amidst the long hours, large patient load, and stressors of trying to succeed academically and clinically in your education, it can be easy to lose sight of the thoughts and feelings of your patient and their loved ones. Some of my more meaningful and enjoyable encounters have been the ones where I was able sit, learn, and talk with the patient over more than just daily encounters and their overnight changes before rounds.

2. Faculty and residents want to see you succeed. Don’t take negative feedback as an insult or to mean that you are doing poorly. Use it to help in your development. They don’t expect you to know everything, but they do expect you to put forth the effort to learn it.

3. Be a team player, be willing to help, show up on time, complete what’s asked of you, and be respectful.

4. Don’t dwell. One of the most stressful aspects of third year can be your clinical evaluations and performance. Regardless of your strength as a clinical student, there will be a time when you receive underwhelming comments on a rotation you felt you worked hard on, or your scores are less than you felt you deserved. Don’t let it affect your future rotations or question your progress, they compose a small part of a much larger picture. There can be a lot of variation with regards to evaluations, as well as a large number of them, but in my experience the stress and worrying caused more problems than the less than desirable evaluations. Just continue to work hard and it will balance itself out.

Again, congratulations on making it this far, and I wish you success on your third year clerkships!

Shawn Schepel
Rising third years,

When Dr. Keeton read previous recommendation letters to our class at the end of second year “functioned at the level of an intern” stuck in my head. That became my approach to third year – putting on the training wheels for my internship. Most of that simply means working hard, but here are a few other helpful hints to make third year a little smoother.

1. **Be on time:** One of my residents told me “if you’re not five minutes early, you’re late.” Set three alarms, pack a lunch the night before – do whatever you need so you can get out the door and to work on time. And leave some wiggle room. It may take you 20 minutes to chart check and pre-round on your patients, but if there’s traffic or a patient is more talkative than usual that morning, if you didn’t leave a time buffer you’ll end up being late.

2. **Be nice:** Introduce yourself and be polite to everyone, not just the attendings and residents – the other students on the team with you (it just makes the rotation easier for everyone), the nurses (they can tell you things that aren’t in the chart and you can impress your resident/attending with how well you know the patient), the techs (invaluable for getting gauze, paper, and other random supplies), the cafeteria cashiers (you can get bumped up from a student to an employee discount), and anyone else you come across. There will be days when you’re exhausted, frustrated, and annoyed by people; just try to be courteous and professional.

2. **Treat your patients as if you are the only one caring for them:** One of my residents early in the year told me this, and I found if I approached every patient like this I learned a lot and did well. That means knowing everything about the patient – what meds they’re on, the doses, and if they got them all yesterday, if doses were missed why were they missed, did all the ordered labs and tests get done and what were the results, did anything happen overnight, etc. And then when you come up with a plan, try to make it as complete as possible. For instance, don’t just say “increase the insulin.” Read about insulin dosing and see if you can figure out how much to increase it by, or ask your resident to teach you how insulin doses are adjusted. Knowing your patient and their disease inside and out will help your learning and your team.

3. **Try to get something out of every rotation:** There may be rotations where two days in you know you’ll never go into that specialty. It will make the rotation less painful if you try to find at least one thing in the rotation you can work on; learn how to call a consult, do a full review of systems without a cheat sheet, write complete and concise discharge summaries, take a full HPI in under 15 minutes without making your patient feel rushed. Having something to work towards will make you less miserable and a better teammate to be around.

4. **UH migas breakfast tacos and Sandy’s mocha:** Delicious. Just try not to eat one everyday; the mocha alone may be a meal.

5. **Follow through:** If your attending tells you “we’ll talk about cervical cancer tomorrow,” go home and read something on it that night. If your resident asks you to get the medical records from another hospital for a patient, fax the request and make sure it was received and the records came or are on the way before you leave for the day. If you’re told, or offer, to do something, make sure it gets done.

6. **Be observant:** If your resident has just gotten 3 pages in ten minutes and it’s 4:15 and he still has 2 more notes to write, now may to be the best time to ask why the team started drug X on a patient. Or if the nurses are in the middle of shift change or otherwise clearly busy, don’t interrupt to get information about your patient that second (or if you absolutely have to, apologize profusely). Just try to be aware of other peoples’ workload and stress level.

Third year involves a lot of common sense. Show up on time, be interested, and try to learn something and you’ll do well. Have fun!

**Kristin Schneider**
Dear Future Third Year and Doctor-To-Be:

I was a nervous wreck the first half of my third year. I started with Internal Medicine and it was rough. I literally bombed every single PIMP question thrown my way for a month straight. I fumbled awkwardly with my patients every morning while trying to fit three complete physicals into 30 minutes. I struggled to come up with an assessment and plan in time to run it by my resident. My patient presentations were a mess. And I couldn’t study at home because I was so tired mentally and physically that I left every day in a stupor. The cycle perpetuated for a month until one patient, a very large older lady with ileus and an NG tube stuck down her nose, told me, in front of my entire internal medicine team, “Honey, you’re going to be a good doctor.” After a month of wondering if I had any business being in medicine at all, this patient confirmed that, in fact, I did. To her it didn’t matter that I didn’t have any answers or listened to her heart with quaky hands. Instead, what mattered was that I came by every morning to say hello and every afternoon to say goodbye, that I did a thorough exam, and that I talked to her about her farm and her family.

If there is anything I can tell you that will help you through those rough times, it’s to focus on your patients. Whether you see them for 3 weeks in the hospital or 15 minutes in an outpatient clinic, take ownership of your patients, pretend you are their only doctor, and work to build a relationship with them. Not only does it better the quality of care the patient receives, but it helps to refocus you on why you’re slumming it through third year.

Other important things to remember:

1. You’re there to learn. PERIOD. That’s your job. The surgeon’s job is to perform the surgery. The attending’s job is to monitor patient care. The nurse’s job is to draw labs and administer medications. Your job is to learn. If you don’t know something, that’s OK! Because guess what? You just learned it. If you feel like someone has asked you to do something you don’t know how to do or don’t feel comfortable doing, that’s OK too. Just ask and you’ll learn it.

2. Be kind to yourself! You’re going to mess up, you’re going to be nervous, and you’re going to feel awkward. But, every other third year will have the same experience as you. It’s expected! So, don’t beat yourself up. Just make sure you don’t get yelled at for the same thing twice.

3. Scut work happens. Someday you’ll be able to give it to your med students.

Third year will come and go before you know it. And you’ll be light years from where you started. I am!

Best of luck,

Amanda Schultz
Welcome to third year, you've finally made it to the fun part! Now you get to practice all you've been learning these last two years. All the lectures, podcasts, late nights in the library, missed family dinners, "I can't make it I have a test", take out orders, and the endless hours studying have paid off! You are still a student, but to many of your patients you will be their doctor.

Third year is a fun time to actually “practice” medicine and figure out the kind of physician you want to be. Yes, you're at the bottom of the medical totem pole but being at the bottom isn't always bad - you have immense opportunity to learn and for the most part people expect that your knowledge and experience are low. Take advantage of this and ASK QUESTIONS! It's ok to not know things this year, you are here to learn.

There can be a lot of pressure in third year to figure out what you want to do with the rest of your life. My advice for that is to experience as many things as you can and to be open to many specialties, even ones you may not think you'll like. Every rotation can teach you something that will benefit your future as a physician - learn to intubate in Anesthesia, learn to start IVs in surgery, perfect your bedside manner in Psych etc. As you are going through your clerkships keep a list of things you like and don't like about each rotation. Later on if you are having a hard time choosing a speciality this list may help you see where your passion lies.

The biggest thing to keep in mind about third year is that this year you are taking care of real patients. These patients are sick and vulnerable and they are looking to you for help and healing. You walk into an exam room, hospital room, preop bed, or trauma bay, and you meet a stranger. Yet that stranger, your patient, will share with you the intimate details of their lives. Some may bare their souls and their bodies to you. It is a privilege to witness and experience these moments of humanity, to be let into the most personal aspects of a person’s life, to be trusted wholeheartedly. Please do not take these opportunities for granted, and never make assumptions about your patients - they may surprise you. You may even surprise yourself.

- Jennifer Schwantes c/o 2014
Dear New Third-Years,

First, and understandably most importantly, congratulations on finishing with Step 1! Studying for and taking the test alone are each great accomplishments. It is right that you should be proud of yourselves by this time. I bet your parents are.

As you come into a completely new environment in medical school, many questions are running through your mind. I know I did. “What time will I have to wake up? Will I do something that will make an attending yell at me? Do I like medicine or surgery? Will I be better at the one I don’t like? Do I know what I want to go into? Can I go into what I want to go into?” This is all normal. You are fine, and everything will be fine this year. You are each hard workers. That is how you got this far already. So now in third-year, you will learn about yourself, including how you are able to function and communicate under demanding conditions.

As I have gone through third year, I have tried my best to always have a positive attitude. No one wants to be around someone who complains. Venting occasionally is important. It is healthy, and it is necessary to stay positive. But do not complain. If you need a certain kind of motivation – it will reflect poorly on you to the residents and faculty. But what is more important is that it can be a foundation for the rest of your team to stay positive. And be happy. It will help. Trust me, I know it is hard to be happy when you are working long hours and do not have enough time in the day to do everything you want to do. But you have to find something to be happy about each day. It may not be obvious right away, and that’s fine. Make there be something to be happy about or look forward to every day, even if it is working hard and not procrastinating so that you may go to sleep a little earlier than usual that night. Because just an extra half-hour or hour of sleep each night will be greatly appreciated by your body and your mood.

Work hard. I know it is simple, and most people will say something along the lines of “duh” to this. But consciously work hard. Everyone around you from your residents and faculty to your fellow third years on the rotation will appreciate it. Be willing to take the last patient. Yes, I know no one wants it. But it has to be done. And a willing attitude to do it will help it get done faster. Be polite. Introduce yourself to your residents and the nurses and staff. Staff at the clinics loves students making the effort of simply introducing themselves.

To simplify anything that I could say to you, be someone you yourself would want to work with. Be good. Smile. And know that this all really is for something. Find that light at the end of the tunnel, and remind yourself multiple times a day of why you are doing what you are doing. And you will get there, sooner than you think.

Third year will go by fast when you look back. So enjoy it while you can. You have a free pass to try almost anything you want. Get your hands dirty, and have fun.

All my best to you,

Michael Scott
3rd years,

Congratulations on finishing STEP 1 and the first two years of medical school! Now it is time to let the fun begin! You'll finally be doing something that resembles what you've been working toward for many years. Third year will have its ups and downs, will fly by, and you will learn more than you ever thought possible. There are a few tips I have for any new third year. The first one is by far the most important and will make up for deficiencies in other areas.

1. Have a good attitude. A good attitude makes a huge difference, not only for you, but for everyone on your team. Bad attitudes are infectious and no one wants to work with someone who is miserable, unless of course, they are comically miserable (but even that gets old). Volunteer to do anything the team needs, help your classmates out, print out Up To Date charts, and do everything with a smile on your face. You will not enjoy anything if you don't try to. Plus, it will make the day go by faster.

2. Own where you are at. You are a med student, so you basically sit at the bottom of the hierarchy. But this isn't necessarily a bad thing. You are in a unique position where you get to practice being a doctor without any real responsibility. So own it. Load your white coat up with anything you can find. It will probably be useful at some point. Let the scrub techs, nurses, techs, and MAs know that you are a med student and have no idea what is going on. They will help you out. One day you will probably wish you were a med student, so own it while you can.

3. Respect everyone. Everyone in the hospital deserves the same level of respect. Treat nurses, MAs, techs, and everyone else the same way you treat your attendings. There are non-MD's out there that are smarter than you, many of which never got the same opportunities that you did and others that chose not to be an MD by choice.

4. Go out on a limb. Add something to a conversation if you think it might be worthwhile. A fly on a wall still gets less credit than someone who said/asked something that was totally wrong. You can always preface anything with “Well, with my 2 weeks knowledge of (specialty), I think…”

5. Know your patients. Read about them, ask them questions, be able to answer “why” and “when” questions about their history. You will have the lightest patient load of anyone, so use that freedom to be an expert on your patients. Even non-medical facts about people’s lives can be very relevant to one’s medical situation. Ask about kids, previous jobs, unique experiences. It might reveal something very relevant.

6. Have fun. Don’t study all the time. Keep yourself refreshed so that you can enjoy every day. Set good habits now, so that you will take them with you into residency.

You will be stressed at times, overworked at times, and very tired at times. Often the only thing you can control is your attitude. Be disciplined about it. If you’ve made it through the first two years, you have enough discipline to do it. Everything mentioned can be summed up in Dr. Keeton’s line:

“Be early, be happy, work hard, and never complain”.

Good luck!

Austin Smith
“You know, son, as a doctor, I spend a lot of my day dealing with other people’s poop. And I’m not going to lie to you, Jackie, it gets old.”

-Dr. Cox

*Scrubs*

Congratulations on making it to third year! You’ve survived the gauntlet of endless lectures, late nights in the library, and gallons upon gallons of Starbucks products. You conquered Step 1 like the champion of basic sciences that you are. You finally put your white coat in the washing machine, 2 years after receiving it. And now, you stand at the doorway of applied medicine, ready to begin healing those in need! And maybe you’re a little nervous too.

My first day of third year, I stood at the doorway of an exam room at the Pavilion. On the other side of that door, a patient was waiting to be evaluated for an anal fissure. My anxiety level was about an 11 on a scale of 10. My mind raced through everything that could possibly go wrong. I was dumbfounded at how I even ended up in this situation. Just 20 minutes before, I had reported to my chief surgery resident. She had welcomed me to the general surgery clinic, handed me a patient chart, and told me to take a history and brief physical exam. And that was that. Third year had begun.

I wish I could give an inspirational story about my first patient encounter. Unfortunately, I don’t remember a thing about the actual encounter. All I do remember is that it was a very real not-standardized patient with a very real not-imaginary anal fissure. I think I did alright. I don’t remember getting in trouble, and I saw a few more patients that afternoon. Later that day, I watched an episode of Scrubs, the one with the quote above. I laughed. Just one day of third year down, and I already felt exhausted like Dr. Cox.

The next day, my third year of medical school continued. And the day after. And the next day too.

Here are things I’ve learned since then:

1. **There are times you will feel incompetent.** That is normal. There is a lot that you don’t know. No one is born with an inherent knowledge of how to put in a Foley, or where the nursing staff keeps the fluffs and 4x4s. Don’t know what a 4x4 is? That is OK, you’ll learn.

2. **Sometimes you’ll be afraid, but never let that stop you from trying.** You will be put into challenging situations and often asked to accomplish tasks that may seem too difficult. It is usually these situations that will teach you the most. You will never forget that time you first sutured a patient’s wound in the trauma bay, or successfully diagnosed a rare illness after hours of literature review.

3. **You are at the bottom of the totem pole. This is a good thing.** As a third year student, you have the freedom to make mistakes and learn from them. Your attending and residents will entrust you with an unbelievable level of responsibility, but they will always be there to ensure you are doing right. This is the only time in your career that you have this luxury.

4. **Being a nice person is the single most important thing you can do.** Be nice to everyone: doctors, nurses, staff, students, and (most importantly) patients. This piece of advice may seem like common sense, but wait till you’re on hour 23 of a 24-hour call day. Even when you’re at your most cranky and most exhausted, keep a smile on your face and be kind.

5. Make sure that either your pen has a cap or you wash your white coat in bleach. Just trust me on this one.

6. A good night of sleep is more important that just about anything else you can possibly imagine. Even if you have to wake up at 4am the next morning, you can find a way to get to sleep early. **A healthy sleep schedule is more important now than ever before.** Also, this will help you…

7. **Show up to work on time!** You will be amazed at how many people will violate this common sense principle. Your attending will not notice that you show up on time, but they will certainly notice if you show up late.
8. **You are participating in a team sport, and your fellow students are your teammates.** Again, this seems like common sense, but you will see some of your peers try to throw others under the bus. Luckily, this never works out well for the offending party. Your attendings and residents are very smart people and know who the back-stabbing students are. After all, they were once medical students and hated gunners just as much as you do. Also, you’ll be amazed at the friendships you build with classmates you work well with.

9. UH cafeteria has good breakfast tacos and the VA cafeteria has good wraps. Otherwise, bring your own lunch. You’re welcome.

10. **Enjoy third year!** Look forward to all the things you are going to experience and learn. This is why you came to medical school. And after all, you’re paying for this. Be sure to get your money’s worth.

Since that first day of third year, I’ve stood at hundreds of doorways and seen hundreds of patients. It’d be a lie if I said I never get nervous anymore. There are still some situations that get my anxiety a little riled up, but my confidence is so much greater than it once was. I walk into hospitals, clinics, and ORs and no longer feel like a stranger. I talk with and examine patients, and am completely comfortable in doing so. I have learned more than I ever imagined I would. Most importantly, I know I’m exactly where I belong. I’m still not very comfortable with placing Foleys, but hey, no one’s perfect.

In the same way, you’ll also grow as a student, we all do. Just believe in yourself, work hard, and give it time.

Well third years, I wish you all the best. I would write more, but I currently have a beer sitting next to me and a basketball game on TV. A good reward for a 6-mile run this morning on a beautiful day outside. Time to put my mind to rest and relax.

11. Make the most of your free time. Go outside, exercise, hang out with friends and family, enjoy hobbies, read, cook, nap, relax and have an occasional drink or two. Even with the stresses of being an MS3, you can still make your life what you want it to be.

Best wishes,

**Jake Solis**
Congratulations!

Take a minute to think about your fund of knowledge at this point. You have taken Step 1, completed two years of basic sciences and pathology and are at the PEAK of your basic medical knowledge. YOU know the biochemistry and pathophysiology as well as your attendings (sometimes better), and you are now ready to embark on a path to deepen and strengthen that knowledge.

You already know the majority of how to diagnose and treat patients. I can promise that our curriculum and standardized patient exams have helped you develop all the skills you need. This next year is about fine-tuning these skills, learning the medical and surgical management of patients, and learning how to work in a medical environment.

Much of third year is learned on the fly, and no advice I give you will prepare you for that. However, there are a few basic fundamentals I believe are worth sharing.

--- Have CONFIDENCE in your knowledge and abilities. You will be amazed at how quickly you will build upon the foundation you already have. Don’t be afraid to be wrong, but if you don’t know the answer, look it up (and let your residents know you did).

--- What you don’t know, read. I used eMedicine/Medscape on my iphone and had constant access to abundant diagnostic and therapeutic information.

--- You are part of team. Do anything you can to support your teammates, and take initiative in doing this.

--- Do not complain. Ever. Especially about so called “scut work”. A healthy perspective is to know that you really are starting at the bottom, and the very best way to familiarize yourself with all that needs to be done is to do it. It not only helps the team and your patients, but you gain valuable knowledge you will otherwise miss.

--- Act as though you will never do a rotation again. Learn enough about the field so that if you are ever approached on the street you could treat that patient. You will find that this perspective will help you learn the material required, but also help you maintain interest, even with you are uninterested in the specialty.

By the end of third year you will feel like a doctor, and all of your preparation until will be worth it.

Rachel Sosland
Dear third years,

Congratulations, Step 1 is done! Yes it was not a long break before you jump right into third year. Anyways I’m sure you will get a lot of advice on each specific rotation from the rest of my peers so I will just try and hit the important points.

SO most importantly, don’t worry! Everyone will know you are a fresh batch of open minds. And so it normal to be lost most of the time, you get better as the year goes by. You will find that everyone is excited to teach you something. Anyways, don’t be afraid to ask someone to walk you through it, whether it be a procedure, specific physical exam technique, or even with your presentations. No one is gonna scream in your face, I promise.

Each rotation will have you take a final shelf exam and so it is important to start doing something early. You can’t wait until the last 2 weeks and memorize it all, you don’t have enough time to do that anymore. Each rotation will have you cover an insane amount of material while you are working on average 6 days of the week, 12 hours a day. Take advantage of all those days that you get out early!

Anyways, there are several textbooks and question banks that are popular for each rotation. You already may know exactly what method of studying works best for you, so pick what you like. Don’t overwhelm yourself with a lot of resources. Yeah everyone will say this is better, no that is better. Honestly, skim through the piles of books your friends decided to buy and pick one you like. They all will cover the same topics you need to know. Also to save some money, trade books with your friends that are on other rotations.

I used mainly question banks and would use PDF versions of the popular books to quickly Ctrl + F what I wanted to read in more detail. UWorld is pretty effective in preparing you for the shelf exams and it is a good idea to go ahead and buy your subscription. Sometimes they do not have enough questions for specific rotations (surgery, psych) and you may have to use the PreTest or Lange question banks for review. Anyways, regardless of what you may choose, get into the habit of doing some questions or light reading each night. Yea it is seems like a chore at first but it gets better. This will help you avoid feeling completely overwhelmed the week before your exam.

Now about the wards, things that I have noticed that I think you should think about. Your patience will be tested, never lose your patience! The day may be nearing its end and bam you have to help do something. Yes it feels pretty awful, and your precious rest time is ticking away. Suck it up, you may learn something out of it. You can vent about it all you want out in the car and while chilling with your friends, outside the hospital! I don’t know how many times I’ve had my friends want to start complaining about something out in the middle of the hospital halls, around the nurses and patients. It looks pretty bad. Sure your residents and evaluators may not be around but it just ruins your perception to all those people watching you. Wait till you get out!

Last thing to take note of. Always remember that as a third year student, much is not expected from you and so you can get away with taking as much time as you want while with your patients! Take advantage of this. Work on your deficiencies. Practice and refine your skills as much as you can. Begin to develop a way to stay organized. You will be an intern soon enough and will be expected to juggle a huge amount of workload. I was lucky to have some care enough to stay after their shift to just simply talk about tips and ways to work on my efficiency. So always try and learn as much as you can from them. And like they say, leave when you are told to do so! Study time is hard to come by. So go forth and be successful!

Jonathan Soto
Dear Third-Year Medical Student,

Congratulations on starting your third year of medical school! By now you have persisted through years of hard work and planning in college and your first two years of medical school. You have probably been told by many that your third year of medical school will be unlike any other year and will be much more satisfying than any other year thus far. You have probably questioned the legitimacy of what you were told, as you struggled through years of dry textbook studying and jumping through various “hoops” to reach this point.

Well I have good news for you! Everything you have been told about third year being more exciting than previous years is completely true! It will be the first time you will feel like a doctor. You will learn how to think critically, work with others, and most importantly learn how to connect with and treat your patients. It will remind you why you came to medical school. I’m sure you have received advice from Dr. Keeton and others regarding third year, but I would like to share some of the important things I have learned to maximize your experience as a third year medical student:

1. Don’t forget why you came to medical school.
   I think this is the most important thing to remember. Many of us came to medical school with noble aspirations, with a desire to treat the sick and those in need. At times you will be frustrated and feel jaded about being on a service as you interact with difficult personality types, work long hours, and deal with systemic inefficiencies. Do not forget that your patients see you during their greatest times of need, are very vulnerable, and are looking to you (yes, you!) and your team for comfort and help. If you can constantly engage yourself in the humanism in medicine, you will find sustainable satisfaction in whatever specialty you decide on.

2. Smile.
   Smiling while you are on the ward is a very basic yet powerful tool. You will create a better impression with your attendings, work better with your teams, comfort your patients, and most importantly you will be happier.

3. Don’t complain, condemn, or criticize.
   As medical students we have a tendency to constantly complain and whine about how hard and frustration everything is. Anything you are experiencing is likely far more minute than what your patient is experiencing. Remember that, and leave any frustrations you have outside the hospital. Furthermore, no one likes someone who is constantly bringing negative energy to the service. It is never productive, and following this simple rule will go a long way in being a great medical student, but more importantly sets the foundation for the great doctor you will be.

4. Be on time and reliable.
   I think this is self-explanatory.

5. Work well with your co-med students.
   I think many students forget this while they are on a rotation, but I think it is key to doing well and having a successful team. Remember, medicine is a team sport. You will only do as well as everyone on your team is individually doing. Always look out for your fellow med student!

6. Treat every rotation as if you were going into that specialty.
   I am applying for ophthalmology residency, and I assumed that most rotations will not be relevant to the rest of my career. I suggest you treat every rotation as if you were going into that specialty for two reasons: 1. You might think you know what specialty you would like to go into right now, but you likely have no idea. I grew up around medicine, and I thought I was sure about what I wanted to go into, but third year made me realize how little I really knew. Give each rotation a fair chance, and I think you will be surprised how many specialties will be a good fit for you. 2. Every specialty is relevant to your specialty somehow. Let me explain this concept for ophthalmology: Surgery – ophthalmology is a surgical subspecialty (I think this one is obvious); Internal Medicine – a number of systemic disease process manifest with ocular signs and symptoms. It’s important
to understand these diseases from an Internal Medicine standpoint; Family Practice – ophthalmology treats most of their patients in an outpatient setting. You will be exposed to how you can function in such a setting; Pediatrics – you will undoubtedly have pediatric patients in almost every specialty you might choose. Learn to work with these patients; Psychiatry – you will likely have patients with a psychiatric diagnosis and may have to learn how to treat them if necessary (you might a suicidal patient who comes in for an eye appointment). Furthermore, it has been documented that blindness is second to cancer in psychological morbidity (it is important to work with these issues). OB-GYN – you will have pregnant patients and will need to learn how to work with them.

7. Try to learn – you will not have as much time to study as a resident.

Being a medical student is probably the last time in your education in which you will have time to study and learn, without real responsibility and consequences for your actions.

Good luck with third year!

Krishna Surapaneni
Dear 3rd years,

I can’t believe that as I write this, I’m nearing the end of my 3rd year rotations. A lot of time has passed between being the person who woke up an hour and a half early in order to eat, organize, catch up on reading, to the person who slides out of bed at the last possible minute; maybe I brush my hair, maybe I go a little crazy and leave it au natural. Who knows? I’ve become wild like that.

The thing is, I feel so much more confident in myself and in my abilities to “play” doctor, that I don’t need the extra time to organize thoughts or obsess over minute details. Don’t get me wrong, I care very much about my performance on each rotation and my contributions to the team; it’s just that I trust myself and my abilities more, and it amazes me how much I’ve learned these past 9 months. And you’ll feel the same way too.

You’re going to read letters telling you how much a certain patient has changed the life of a student, what books to read to study for which shelf, how well prepared you will be for these rotations, how to relax after an extremely stressful shift (if the answer doesn’t start with “wi” and end in “ne”, I usually don’t listen), so I won’t go into all that. Besides, do you think I actually took in all the advice I read and followed it? Of course I di….no, no I did not. It’s a trial and error process, you find what works for you, and you stick with it.

1. When rounding, I’ve found that a complex array of hand signals used between teammates can come in handy. Do not employ the “hanging noose” or the “finger drawn across the neck” signs. Attendings don’t appreciate it.

2. Find an updated schematic of the hospital. With all of the construction, the layouts change about once to 43 times a day. Employing a search and rescue canine may also be beneficial.

3. Hide small, fire retardant snacks around the hospital like a squirrel on crack. If you do not, you’ll be so hungry that the cafeteria food will become the BEST FOOD YOU’VE EVER HAD. Not good for the palate or the digestive system.

4. Lose the ego. I know this sounds crazy, but seriously, even if you have NO interest in the field, approach it with the attitude that the more effort you put into it, the less you have to study for the shelf. It’s amazing how much info you can learn by just paying attention and making an effort.

5. Show up. It’s called respect. You’d be surprised at how often this is an issue.

6. Don’t beat yourself up over a bad day. I learned the hard way, and Dove chocolate’s stock greatly benefited from my steep learning curve.

7. When you are given a surprise early dismissal, be thankful and remember that little gift the next time you have to stay late for something. Try not to sprint out of the hospital tearing your clothes off and screaming with happiness. Security can really get around on those Segways. Also, I think they employ camouflage.

8. You’re going to be paired with people to whom you’ve never even said four words. Don’t try to switch groups so that you can be on the same team as your bff. You’d be surprised at how completely cool and awesome some of those shy, quiet people can be.

9. This year flies by. Make time to see family, friends, actual sunlight. Work your butt off, but be kind to yourself.

You don’t need it, but good luck. There’s light at the end of the tunnel. Work hard and I promise, it won’t be the train.

Anndale Taylor
Dear up-and-coming MSIIIs,

Congratulations on being done with basic sciences and that exam that everybody loves, STEP 1! Gone are your days spent sitting in class for countless hours on end. No more histology, ICS, or pathology. Hallelujah! Instead you’re going to be in the hospital or clinic with your very own patients, the exact reason we all chose medicine as a profession. Here are some words of advice that I hope will help you along the way:

**Be punctual and professional.** This is a basic expectation of any professional, no matter the arena. Now this may sound like common sense, but you’re going to be surprised at how many of your classmates will repeatedly be tardy to their clinical duties. These are easy points that all of you should earn. If you’re going to be late or absent, have the courtesy to inform your attending, residents, or team members. With the demanding schedule of 3rd year and how unexpected life can be, you will undoubtedly be in such a situation at one point or another. But if you take these steps and communicate with your team, you’ll be just fine.

**Don’t be that overzealous, gunner of a med student.** Let me clarify what I’m saying here. You should be enthusiastic and willing to go the extra mile for your patients and to help your team out. You shouldn’t be the student who acts like an obnoxious know-it-all, who steps all over his classmates, and throws them under the bus. Your classmates will despise you and won’t support you. Your attendings and residents will notice and this will probably be reflected poorly in your evaluations. At the end of the day, we’re all in the same boat. You’re going to want to shine and show what you’re capable of, but guess what, so are your classmates. Be respectful towards your classmates and help each other out so that your experience can be as smooth as possible.

**Unwind as needed.** Third year is a grind and can be extremely taxing, both mentally and physically. Make sure you continue to take part in your hobbies and decompress as needed. Whether you’re a gym rat or an avid taxidermist (I’m not judging here), take the time to do what you enjoy. It’ll help relieve some stress and will clear your mind from the monotony that can ensue. Also, keep in touch with your family and friends. They’re the ones that helped get you here and will help get you through this journey. Plus, it will be nice to talk about something other than medicine for a change.

**Be positive and persevere.** Your attitude will make a huge difference in not only your outlook, but in how others perceive you as well. Many days, you’re going to be exhausted and will loathe the idea of even going into work. No matter how lousy you feel, put a smile on and be enthusiastic. If you give the impression that you don’t want to be there, those around you will get the message and will treat you accordingly. You’ll have better days, trust me. It’s important to persevere through the tough times and the self-doubt that may race through your mind at times. Remember, you’re in this position for a reason.

**Use your time wisely.** It can be a struggle balancing your time during third year. When your residents tell you to go home, you should leave. Initially, you may be inclined to volunteer and stay late to help with patients or paperwork. It’s great to do so when you have the time, but in reality you probably won’t be in position to do so very often. Studying for your shelf exam takes an immense amount of time and effort. They are by far the toughest exams you will take throughout medical school. Make sure you invest the appropriate amount of study time and start preparing from day one. It can be easy to procrastinate, but trust me, it will come back to haunt you later on. U-World is huge! Do a few questions when you have some down time at your clinical sites.

**Consider the RAHC.** I had the opportunity to do a few of my rotations down in Harlingen and the experience was unparalleled. The Rio Grande Valley is comprised of an underserved population with a clear disparity in the healthcare available to it. Additionally, the area is plagued with some of the highest poverty, unemployment, and dropout rates in the nation. Serving this community and making a difference in the lives of those who truly depend upon it brings about a sense of fulfillment that I can’t even begin to describe to you. There are also several volunteer opportunities available to students. My favorite event is an annual program called “Night at the RAHC.” Its premise is to target local high school students interested in pursuing careers in healthcare and to expose them to what the various fields have to offer. There are hands on demonstrations and what’s best is that the whole shebang is run by third and fourth year medical students. There are so
many other benefits of rotating down at the RAHC, but for the sake of brevity I won’t include them. I will, however, urge all of you to do at least one of your rotations at the RAHC and consider being a full-time student in Harlingen if it interests you. You can contact Dr. Adela Valdez, the Assistant Regional Dean for Medical Education, or any other administration member if you have questions. They’re very hospitable and welcoming to rotating students down in the valley. Oh yea, did I mention authentic Mexican food?!?!?

You might be anxious now, but realize that third year goes by in the blink of an eye! Before you know it you will be a fourth year stressing over your residency application, LORs, interviews, and STEP 2. Ah, the beauty of medicine. But it’s a journey that we all eventually get through, no matter how long and arduous it can be at times. Hang in there and enjoy the year!

Aziz Tejani
Dear Third Years,

Congratulations! You all have done a wonderful job and are ready for this- YOU ARE!

I hope that my advice, although more general, might be the simplest advice that you will get.

1) First and foremost, please please please take every single piece of advice you get with a grain of salt.
   • What may have worked for one person might not be as useful for the next- everyone means well though.
   • In the end, we all wield our own path using bits and pieces of guidance that we accumulated along the way.

2) During third year (and true for more than just third year of medical school), nothing replaces hard-work and a good attitude.
   • There will be can’t miss moments and there will be moments of struggle- more than any amount of medical knowledge or skills, the most important way to be remembered is by having a positive influence on your team.
   • No task is too small for you. Yes, they often aren’t desirable ones, but nothing screams a wonderful impression better than enthusiastically doing what is needed, consistently.
   • Tolerate and adapt.
   • You will surprise yourself about how functional you can be with little amounts of sleep.
   • SMILE!

3) Always be professional.
   • Never be late.
   • Never have excuses.
   • Too formal is always best, with respect to communication, dress, etc.
   • Respect everyone… and please don’t forget about your classmates, your best allies.

4) Of course study.
   • There will be plenty of time to study during your rotations, all of them.
   • Read and do questions- nothing changes.
   • You will quickly realize that a first and second year study regimen is not at all necessary to do well, you know/remember way more than you think you do.

5) Enjoy yourselves.
   • Third year is a ton of fun with very little risk and truck load of reward.
   • Get your hands on any experience that you can, you may never get another chance in your life to check a particular box.
   • Enjoy life outside of the clinics and hospitals. I have a wife and son and we were able to spend massive amounts of time together, some rotations more than others.

Have fun and don’t worry… YOU WILL DO WONDERFUL!

Respectfully,

Jason Thompson
Congratulations on finishing your second year of medical school. This next year will be completely different than your first two years of school, but it will be a lot of fun. For me, the biggest adjustment was getting used to being somewhere at set times as opposed to being completely on my own schedule. However, after a few weeks it is something you quickly adjust to. There are quite a few simple things you can do for yourself to help you succeed and have a less stressful clerkship.

Remember you are there to learn. This is one that I think is very easy to lose track of. Lots of time in third year you will be worried about impressing your attendings or residents. Lots of times attendings will ask you questions to see how much you already know, and what they can actually teach you. This is a wonderful time in our education, in that we can directly impact patient care but virtually have no real responsibility. Don’t be afraid of throwing out an assessment and a plan that will be completely wrong. They will probably be more impressed that you actually tried to come up with something as opposed to just simply reporting labs.

Don’t take yourself too seriously. I think this one kind of feeds into the previous one, however I have often seen students get upset about missing pimp questions. It’s not the end of the world. Learn to have fun with your team. You will be spending a lot of time with them. Being able to laugh throughout the day often makes it go by much quicker. However, don’t mistake this for being unprofessional.

Be a team player. Don’t be a gunner. Whatever you do, do not try to show up your resident. Medicine is a team sport. You will quickly learn that throughout third year you are often graded as a group. Throwing your teammate under the bus will not make you look better.

As far as some things about studying, I would recommend trying to do as many questions as you can throughout the year. You certainly have downtime throughout the year, but there is no telling when you will need to get up and go do something. For me, it was much easier to do a single question at a time than to read paragraphs in a long review book. Also, when you do get home it’s easier to knock out some questions than to read a textbook. Rent your books from the office of academic enhancement. It will save you a lot of money. The office of academic enhancement also has some great reviews online that Emma did a few years ago. I watched these reviews at the end of clerkships and often saw quiz questions that I missed on them. Those reviews are only 2 hours long and review the high yield topics for an entire clerkship. Watching them before you start a clerkship would probably be a good idea.

My final piece of advice is to have fun and maintain a well-balanced lifestyle. Take time out for yourself and continue to do the things you enjoy. Don’t let third year be an excuse for putting your life on hold. I wish you guys all the best and hope you have a great year.

Ravi Vassa
Dear third year,

For me, the greatest moments of third year, come down to the little things. On my first surgery rotation, I followed the same patient for all 3 weeks. He was younger than me; a soldier who fought in Afghanistan when the bomb he was loading onto a helicopter exploded and left him with burns on his torso and both arms. I tracked his daily vitals, talked with his nurse every morning, observed any procedures done on him, scrubbed in on his surgeries, and helped wrap his body and arms in bandages so that he looked almost like a mummy. I learned a lot from him, but the one thing I will never forget is walking into his room one afternoon and seeing his wife sitting next to his bed holding the very tips of his fingers in her hand because that was the only part that wasn’t bandaged and he was smiling down at her, laughing at something she had said, so obviously happy to simply have her there. So I don’t want you to forget the person behind those lab values you’re looking up at 5 in the morning or behind the drape on the operating table for they have a story and a family. You’re working hard every day so that they can leave the hospital and be with the ones who love them. As you perfect you clinical skills on wards and the books pile up on your desk, don’t lose sight of the human connection behind it all. Take some time to get to know your patients; it will make you a better doctor.

Recently, a patient taught me that the energy that you put into your work, what you give to the patient, they’re giving back to you. Every new cancer diagnosis is devastating but some leave the patient with hope for a cure whereas others turn out to be every person’s worst nightmare and nothing can be done medically. After being admitted for a nagging cough and shortness of breath a patient’s CT scan revealed metastatic pancreatic cancer. He and his wife were in utter shock, unable to make sense of what happened when they are told the news. He asked if he would be able to make it to his daughter’s graduation and we started talking about colleges and where I’m from. He could have been focusing on his death, his tragedy, but he was focusing on living, listening to me, where I’m from. Then one day in the middle of rounds, he pulled out a pen and held it out to me. I hesitated and asked if it was for me before he nodded before I took the pen. It only took me a second to glance at it before a huge smile spread across my face. He had gone looking for a Carolina Tarheels pen, my alma matter and the college we talked about days earlier, so that he could give it to me as a way to say thank you. This is what I mean by the greatest moments of third year come down to the little things. Cherish the relationships you form with patients, and let them remind you why you chose a career in medicine.

For this last part I want to offer some quick advice. First, don’t be afraid to ask for help. You will soon realize how much you don’t know and how much you’ve forgotten. Get to know your classmates, your coworkers and even your attendings. Third year will allow you to spend time with people you haven’t gotten to know over the last two years and like your patients, I encourage you to hear their stories. Seek out opportunities and take ownership of your patients- go to every procedure, ask to take on a new patient, ask to watch someone do a physical even if you’ve seen it a thousand times, and ask a lot of questions. Prepare for a whole new level of exhaustion. After working 30+ hours straight you’ll be falling asleep with the lights still on as soon as you sit down on your couch at home. Study as much as you can and prepare for the next day because every day will be a new learning experience.

Everyone’s third year experience is unique. Without a doubt, it will be memorable and you will have many tales to tell. This is your chance to get to know complete strangers, to make a difference in their lives, and to be by their side as they experience the greatest joys in life or face the most terrifying news of all.

Enjoy!

Lisa Vogel
Dear third year medical student,

A wise neurosurgeon once told me, "Medicine is the most noble of all professions." After having walked through my third year of medical school, I can now say he was correct. Third year truly affirms that your hard work has not been in vain. It is rewarding and refreshing—and, at times, exhausting. Nonetheless, the thousands of hours you put in studying are all made worth it when you are able to adequately care for a patient in need.

I remember being slightly terrified about starting third year. In fact, I still get a little nervous each time I start a new rotation. But this is normal and natural. Rest in the fact that your education has prepared you for this point. Every intern, resident, and attending recognizes where you are in your training, and you will only be asked to do things you are ready for! Of course, do not be intimidated to ask questions or clarify anything that you aren’t sure of.

I think the best way to approach third year is with the attitude “I am going to get my money’s worth.” Remember, this is your education and you’re paying to be here—make the most of it! Third year provides you with so many opportunities to see everything you’ve learned and read about. From simple procedures to long cases in the OR, this is your chance to get up close and personal with all medicine has to offer. You’ll enjoy third year much more if you think of it as an opportunity to learn as opposed to a rotation you’re required to attend. Your attitude makes all the difference.

Speaking of attitude, be a team player! I cannot emphasize how important this is. You work in teams for the majority of third year, and there is nothing better than a good team and nothing worse than a bad team. Keep a positive attitude. Smile. Encourage each other. Distribute your work evenly. And, please, show up on time!

Aside from this, there isn’t much more to it. Read about your patients. Start studying early on in the rotation. Act interested. Work hard. Be confident. Have fun!

Best wishes,

Holly Volz
Dear Third Year,

First of all, take a deep breath and be grateful that the worst seems to be behind you. No more basic sciences, no more brutal test weeks, no more dark days of 2nd year. You'll now look back on those days and realize how bad they really were. You finally get to do what you actually signed up for, which typically was helping people. For those who signed up for the money, get ready to pay to work hard. With that in mind, here’s a few simple tips and answers to questions that I had coming into it.

• Where second year was hard as far as substance and learning, third year is hard on time. Go ahead and prepare yourself to have none.
• Never specifically ask to leave on any rotation, it doesn’t look good. Make yourself look busy and ask the residents if you can help with anything. They were in your shoes once, they know you don’t want to be there all night.
• If you aren’t busy, look busy. Always have a book or something to look at during down time. Things don’t always move super efficiently, make use of the time that you do have.
• Be on time. Seems like something you wouldn’t have to say, but you’d be surprised.
• If you know what you want to be when you grow up, its ok to tell people. I’ve heard people give the advice to not tell residents and attendings, but from my experience they’ll actually give you patients that you would be more interested in.
• You’ll get sick on peds. It happens.
• You’ll wake up early on OB. Get ready
• Don’t plan things when you’re on surgery, you might get home later than 9 pm.
• Be respectful. Don’t argue with residents about treatment plans and options. You’d figure this was intuitive, but again you’d be surprised.
• Don’t appear to be a gunner. Its obvious when you throw your teammates under the bus. You don’t want to be that guy. It will be reflected in your evaluations.
• Carry food with you on surgery and eat it before you go into a case. A simple case can turn into a complicated case very quickly.
• If your attendings tell you to read, read.
• Answer all pimp questions even if you have to answer “I don’t know.” Most of the time its just to stimulate discussion. The attendings rarely remember whether you got something right or wrong, but they will remember if you tried.
• Be an agreeable person.
• Dress appropriately. Another simple concept you’d be surprised about.

Third year really isn’t that hard. Show up. Be happy. Work hard. If you do all of those things, you’ll be fine.

Eric Wait
Dear new third year medical student,

Congratulations! You have made it this far and that is something that is noteworthy. You are now in the stage of your medical career that you have looked forward to for several years. You get to talk to real patients and see real medical problems. As someone who is one year ahead of you, you have several things that I think are important to learn and several things to expect for the year. The first is that you are still a student. This is one of the most difficult ideas to buy into today. We go to work and spend time seeing patients and learning during the day, but our job is not done when we go home. Third year still has tests just like before, but now it is pushed to the end of the work day.

Second is that this is the year that you learn to become a doctor. Make a point to seek out excellent physicians this year (this is not difficult because our hospital is full of them) and take pieces of what they do to learn things that can not be taught in a book. Learn how to relate to patients as humans and develop a bedside manner. Envision each patient as you or your loved one and imagine what kind of care you would like for them to receive. Become the competent, caring doctor that you would want for your mom, dad, wife, or child.

Third, like it or not, you are now an authority figure in the community. This year, you will be seeing patients at work and in the “real world.” They will remember you and expect excellence in you. If you are nice in the hospital, but are rude and swear elsewhere, you will be branded as rude and crass. As a physician, you are held to a higher standard. Be responsible when having fun and behave in a way that you would be proud of others observing.

Lastly, you are still a person. This year and every year to this point, medical school can become all consuming and all encompassing. Take time off for the things that you value and enjoy. The most meaningful moment in my life happened this year: I got to witness the birth of my very own baby girl. She continues to amaze me and change me from the core. Medicine is important, but do not miss living life by trying to accomplish the next goal.

Again, congratulations and enjoy your third year!

Bennett Wilson
Dear baby MS3,

A much wiser MS3 once likened third year to “being thrown head first into water. Although the initial impact is jarring, eventually the experience becomes natural.” Which means, you won’t fully understand our advice until you start living it.

That said, here are some revelations I’ve collected. I hope you will find them useful as you swim out into the waters of third year.

1. Know yourself. If you get grumpy when hungry, bring snacks. If you have a hummingbird-sized bladder, find the restrooms on Day 1. If you are forgetful, carry pen & paper (p.s. In a pinch, your arm can substitute as paper).

2. Learn how to tell one joke or story well. It will come in handy. Make sure it is funny without being mean.

3. Do not have expectations for when you will leave. You will only get frustrated when you don’t leave “on time.” It’s true: Low expectations are the secret to happiness.

4. Respect all experiences, esp those that make you uncomfortable -- whether it is a fecal disimpaction, end-of-life conversation, or Code Blue. A huge part of third year is your coming to terms with the enormity of pain and suffering in Medicine. Pain is uncomfortable. Pain is also a part of life. The sooner you get comfortable with being uncomfortable, the sooner you can engage in the honest, true-blue conversations your patients deserve. (conversation = you talk, they listen AND they talk, you listen)

5. Exercise. Eat healthy. Weight fluctuation is stressful. Therefore, avoid facing that stress if possible.*

6. You will need a stethoscope, a Qbank, a good alarm clock, and a grip on reality. The latter means: learning how to be a doctor is hard work. Nevertheless, you chose this because you believe it worthwhile. Complaining incessantly will not earn you brownie points from your family members/friends/loved ones.

7. Remember the good AND the bad. Emulate the good. Let the bad make you stronger, wiser, and kinder.

8. Be the best possible version of yourself. Per Dr. Mehendale, “Doctors are excellent BS detectors.” If you try to BS a doctor, chances are you will lose.

9. If you are in a rut, make an active change. Self-reflect (journaling, prayer, meditation). Read.** Watch TV.*** Take a walk. Grab a beer. Actively changing (vs. procrastinating) helped me re-focus on the big picture -- becoming the best student doctor I could be for my patients.

10. Most importantly: Love your patients. Talk to them. Get to know every single little detail about them. Walt Whitman said it best,”Be curious, not judgmental.” Right now, time is your luxury. Use it to value your patients. (but that said, if your superior gives you permission to leave, then by all means -- go home!)

Enjoy your third year. It’s a good one.

Sarah

* Be wary of the chicken tenders in the UHS cafeteria. They become ridiculously delicious around 2AM.
** The Fault in Our Stars by John Green -- a story about a teenage girl with cancer brimming with humor and philosophy. Spoiler alert: you will cry.
*** Girls Season 1 -- because I identify w/ the commentary on their hapless “almost. sort of. getting it together” lives, and Modern Family and NCIS because they’re mindless and fun.
Dear MS3,

I will never forget the moment Dr. Markowski calmly stated, "We need to start CPR. Where's the med student? Let's get her in here." I was standing right outside the room when his pulse flatlined on the monitor. I cautiously stepped into the room, halfway hoping she was joking. I acted like I had it together, but inside were myriad thoughts. I was scared I would forget how to do CPR. I was scared I would get yelled at in front of all these people. But most of all, I was scared this patient was not going to make it.

It was around 4 am Sunday morning when he was brought to the hospital by life flight with a blood alcohol level in the 200's. He was my age, 25, and the passenger in a car. He had been wearing his seatbelt at the time of the car accident, which had sliced into his abdomen when they crashed, opening up his fascia. The driver was pronounced dead at the scene. The patient was brought up to the SICU around 6 am after they did an exploratory laparotomy on him in the OR, trying to find the source of his dropping blood pressure and hematocrit. Unfortunately, they weren't able to find any major bleeding and started the massive transfusion protocol up on the floor.

Before he had flatlined, I remember standing there watching him and thinking how many times I had gone out drinking on a Saturday night. What was his night like, I wondered. Was he just having fun and living up his youth? Could he have ever predicted the night would end up like this?

As his life was starting to slip away, his parents had made it up to the floor. Everyone was running around trying to get blood, drugs and materials. I don't think anyone even noticed they were there until his mother let out the most painful cry as her mind finally made sense of the sight in front of her. Her son laying there with a tube down his throat, his bowels wrapped up in plastic outside of his abdomen, and blood all over the floor. Immediately, they were directed to the waiting room. At that moment, I couldn't help but wonder what my own mother would have felt if that was me. I pushed down tears and kept focused.

While we were taking turns doing CPR, one could clearly see the adrenaline coursing through the nurses, residents and me; however, the attending stayed calm the whole time. I remember thinking, "Is it because she is so experienced with this? Or does she already know the outcome is inevitable?"

After 30 minutes of CPR and the patient going in and out of life, all of my hope that he could make it had been drained. We waited for another thready pulse then rushed him to the OR for a second attempt to find the source of the bleeding. While in the elevator we lost his pulse again though. One of the nurses climbed up on him and started CPR while we rolled him out of the elevator and through the hallways into OR 10.

I scrubbed in for my first standard ex lap. There still was not a source to be found as blood continued to pool in the peritoneum. Frustrated, more attendings were called in. Eventually the fellow and I were pushed out of the circle of surgeons at the table. As we were standing off to the side he leaned over and said, "This is a sight one never sees... Six trauma attendings doing an ex lap." As I took in what he was saying, I felt a little hope resurface. If they all came in for this patient, that must mean they think there's still a chance to save him.

He died around 6:00 that night.

Nothing in your life can prepare you for caring for the dying. The emotions can be overwhelming and the changes it makes in your perspective on life is unfathomable. If I could give you one word of advice, it would be to hold onto these moments and not take them for granted. You may never have these experiences again in your career. Use them to grow as a person, to become a better doctor, to better your relationships with family and friends, to strengthen your appreciation for life, and to respect your place in this world. For though we feel invincible, our life is nothing more than temporary. Remind yourself of those times when you were caring for the dying and the way you felt. Don't lose the humanism in medicine that is so real in those moments as a third year.

Kristin Yeung
Congratulations on reaching this important milestone in your medical education! Beginning your third year can be just as terrifying as it is exciting. I have just a few tidbits of advice that I think may serve you well whether you decide to spend your entire third year at the RAHC, as I did, or just a few rotations.

1. Strive to be better than you were the day before - You’re not going to be great at everything. In fact, there will be many days when you may feel horrible at everything. Rather than ruminating on your weaknesses, I propose trying to be just a little bit better tomorrow than you were today no matter how small the improvement. We all know the adage “Rome was not built in a day,” so don’t beat yourself up for not being perfect overnight. Even a small improvement, whether it be improved organization during your presentations or providing a more comprehensive differential from one day to the next, is worth celebrating. It all adds up.

2. Don’t compare yourselves to others - You truly don’t get very far by doing this. Strive to be your personal best. I don’t think that clerkships are a time for competition with your peers. Rather, it is a time for teamwork to facilitate the best possible outcome for your patient. We each have unique strengths and abilities. Develop your strengths, work on your weaknesses, and realize that you only need to be your own personal best.

3. Be smart with your study time - First, this means not procrastinating. Try your hardest to begin studying at the start of each rotation as a 6- or 10-week clerkship can go by extremely fast. The sooner you start studying the better. Secondly, it is very easy to go home every night and read extensively about your specific patients on the wards no matter how obscure their condition, but don’t forget to set aside time each evening to also cover major topics required for clerkship and shelf. You would think this would go hand in hand, but this is not always the case. As you will not necessarily see everything that you need to know for the shelf while on the wards, make sure you are covering these topics at least a little bit each night in addition to patient-specific reading.

4. Don’t worry about being “pimped” - It’s going to happen and it really isn’t a big deal. Not knowing something or getting a question wrong is not the end of the world. Likewise, it does not mean you will automatically receive a bad evaluation either. As a rule, most attendings “pimp” to facilitate your learning and not necessarily to be mean or put you on the spot. Much of the time the questions asked are part of a particular agenda your attending might have for your learning (e.g. things they would hope you learn in the course of your rotation). Thus, pimping provides an opportunity to see what you don’t know so that they can teach you. I have found this to be especially true here at the RAHC.

5. Take some time to have fun often - This is self-explanatory. Just remember that third year can be extremely stressful and we all need to recharge from time to time. Do whatever it is that you enjoy as often as you can and don’t feel guilty about it. Come back re-energized and ready to work.

6. Don’t buy too many books - You likely won’t have time to read them all. I suggest buying one solid review textbook for each rotation and pairing it with a question bank. My personal suggestions are Step Up to Medicine for Internal Medicine, Blueprints and/or Case Files for Surgery, Case Files for Obstetrics and Gynecology, First Aid for Psychiatry for Psychiatry, and First Aid for Pediatrics for Pediatrics. The jury is still out for Family Medicine. These books coupled with USMLE World will get you far.

7. Don’t sweat the small stuff - If you do something wrong, get an answer wrong, or don’t perform as well as you’d wished, don’t dwell on it. This is your time to learn. Figure out how you can improve and move on. Although, I know that this is easier said than done, I think this is extremely important as sometimes we can feel crippled by our mistakes or perceived inadequacies. It can be really easy to worry all day about something that you did wrong, or didn’t do, but this gets you absolutely nowhere. Realize this and don’t waste your brain power. It can be better used.

8. Be nice to everyone - I’m sure this has been stated time and time again. It pays to be nice to everyone including nurses, social workers, and truly whoever you come in contact with on the floor. Also, “being nice” doesn’t just mean not being rude to anyone. It is also important to go out of your way to say hello to the nurses and staff you see on a regular basis and ask how they are doing. Smile and make conversation when you can. This makes for a pleasant work environment.

9. Take care of yourself - This means eating well, exercising as frequently as you can, and even taking time
to use the bathroom while on the wards (seriously). Your health is important too and you shouldn’t neglect
the basic things you need. It is possible to take care of yourself AND still have time to be an excellent
medical student. Sure, you might have to make some adjustments (e.g. workout for 20-30 minutes instead
of your usual hour) but don’t lose yourself completely.

Nancy Aguwa
Dear medical class of 2015,

You probably have lots of questions about 3rd year. I can tell you that it will be both exciting and challenging, so brace yourselves. How to succeed? There is no simple recipe because each one of you is different and will have varying clinical and life experiences. Be sure to attend Dr. Keeton’s session on how to succeed in 3rd year. He offers some great pointers.

Navigating through 3rd year is all about being professional and diligent. Being professional includes being where you are supposed to be in a timely manner, being courteous in your interactions with everyone, and adhering to HIPAA laws, among other things. When you are assigned a topic to present by your resident or attending or a problem to follow up on, be sure to follow through. Show interest and ask questions when necessary. Be where you are supposed to be when you are supposed to be there; I cannot emphasize this enough.

Most of you will be working harder than you have ever worked in your lives and will be more tired than you have ever been. It is imperative that you take measures to curb fatigue. Take a day off to relax or do something fun at least 2-3 times every rotation; this, of course, depends on which rotation you are on. You will find that certain rotations are more demanding than others; in any case, pace yourself and try to keep up with your readings and assignments. Be sure to take time off and do something fun or relaxing between rotations. Stay connected to family, significant others and close friends; this is one coping mechanism that helps me maintain my sanity when the going gets tough. If you are spiritual, meditate or go to your place of worship when you can; you may find this therapeutic. Indulge in your hobbies every now and then.

You may find yourself working around unpleasant people. If this occurs, make an effort to maintain your calm; it is only another day that will pass, but do not let it pass without doing some good. Keep in mind that it is not necessarily about you; there is much more to life than meets the eye. Every single day, do your best to ensure that the best quality care is given to your patients. I think the greatest thing about 3rd year is that you do not have to memorize nearly as much as you had to in the first 2 years of medical school because you are seeing, doing and understanding. As you see patients and read up on the conditions you encounter, attend the occasional lectures and case reviews, study, and complete other clerkship objectives, you become equipped with more dots to make more clinical connections and develop your critical thinking and clinical decision making skills.

Finally, I urge you to consider completing some rotations at the Regional Academic Health Center (RAHC) in Harlingen. I moved down there for the entire year and so far, it has proven to be one of the best decisions I have ever made. It offers ample opportunity for hands-on learning and closer interaction with your attendings, which I found to be conducive to learning for me. In addition, you have the opportunity to complete a Community Service Learning (CSL) project during your family medicine and pediatric clerkships, which reflects positively on your CV. Oh, and there’s South Padre Island! Going to the beach to unwind has been therapeutic for me. There is a fireworks display every Friday night from Memorial Day to Labor Day on the Island; Louie’s Backyard is a nice spot to watch it. A great place to eat on the Island is Padreritaville; they have both seafood entrees and buffet style dining as well as outdoor sitting and live music. Here’s to hoping you enjoy 3rd year as much as I have. I wish you all the very best!

Laura Chizi Lelenwa Cassey
UTHSCSA - RAHC
School of Medicine, class of 2014
From the RAHC:

I made As in all of the clerkships except IM, because I haven’t finished it by the time I’m writing this letter. In all of your clerkships, have a good attitude and show them you’re trying. It goes a long way. Also, use your free time to study. Dr. Hilmy is good for gen surg. ENT with Nguyen is great for anyone going into primary care, bc you become an expert at otitis media and sinusitis.

**Family med:**

Study the online AAFP questions religiously. FM is random. These questions are the best way to prepare for the SHELF. Only use Case Files for the weekly quizzes. Start studying the first day.

**Peds:**

Study Blueprints. Do the World and PreTest questions. You’ll do fine.

**Psych:**

First Aid for the Psych Clerkship is awesome. Study it hard. Also use the Lang Q&A for questions. World is good too but has limited questions. Don’t underestimate this one. Start working through First Aid from the beginning.

**OB/GYN:**

This SHELF isn’t too bad. The OB part is the hardest. Use the online APGO/ACOG questions. They’re great. Some of them were on the SHELF nearly word for word. Read Blueprints.

**Surgery:**

For the midterm, only study the Pestada questions (all of them) and the power points cases up to that point. For the SHELF, do the Pestada questions and study the powerpoints religiously. Case Files is helpful as well. World has some good questions too.

**IM:**

The HIV team6 inpatient medicine rotation at UH is a blast! The patients have crazy infections and the hours are great.

-Enjoy your year!!!

**Matt Deel**
Dear MSIIIs,

Someone once told me third year is the reason we wanted to get into medical school. I have found no other truer statement about the next year of your life. If you’ve loved every minute in our hallowed lecture halls, then third year will only solidify your passion for medicine. But if you were like the many who suffered attacks of doubt and somehow got lost in labs and syllabi, third year will be your yellow brick road.

There are few times that life hands you a clean slate, and third year may be your last one. You will walk into third year with more knowledge than you know what to do with, but the hospital, with its fluorescent lights and white tiles, will wash all that away. Essentially, you have knowledge with no experience. You haven’t any bad habits, you haven’t any habits really, and no faulty regimen from which you must unstick yourself. You are more than a clean slate - you are a limitless sponge, and if you’re lucky, you’ll figure out what filter you need to select exactly what you absorb.

If you’ve happened upon this letter, I should let you know now that there are no helpful hints for rounding here or what review books and question banks are the most “clutch.” Believe it or not, that stuff is actually the easier side of third year.

Third year is when you get to figure out what kind of doctor you are going to be. I’m not talking about what residency you end up choosing. Third year will bring you to a mind-blowing variety of pathology and patients, but you will learn more from the team you work with than any work-up algorithm.

Your residents and attendings have a greater capacity to shape how you practice medicine than any syllabus you’ve ever read. Observe them. Talk to them. Talk to them about more than your patients. They are truly the greatest resource this school can offer you. Listen and you’ll hear stories about their triumphs and failures, their compromises and sacrifices. From this, you can enrich your own library of experiences and further figure out what real triumphs are, what failures are unacceptable, what compromises and sacrifices are necessary.

You will see heartbreaking situations handled by a variety of different personalities. Use these experiences, and every other one to figure out what belongs in your physician toolbox. The leaps and bounds you can make third year are exponential. Simply, third year is what you make it.

Since we’re medical students, I can’t help but put a numbered list in here. So here you go, top 3 tips to make the most of third year:

1) Learn from your team. I’ve already emphasized that your residents and attendings are prized resources; every minute with them contains a teaching point. Don’t forget that experience is the best teacher, and learn from your nurses, surgical techs, respiratory care techs, pharmacists, etc.

2) Take responsibility for your patients. As medical students, you’ve almost been trained to be “number chasers.” So naturally, it’ll be easy for you get buried in studying for shelf exams. But I urge you to put your patients first. Work as if you were the main provider. This involves everything from checking on them more than just on rounds and refreshing the screen to check for updated imaging and lab values. This means using UpToDate, reading pertinent journal articles, talking to other consult physicians, etc.. If you have to choose to go to a family meeting or stay in the team room to study for a shelf, choose the meeting. I know I was glad I did, and I’ll never forget what I learned. Don’t lose sight that review books will always be there, your patients won’t.

3) Document what’s happening. Again, this is more than taking notes during morning report and patient progress notes. I’m not saying you must keep a diary or write a novel, but it’s a good idea to jot down some highlights of your experience at the end of a rotation, or after a particularly meaningful patient encounter. When you look back, I’m almost certain you will see literally see the progress you made.
I’m sure many of the other letters here will share with you a multitude of memorable patient experiences. But there’s a reason medical school isn’t just classroom lectures for four years. You need to experience medicine and not just read about it. I do have stories from my third year about patients I will never forget, but language limits how much of that meaning I can relay to others. So I simply wanted to communicate how to have those experiences of your own.

Third year will challenge you more (and in more ways) than you thought possible. But it also could be the most exciting year of your life thus far. Push yourself, and at the end of it all, nothing could be more rewarding.

Proud of you and excited for you,

Gemma D. Espejo

P.S. If you’re a full-time RAHC student – you made the right choice. Practice your Spanish as often as you can - your patients appreciate it, no matter how terrible you think your attempts are. 😊
Welcome to the RAHC! If you’re anything like me, making the decision to come to the RAHC wasn’t an easy one. Let me assure you that you have made the right choice. I chose to move to the Rio Grande Valley for a year because I heard that there was much more one-on-one time with attendings and I would get more hands-on experience during Surgery and Ob/Gyn. While these things were true- I was the only student on any given rotation and got to help deliver babies my first day on Labor and Delivery- but what I’ve come away with is so much more.

I come from a small town in South Texas that most people even in South Texas haven’t heard of and went to a small university in Laredo. I was skeptical that, as a Mexican American, I could compete with the rest of society even though I was around smart and successful Hispanic people my whole life. Needless to say, when I began medical school I was overwhelmed by the brilliant people in my class who, at my age, had already accomplished so much more than I had. I felt inadequate and out of place. I wasn’t confident in myself to even participate in small group discussions. This was exactly how I began 3rd year- shy and timid. As the year comes to a close, that person is a continuously fading memory. I have found myself volunteering answers, asking questions, and having conversations with my colleagues and patients much more easily. I can only attribute this to my experience at the RAHC, where being the only student with my attending shined the spotlight directly on me. I was forced to speak up and participate, where I otherwise may have sat back and coasted under the radar. I realized even though I didn’t always have the right answer, I knew just as much as any medical student and slowly my self-doubts faded. I finally came to the conclusion that I was just like everyone else in medical school. I was competent.

I hope your experience at the RAHC is equally transformative and positive. You will be surrounded by some of the nicest faculty and staff you have ever met. They are the kind of people who will go to great lengths to see to it that your rotations go smoothly and that you are happy. They make themselves available to you and are always willing to help. Dr. Valdez is invested in the students and won’t hesitate to sit down with you and discuss any problems you have, personal or professional.

Don’t be afraid to make this year what you want it to be. Work hard and show initiative, the attendings are always around and take note of this. If they give you the option to go home or stay and see another patient or do another case, always stay. You’ll get more experience and more respect from your attending or resident. Lastly, don’t forget to take the time to relax and go to the beach, its less than an hour away!

Alissa Gonzalez
Dear Third Year Medical Student:

Congratulations! You’ve finished the basic science years of med school. The journey up to this point has largely involved long hours of lectures and even longer hours of studying. If your idea of a good time is being cramped in a room full of books studying away…well then the good times are over. However, if you came to med school with the hopes and dreams of solving medical mysteries and humanistically serving patients in their hours of need, then the best part of your journey has just begun. Third year will be a great year. It will also be a very difficult year. You will likely learn more during third year than you have learned during any single year of your entire life. My goals in this letter are to give you some practical advice, and to remind you to embrace the humanistic side of medicine as you make your way through each of the rotations.

You will get so much advice and so many opinions, it will make you sick to your stomach. My advice is to filter what everyone tells you and form your own opinions. Books that work for some people don’t work as well for others. Sites and attendings that some liked are not liked by others. The more often you hear the same thing, the more likely it is to be true. So having said that, here’s my advice for third year (filter it with what you hear others say): First of all, the shelf exam will pretty much determine your grade for each rotation. Study hard for the shelf from early in the rotation. Case Files and Pre Test are money in the bank for pretty much everything. Blueprints is awesome, but harder to get through since it’s more dense than Case Files. No matter what you choose, pick one book to read entirely and do a lot of questions for every rotation. That’s pretty much the key to the shelf exams. Secondly, take care of yourself. Exercise is a great way to relieve stress and to forget about med school for a while. Eat healthily and get some sleep. Sleep in on the weekends. Yes you need to study, but don’t forget to make time for your family, friends, significant others, or a hobby. If you are balanced, your study times will be more effective. If you eat and sleep well, you will feel better and be more effective clinically and when you study. So take care of yourself. Third, be nice to everyone and professional at all times. Nurses and ancillary staff are critical team members. Most of them are nice. Even if they are not nice to you, be courteous and helpful to everyone, and they will also do the same for you. Be nice and good to your classmates. Be a team member. Work hard and savor the rough times—you’ll look back and realize they make you grow, make you stronger, and make able to handle anything that comes your way.

Embrace the humanistic side of medicine during third year. Many rotations are stressful and will push you like you have never been pushed. You will have a lot of responsibility and constantly feel like you fall short of being stellar. However, remember that while you are worrying about all your responsibilities, the patients you are seeing are real people with real medical problems. They have very real pain and anxiety. They are lonely and feel like prisoners in the hospital. They are worried about what will happen and when they will be able to go home. Even though you are stressed about school, your life is a cake walk compared to what they are experiencing. Therefore, do the very best you can for them. As a medical student, this often means doing two things. First, be the patient’s best advocate. Remember the little things and advocate for your patients’ needs to residents and attendings. Second, listen to your patients. Talk to them and have them tell you their stories. Listen and just let them tell you all about what’s going on. Sometimes, the best therapy for a patient beyond what the medical/surgical teams will do is for you, the third year medical student, to simply listen to the patient. Touch your patients. Empathize with your patients. Look them in the eye and tell them “you are not alone. We are here for you. We are going to take care of you.” Those are healing words and gestures like no other.

I had a patient who presented to hear results of a mammogram, thyroid scan, and some blood work. On top of that, she had new hip pain that was bothering her. As it turns out, all her tests were normal and her hip pain was nothing terrible. However, as we chatted about her medical history, she shared with me that she was HIV positive. Only three people in the world knew: her former partner, my attending, and me. Her HIV viral load was undetectable because of good compliance with medications. Still, during this patient encounter,
she poured out her story to me. She had been infected for quite some time before she knew because her partner had not told her and fell out of the picture. When she found out, she was devastated. She was afraid to tell her children and siblings for fear of being shunned. She felt so alone and in very real despair. I just sat there and listened to her tell me her story. I didn’t rush the patient encounter. I didn’t fidget impatiently because I had more patients to see. I decided that for the time being, she was the most important person in the world, and I just listened to her tell her story. I held her hand and said “do not worry, you always have a friend and support here in this clinic.” The social stigma of her disease is eating her from the inside out. Besides proper medical care, what she truly needed that day was someone to embrace the humanistic side of medicine and just listen. So listen. Forget about yourself and listen to real people tell their real stories, and you will truly help your patients.

Above all else, enjoy your third year. It will be one of the hardest, but one of the best, years of your life. Cheers,

-Will Lavery
Dear Third Year,

Welcome to the other side. A lot of these letters sound the same because we all have similar experiences (which is important to remember! You’re not alone!). What I want to say is that third year is hard.

You already know that, right? Long hours, lots of work. But really it is more than that. It is emotionally exhausting. We work hard to get honest evaluation from our mentors and sometimes that evaluation is not going to be what we want to hear. It is hard to take criticism, even if it’s constructive. And it’s ok to feel upset about it but again remember, we are all in the same boat. And it is ultimately for our own education and for the benefit of our future patients.

Sometimes the feedback will be more flattering than you expect and you’ll be left wondering if you’re attending is lying to you; they’re probably not. You’re a medical student! There are lots of wonderful things about you, that’s why you’re where you are!

But we still have a lot to learn, so accept the compliments graciously and take the criticism seriously. Hear what they’re saying, apply it, and become a better student and future physician.

Good luck,

**Melody Muñoz**

P.S. Do a rotation at the RAHC! Or the full year! I’ve LOVED it.
nurses and technicians and orderlies scurried around the cramped hospital room, shouting indiscernible medical terms and acronyms. This was sounding to me more like panic. Alarms were screaming and everyone's voices in the room strained to avoid being drowned out. My arms were starting to get tired. It was the third time I’d done CPR in my job as a hospital transporter the summer before I started medical school. I could feel ribs fracture beneath my hands with each compression. My job was simple so I took a moment to appreciate what was going on around me. I noticed that though everything was hectic there was a certain dose of order that kept the staff working like a machine, each wheel and cog working simultaneously at the direction of the soft commands from the man to my right. This man was the doctor, guiding with a kind of calm heroism. Though I was enjoying taking such a direct role in bringing a patient back to life I couldn’t wait to stand at the head of the bed saving lives with the powers of an MD.

And then second year happened to me. I have to say that it was probably one of the roughest years in my entire life. I never made the kind of grades that I wanted to. Twice I stopped grading my exam and checked the other online answer key just to make sure I wasn’t using the wrong one, but no, I had just missed the first five out of seven questions. And when I calculated my test grade, I would either get angry, sad or apathetic. Every module was full of multiple emotional ups and downs. It’s no wonder that after months of such difficulty that I felt very unenthusiastic toward medicine. “Forget about being a doctor,” I thought, “I just need to pass this test.” “ACES? What a waste of time that I could use to study for my module exam.” My goals subconsciously shifted that year from working hard to love and serve patients to just surviving from test to test.

This type of academic environment was designed to make students work hard and to reward the best performers, but it also has the additional effect of burning students out and sometimes making them cynical towards medicine altogether. I have personally experienced all of these emotions. And during third year have had to fight the desire to want to go home early to relax or study for a SHELF exam instead of absorbing all I could from each rotation.

“Airway patent, lungs clear to auscultation bilaterally” I spoke loudly over the commotion. “1,2,3, lift” I said as we moved the patient from the stretcher to the hospital bed in the University Hospital trauma bay. “Pupils 3 mm and equally reactive to light, ears, nose, mouth and neck atraumatic.” Blue and magenta-colored scrubs scurried to and from the patient drawing blood, giving name tags, taking vitals. The patient was pretty banged up. He had been in a motor vehicle collision and sustained some deep extremity lacerations with a deformed wrist. It was only my second time to manage a patient so I ran through the rest of the procedure in my head: roll the patient, palpate the back and assess the rectum, get a portable chest x-ray, wheel the patient to the CT scanner, finish assessment. Pretty straightforward, I had watched it done at least fifty times by now. And when it was all said and done and I walked back to the trauma pit to do paperwork I had a remarkable realization. I had made it. I was finally the doctor, the one standing at the head of the bed managing the system for the betterment of the patient and I had not even realized it. Beneath the layers and layers of study hours, grades, tests, feelings of ignorance, and failures I finally was given the responsibility of caring for a patient in desperate need.

Third year of medical school is an introduction to the incredible privilege we have to use science to treat suffering people. Don’t treat third year as simply another hurdle to finishing medical school or as another arduous task to perform but instead work hard to cherish every single opportunity. May we all, through all of the challenges that medical school can pile on us, never forget this privilege and daily be thankful for every moment clinical medicine has to offer.

Robby Robinett
Dear 3rd year,

Congrats on making it through the first ½ of med school! It’s easy to forget what an accomplishment that is, but you really have done something exceptional. Now you get to start 3rd year, where you really learn to take care of people and you have the privilege of helping people when they’re in need. You’ve earned that right.

I’ll try to keep this concise, like a good progress note.

Hardwork: 3rd year is full of competing demands. You learn excellent patient care by being in the hospital, but you learn knowledge for your tests from your books. On top of that you want to have a life outside of medicine. Although it gets tough going to ‘work’ day in and day out when you also have a test to prepare for, I would recommend not shirking on clinic responsibilities. This is when we start establishing habits for patient care. When we’re done with training, we will only have a test every 7 years or so, but we’ll be taking care of patients every day. Find the doctors you want to emulate and stick with those. Don’t get discouraged with the politics that get in the way patient care, but find a way around them.

Studying: It’s totally different from basic science years. Read on your patients but have a plan for how to prepare for your test. It was a hard transition, but ask people what they used. It’s a good idea to look at the learning objectives to base your study plan.

Remember some patients will stick with you, and give you a chance to learn. It’s a gift they’ve given to you. You don’t see “crazy” cases everyday so if you see one, you have to remember it. The next time you’ll be ready.

If you’re being pimped, a great response is “I don’t know but let me do a quick presentation on it tomorrow.” Sometimes they pimp you because they need a refresher. Of course you’d like to know the answer, but we don’t know everything. We’re still learning.

I’m not sure this is as concise as a good progress note should be. Honestly, it’s hard to prepare for 3rd year and it’s impossible to know how it will change you. It’s a fantastic ride and I hope you’re looking forward to it. Please remember the privilege it is to take care of patients. An attending recently said, “I went to school for 27 years so that a patient will let me do whatever I want to their body. We must help and we have to remember we can harm.”

Best of luck!

Jillian Rushing
Dear “Rising 3rd years,”

First, congrats on getting this far! I remember the first two years as slaving away over books, confusing slide presentations, and the occasional less-than-exciting-lecturer. I think the best thing about 3rd year is how immensely different it is from the first two years.

First, take all advice with a grain of salt. Our experiences are all different. Use the advice to be more prepared for a rotation, but don’t let it color your opinion until you’ve experienced it for yourself.

From here on out, it’s all about people—whether they be attendings, fellow classmates, residents, or ultimately, patients. The golden rule is “treat others how you would like to be treated.” It’s true that 3rd year is full of stress and new challenges. Don’t let that be an excuse to ruin anyone else’s day by poor interactions.

Keep snacks and spare cash in your pockets. On trauma call, carry scissors, tape, and maybe a few sutures.

Try not to hate a rotation before you’ve even started it—you just might like it. And, it’s no fun to hate something for 6 or more weeks. Every rotation will teach you something that you will use, no matter which specialty you go into. Yes, even ophthalmologists have to deal with depressed and anxious people. And if you still don’t like it, find a mental happy place.

Study by reading about your patients. Don’t be afraid to ask patients about their experiences with chronic illnesses. Ask them about their history, how they presented. Ask them how they manage or don’t manage lifestyle changes. Ask them what has been good about their experience and what has been bad. Always try to deliver news to your patients, and see them throughout the day, especially if you’re on medicine. Bring patients extra blankets if they’re cold. They’ll appreciate it.

If your scrub top is long, roll up your sleeves or else you’ll get soaked when you scrub.

Step up! This especially goes for anyone rotating down at the RAHC. You really need to take initiative because there isn’t always a resident to show you the way. Ask lots of questions—no one will berate you for it. Practice surgical skills on your own, and ask if you can assist. Most of the time, the answer will be yes. “Yes, you can deliver that baby.” “Would you like to remove the appendix?” “Why don’t you go start an IV?” “Want to intubate?”

Reflect. You get to see, hear, smell, and touch some amazing things during 3rd year. If you’re tasting, then you probably should have practiced medicine in another era.

Lastly, never forget how lucky you are to have the opportunity to care for people and their health needs. While we’ve all worked hard to get to where we are, we’re still incredibly lucky to be allowed to ask the personal questions, perform invasive exam skills, and determine what path one’s life may take. Remember and reflect on how much influence we have in peoples’ lives, and never abuse this privilege.

Good luck! The best is about to start!

Summer Scavone
Dear MS3,

I sincerely wish you well this coming year. You have a difficult year ahead, but it is also your year to shine. Seize this year. Learn from my mistakes and benefit from my experience so that you may be successful as an MS3 and ultimately as a physician.

Becoming a great resident/doctor

1) **Imitate excellence**: You will work with many doctors. Some will be amazing, some good, and some mediocre. When given the option, identify who is amazing and request that specific doctor by emailing the course coordinators. You won’t have the option every time, but asking never hurts. Regardless who you work under, there is something to learn from every doctor. Identify which qualities constitute a successful physician and cultivate those: friendliness, punctuality, dedications to detail, etc. Likewise, identify qualities that make some doctors less effective and weed those habits out: rude attitude, disregard for patients, etc. This year, pick and choose what kind of doctor you want to be from your first-hand experiences and practice being that kind doctor.

2) **Practice medicine**: Medical acumen is built by experience and practice. This means you can only become good at what you do, so do everything as much as you can. Ask to do paperwork, take histories, close incisions, and deliver babies. You can learn indications and complications in books but you need to get your hands dirty if you want that knowledge to be useful.

3) **Fuel yourself**: Third year is a grind. There is a lot to learn and many hours to work. The following are investments that pay off in the long run with energy, motivation, and focus to attack every day as it comes.
   
   A) Eat healthier food and eat adequately. Give your body what it needs and don’t gum it up with junk.  
   B) Sleep eight hours a day whenever possible, even if you don’t have to work the next day. Permanently adjusting to an earlier sleep schedule will benefit you this year for the many rotations that require you to show up early.  
   C) Exercise your body. Endorphins relieve psychological stress. Activity leads to energy.  
   D) Interact with friends and family. You need people in your life to maintain your sanity and humanity.  
   E) Meditate/Pray every day. Pause every day. Remember who you are. Remember what you have been blessed with. Remember why you are doing what you do.

Making the grades on exams and evaluations

1) **Plan and organize**: at the beginning of the rotation read the syllabus twice to make sure you understand what is required of you and when. Put a schedule in your phone. Make a study plan so you know what you need to accomplish every week to cover the material for the exam at the end.

2) **Develop the Attitude**: So much of the evaluations are about the attitude you bring. Yes answering questions is important, but knowledge and skills are one small component. Be nice to everyone! Don’t whine! Smile! Be eager! Be punctual! Essentially imagine what a good worker would do and do that. Imagine the personality people like to be around and be that.

3) **Ask**: Ask other students which books are high yield. Ask what you need to know. The first day with an attending ask what is expected of you. Ask what other successful students did. Ask how to do procedures. When in doubt, find someone to ask.

*Dustin Stidger*
My fellow colleague,

Congratulations on finishing first and second year! If you have decided to be a full-time RAHC student, you have made a wise choice. Spending my third year in the valley has been the best decision I’ve made in medical school. Although you may have more free time during your third year, do not be fooled into thinking that you will work less at the RAHC. As with anything else, every rotation will be what you make of it.

Tips to live by:

1. **Work hard.** Third year is about working hard to get the most out of your clerkships. If your attending does not give you as much responsibility, be sure you ask for more. Remember the places you will be are not academic centers, and often times physicians need to be reminded that you want more responsibility.

2. **Study hard.** You’re going to have more time in certain clerkships to study. On others, you might find yourself working long hours with little time. Whatever the case, study hard, not only for your shelf, but for the rotation. Use your time wisely. You’ll be glad you did when the shelf exam comes around.

3. **Don’t be afraid to ask.** One thing I learned early on in the year is to ask to do more if you are interested in a specific area. There is always room to do more; get more hands on, especially at the RAHC. I became comfortable enough in my surgical skills that I even managed to be the operating surgeon on a plastic surgery with my attending as my assistant...not many third year students get that privilege. Again, don’t be afraid to ask.

4. **Take advantage of the support at the RAHC.** Never have I felt more welcomed in a school than at the RAHC. Everyone from the dean to the academic coordinators to the librarians and security officers welcomes you from day one. Take advantage of their help, it’s something that’s not as available to students in San Antonio. The police officer even took me to the airport one day when I didn’t have a ride. There is something to be said for nice people...and you will find them here.

5. **Learn from your attendings.** They have been in practice for many years. Some are in private practice others are in community centers. Don’t be afraid to ask about their specialty, their preferences and their advice. These doctors have chosen to work with students; they want to impart their wisdom to you. It’s a great time to also learn how you want OR do not want to practice later in life.

6. **Be professional.** Not much to be said, we are in a professional career. Whether you are in clinic, in the OR, or in class, respect those you work with and remember the work everyone else puts in to make sure we have a good learning experience.

7. **Have fun! Relax!** Enjoy! Be social! The beach is 45 minutes away. I’ve gone to the beach many times with friends, but I’ve also enjoyed going by myself after work, for a few hours, to relax, or read a book. Remember there’s more to life than just work and studying. Being at the RAHC allows you to live a well-balanced life, and a well-balanced life makes you a happier person.

Wishing you the best,

*Aida Vigil*