

A photograph of a person wearing a light blue lab coat, holding a stack of papers. The person's arm and hand are visible, gripping the papers. The background is blurred, showing what appears to be a laboratory or clinical setting with other people in white coats.

Letters to a third-year student

from The Class of 2006
School of Medicine
University of Texas Health
Science Center at San Antonio



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THE CENTER FOR
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“There is 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

Foreword

Abraham Verghese, MD

Letters to a Third-Year Student

Anonymous	1-9
Steve Appleton	10
Shannon Austin.....	11
Nivin Aziz	12
Jammie Barnes	13
Jack H. Betts.....	14
Jason A. Bocker.....	15
Julia Chen.....	16
Dair Chevalier.....	17
Reena Chokshi	18
Cassy DiRuzzo	19
Dorothy Dow	20
Ben DuBois	22
Alex Flores	23
Josh Fox	25
Jennie Fuller,	27
Zarema Singson,	
Kristi Tough	
Cassidy Gillaspie	28
Jamie Goodall	29
Michele Hughes	30
Gina Mapes Jetter	31
Dominique Kalil	32
Stephanie Kelley	33
Fahad Khan	34
Alyson Kirchner	35
Cathy Lin	36
Hector Lopez	37
David W. McDermott, Jr. ..	38
Emily Y. McLaurin.....	39
Brian Pallohusky	40
Shreya Patel.....	41
Angela S. Peng	42
Emi Ponce de Souza	43
Daniel Porter	44
Tricia Punsalan	45
Jeff Schmidt	47
Kenneth D. Schronk, Jr.	48
Kavita Sharma.....	50
Tracee Short.....	52
Reed J. Skinner.....	53
Lena Vasquez	54
Dawn Vo	55
Ava Williamson	56
Emily A. Van Beveren.....	57

Foreword

Dear Third-Year Student:

I feel privileged to write this Foreword and wish I had received something like this from my seniors when I made the transition to the wards.

I recall many different emotions on first entering the hospital as a third-year student. I remember the need to suspend my disbelief that the things I had only read about actually happened: that people did, in fact, come in with pleuritic chest pain or sudden loss of speech, or vomiting blood. My bias was so strong toward normal function that I found myself resisting the evidence for abnormal function when it was staring me in the face. (Now, it is exactly the opposite. I see disease in the checkout line of the supermarket. I don't know how to turn it off.)

I remember, too, that nothing seemed quite as neat as when it was packaged for us in the first and second years. For instance, cirrhosis did not write itself on the patient's forehead but instead manifested with thrombocytopenia or unexplained vomiting of blood, so that the last thing that came to my inexperienced mind was cirrhosis. It seemed like magic when clinicians took a sign or symptom and seemed to imagine the remaining pieces of the puzzle, and piece it together before our eyes. And I was surprised there was no rule that a patient could only have one disease at a time. That seemed really unfair.

I think we had, on entering the third year, invested the wards as a place of great mystery, excitement, danger and romance. Although all those qualities are so very much there for me some 30 years later, I realized early on that the excitement, romance and passion of clinical medicine would have to be something that I needed to cultivate and keep alive for myself. The day-to-day work of medicine can seem quite the opposite of romantic and can quickly seem like drudgery (if you let it), no matter what specialty you are in.

It is exceedingly human when you are first exposed to the shocking, sad and unbelievable suffering of others to try to protect yourself from it, to isolate it, to save yourself from despair. You might see doctors many years your senior project a cynicism, a ghoulish humor. Don't be too harsh on them; they are simply adopting one means of defense. However, my hope would be that you deal with these emotions by talking about what you are feeling with people you trust, talk about how shocking certain things are, about how you are moved by what you see. Look on the wards for people you admire—nurses, ward clerks, physicians, volunteers, family members and particularly patients—who seem to deal with suffering with equanimity and grace and compassion. They have found a way to be caring, and it is wise to emulate them. Whatever style of dealing with patients you see and are tempted to adopt, ask yourself if you would wish that style or that kind of care for your own father and mother. If the answer is no, then it's easy: don't emulate it.

Ultimately, however, you will forge your own way. You will extract the wisdom from your own experience, and it will become part of your persona, of how you face the world as a physician. To paraphrase William Carlos Williams, this is what you will fall back on more than science or technology in dealing with individual patients, this is your most important instrument: your sense of self and your way of being with and understanding the needs of others.

I hope that in years to come, you will be willing to share that with those who come after you just as your seniors have done in this compilation. I wish you all the best in this exciting transition.

Abraham Verghese, MD, MACP, Dsc (Hon)
Joaquin Cigarroa Jr. Chair and Marvin Forland Distinguished Professor
Director, Center for Medical Humanities and Ethics

Dear Third-Year Medical Student:

I AM SO EXCITED FOR YOU! This next year, you are going to have the privilege of doing and seeing things you never dreamed you would do or see...every day!

You will learn to love the title, “student doctor,” which you hated using to introduce yourself in your rare patient encounters during the first two years of medical school. I remember when I first uttered the words, “Hello, ma’am, I’m student doctor so-and-so...,” and then cringed as I expected the patient to be exasperated at the thought of being examined by a student and angrily chase me out of the room. I quickly learned to introduce myself with confidence, as I found patients happy to meet me despite my being a student and eager to share their stories with me. The title gives one the freedom to examine, explain, and counsel and, always, to have the freedom to answer questions with, “I don’t know the answer to that question, but I will talk to my resident about it.” Besides, many of the patients mistakenly refer to the resident physicians as “students” as well, which always made me chuckle a little on the inside.

Somehow, mysteriously, the title “student doctor” gives patients enough confidence that they will allow you freedom with their bodies in ways that they would allow no other human being. How many times did I wonder at the Urology resident asking the patient, “Do you mind if the student examines your prostate as well?” and even more when the patient answered, “No, of course not.” I remember almost coming to tears myself as I tortured a poor elderly man by repeatedly shoving a KY jelly covered plastic tube into his nose with the blind hope of somehow reaching his stomach, and through my barrage of apologies, after finally giving up, hearing: “Thanks for trying, Doctor. We’ll get it next time.” I remember being in the ED cleaning and suturing slash wounds on a burly, tattooed gang-banger’s arms after a knife fight and being amazed at hearing him respond to my bumbling advice for anger-management counseling with “Yes, sir” and “No, sir.”

Perhaps, the greatest privilege you will have as a “student doctor” and part of the patient care team is the trust of your patients. Sadly, you will see some of your role models, residents and faculty alike, take this for granted. Of course, it is easy to become jaded and take on the attitude that these patients, especially those who do not pay for their health care, should be a little more grateful for all the work you are doing and sacrifices you are making for them, or that they should quit wasting your time with their inconsequential problems. It’s a natural human response, but seated deeply in pride and the greatest ugliness of which our nature is capable.

I hope you will learn, as I eventually did, that these patients are indeed paying-- and paying dearly. Of course, it is not the type of payment that fills the hospital coffers or the doctors’ pockets, but to say it costs a person nothing to become a patient is ridiculous. First, to become a patient is to admit one needs help, to admit that one’s body is on a course toward suffering or death and that one needs others to fight them off. Next, despite lofty ideas of patient autonomy, becoming a patient means handing over one’s freedom to be in control, either to be locked up in a hospital for days or to be placed naked on an operating room table and opened from stem to stern. And finally being a patient sometimes means handing over one’s whole future as it was imagined, sometimes all at once when the doctor says, “I’m afraid there’s nothing more we can do.” It is costly to become a patient, and perhaps it is we who are the ungrateful ones after all.

So when you introduce yourself, “Hi, I’m student doctor so-and-so,” and the patient reaches up to shake your hand as a sign initiating your relationship, I pray that you will take to heart all that this simple handshake signifies. I am so grateful to each of the patients who took my hand and placed in it their trust: for Ms. G who allowed me to probe deeply into her past of abuse and shame; for Mr. E who allowed me to put my arm around him as he told me stories from war as lung cancer slowly obliterated his final patent airway; for Ms. L who allowed me to hold her hand and offer tissues and tears as she mourned the loss of the baby that lay dead in her womb; for Mr. F who allowed me to sit with him daily as we shared what we were learning from the Bible and he prepared to meet his Savior because of inoperable pancreatic cancer; for Ms. S who lay in the ED and allowed me to tell her how valuable she is to me, her family, and to God as my colleague sutured self-inflicted slash wounds on her wrists; for Mr. G who simply nodded at me and allowed me to whisper words of peace as a ruptured esophageal cancer ushered him into eternity before my eyes. These and so many more I will always have with me and will always owe an unspeakable debt of gratitude.

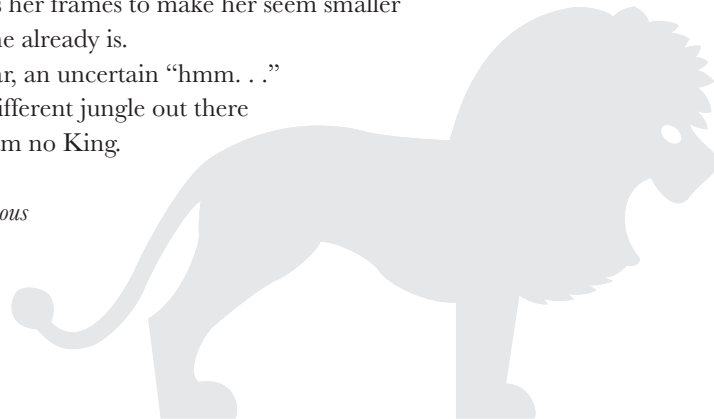
I am excited for you. Congratulations for making it this far, and get ready for the experience of a lifetime. It will be a great year!

Very Sincerely, Anonymous

Dear Third-Year Student:
Here is a poem about third year. . . .

I'D BE SPRAWLED in my seat
all 1st year
near the cover of my books and pack
searching around during lecture for something interesting
and finding nothing.
I'd stretch and yawn
Feeling like a young lion in the midday Serengeti.
I batted around definitions and differential diagnoses
like so many little prey
solely out of lackadaisical amusement
I could kill them with one swipe
if I wanted to
but why bother?
2nd year brought the USMLE
but out of brute strength
not even finishing one book on the subject
I passed and roared with smirking triumph.
And then third year came...
I was an accomplished hunter of diseases
(out of choices a through e)
but in the field I was overwhelmed
I'd forgone learning before
I now needed tricks, how to seek out the prey
monitor its habits and
anticipate its next move.
Instead of practicing ruling over the small prey
lessons my teachers had given me
I idly played with them
and then let them escape.
Now the lion is gone.
It was all child's play, grandiose imagination
and reality broke the illusion.
I stand in the gray hospital corridor
a young girl in a large white coat that
drowns her frames to make her seem smaller
than she already is.
My roar, an uncertain "hmm. . ."
It's a different jungle out there
and I am no King.

Anonymous



Dear MS 3s,

THE PURPOSE OF THIS LETTER, “Third Year Secrets,” is to offer you some friendly advice, prepare you for some “pimp” questions on the wards, and reveal to you how we vented our third year frustrations (we wrote down these comments). The Secrets format should be familiar to you after plugging through review books. Just to preface, we do not intend to offend you but to educate you on third year etiquette...but we also hope you catch our not-so-subtle sarcasm. Enjoy and good luck!

KEETON’S RULES (EXPANDED):

- Be on time
- Be happy
- Be humble
- Be ready
- Don’t complain
- Have granola bars on you at all times
- Have caffeine readily accessible day and night

INTERNAL MEDICINE

- Best CD for the rotation: Poi Dog Pondering/Clinic – *Internal Wrangler*
- Best movie: *His Girl Friday*
- Best non-medical book: *War and Peace* by Leo Tolstoy (equals the mental masturbation necessary during this rotation and while reading Harrison’s)
- What will the Residents expect from you? Retrieve CXRs, labs, CT/MRI reads, deliver Thai food on call nights, walk patients in the hallway, know Spanish for your Hispanic patients, journal hunting, know Swahili for your one Tanzanian patient, present vitals in the correct (resident-dependent) order, a 311-pt physical exam on admission (309-pt ones every subsequent day), and “orthopods say the darndest things” anecdotes
- What is EBM? No, not effortless bowel movement, silly! EBM stands for Evidence-Based Medicine, and it is the guiding theme of IM. You should probably be able to recite verbatim multiple articles cited on PubMed from 1996-2005 on condition “blah”, dates, page numbers, authors, university affiliates, and prospective studies...all during morning rounds.
- How long do rounds last? In a recent medical student poll, IM placed first in most time spent on rounds with a mean time of 4.37 hours (with the exception of a few attendings, who clocked speedy 35 minute rounds on 20 patients, but then spent 3 hours discussing helicopter propellers – a.k.a. really important information for the IM shelf exam!).
- Note writing dos and don’ts:
 - Do not describe wounds as “pussy”; instead try “purulent”...it just sounds better.
 - Do not describe palmar erythema as “rosy palms”...people interpret this funny.
 - Do write at least 14 problems in the problem list per patient...otherwise you’re just not trying!
 - Do type until the computer deems that your note is done. . .you’ve reached the 5,000 character limit.

OB/GYN

- Best CD: Alanis Morissette - *Jagged Little Pill / Flaming Lips – Yoshimi Battles the Pink Robots*
- Best movie: *Bridget Jones’s Diary*
- Best non-medical book: *The Vagina Monologues*
- What is the answer to any question involving abdominal pain? Ectopic pregnancy

(continued next page)

- What is the answer to any question with low Beta-hCG levels? Ectopic pregnancy
- What is the answer to any question with acute onset of abdominal pain? Ruptured ectopic pregnancy (do you get the point?)
- What is the EBL (estimated blood loss) of any and every c-section? 750 ml, anything greater in the vacuum canisters must be saline.
- How do you properly retract during vaginal hysterectomies? Do not retract to your full potential at the beginning because you will continually be asked for more during the next 90 minutes.
- What is your name on the OB/GYN rotation? Medical Student....no exceptions, you will not be addressed by the name on your birth certificate
- Is Dr. Xenakis really that into me? No, she winks at everybody.
- Things not to say during the OB/GYN rotation? “When are you expecting?” – not all patients are pregnant, remember GYN! “Who’s your daddy?” – obviously bad form. Embarazada does not mean “embarrassed” in Spanish.
- NO BABY TALK!! (that’s just annoying)

PSYCHIATRY

- Best CD: Pink Floyd - *Dark Side of the Moon*
- Best movie: *What About Bob?*
- Best non-medical book: *Prozac Nation* by Elizabeth Wurtzel
- Which antipsychotic is your best friend? Haldol 60mg po bid
- What do you do if a patient asks you to pledge to planet Zanalulu in honor of his great master chief Luxor's arrival on the 7th floor ward milieu? Just do it, don't ask questions.
- Logistically, how do I interview patients? Always leave the patient, and yourself, an escape route.
- What will I learn about the general populace from this rotation? If you don't have at least 1 or 2 DSM-IV traits, you're not very interesting.
- How can I expect myself to change during the rotation? Aside from the strange sleep/wake cycle experiments performed on my cat and linking all human behavior back to selective breeding, I don't think we change at all. In conclusion, my cat is über-crazy!

SURGERY

- Best CD: AC/DC – *Highway To Hell*
- Best movie: *Old School* (it will be quoted, often)
- Best non-medical book: *Complications* by Atul Gawande
- Who is your nemesis during the rotation? Any scrub nurse.
- How can I fit in with the surgeons in the OR? Brush up on dirty jokes and correct delivery of profanity...and no, “poop” does not count!

- What does Dr. Sirinek call every female medical student? Zelda. Please do not inquire why he does this.
- Where do I sleep on those long call nights? Sleeping is for the weak, but if you must, the 11th floor recycles refrigerator boxes on Thursdays...only if you're oh so lucky!
- Things not to do on the surgery rotation:
 - Do not touch the Mayo tray (tray with instruments controlled by scrub tech) - unless you wanna get slapped!
 - Do not sing out loud in the OR.
 - Do not fall asleep retracting - just keep dancing to the music...in your head.
 - Do not play Halo with the orthopedic residents - they get mad when you win!

PEDIATRICS

- Best CD: *Barney's Favorites*, Vol. 2 (Vol. 1 is sooo lame!)
- Best movie: *Patch Adams*
- Best non-medical book: *The VeggieTales Series*
- Remember the old adage “Kids are not small adults but some doctors are.”
- H&P tips:
 - Neonates do NOT talk, and cooing and babbles do NOT count for the HPI. Thus, you need to talk to the parents.
 - You will not crush the baby during the physical exam, but you may need 5 people to hold the kid down to look in the ears.
 - Please do not repeat the Moro reflex more than 3 times on the child, even though it's so cute!
 - Meconium happens, move on.

FAMILY MEDICINE

- Best CD: *Billboard Family Christmas Classics*
- Best movie: *National Lampoon's Christmas Vacation*
- Best non-medical book: *Sin City: Family Values* (Book 5) by Frank Miller
- No matter what you're interested in, FP's do it, so take advantage.
- How do FP's prescribe meds? Start low, go slow.
- Why are there so many out of town spots? I don't know, but go to McAllen!
- Where do I eat if I go to McAllen? El Mirador for Botadas or Kumori for sushi.
- When do I have fun during 3rd year? During the Family Medicine rotation
- The Blockbuster Rental Club was designed for the FP rotation.
- When planning to skip Friday lectures, first make sure the clerkship director is not on your flight out of town.
- Who's the Yoda of yoga? Dr. Usatine, the best he is hmmm!

Two Anonymous Medical Students

Dear 3rd Year Medical Student,

YOU FINALLY GET TO DON your white sport coat and play doctor in the hospital. To me, at first, it all seemed a bit trivial: Who was I to tell patients about their health care and did my presence make any difference other than to annoy residents and nurses?

It is a daunting task, transitioning from books to real patients, but it is a task that will change your perspective immensely. I remember one of my first patients was a woman who had CREST syndrome. That's right, you remember what that is don't you? Reading about the disease progression and prognosis is one thing, but actually telling someone what's going to happen to her is completely different. As a third year, you generally won't break big news to patients, but you often have the most time to spend them, so you are faced with answering a lot of questions. In talking to this patient about the multitude of tests and the multitude of their results, I realized how much of a difference I actually did make. Not as the person who was going to save her life in some dramatic fashion like on some TV show but by just listening and talking with her to provide her some ease from a disease that had suddenly thrown a kink in her life.

Personally, I could relate to her after having my own health problems while in school. It was terrifying not knowing what was wrong with me and sitting for countless hours, alone in a barren hospital room. My overworked doctor would pop in and speak to me as succinctly and quickly as he could, answers questions in the same manner and dash off before I could think of anything else. To make matters worse, I was a medical student, which meant I sat there for countless hours diagnosing myself with the most obscure diseases only encountered in pathology class or some remote village in Africa. I realized that one of the most important things to someone who is ill is the peace of mind provided by someone checking on you often and with the time to answer all your questions.

One of your biggest roles as a student next year will be to try to take on the position of liaison. Attendings and residents often don't have time to spend with your patients, and your responsibilities will include helping to explain to them what is happening and trying to ease their minds. It is a tough role, and I often questioned myself, wondering whether I should really be the one to discuss their health condition. However, it is a role you must learn to take, for soon you will be the resident or attending. Mistakes will happen, and there will be times when you tell people the wrong information, but as someone once told me, 3rd year med students aren't important enough to kill people.

As you transition into your clinical years, the most important things to focus on are to learn about diseases as they appear in real people and learn to become a true caregiver who listens and takes time with his or her patients. This is truly one of the few years of your life where you will have the luxury of spending time with all your patients, and you will learn much from them. Eat when you can, sleep when you can and try to have some semblance of life outside of the hospital.

Sincerely,

A Rejuvenated, Burned-Out Student

Who Finally Realized Why He Is Doing All This

To the MS 3 during a time when you feel you know nothing:

Here is a list of abbreviations that you will be expected to know for various services.

MEDICINE

CTAB	clear to auscultation bilaterally
RRR	regular rate rhythmic
M/g/r	murmurs/gallops/rubs
C/w/r	crackles/wheezes/rhonci
TTP	tender to palpation

PEDS

CR<2s	capillary refill <2 sec
AFSF	anterior fontanelle soft and flat
HC/FOC	HC aka Fronto-occipital circumference
AC	abdominal circumference
MAEW	moving all extremities well

SURGERY

C/D/I	clean/dry/intact
DP	dorsalis pedis or Doppler
EBL	estimated blood loss

OB/GYN

LTCS	low-transverse c-section
Lmp	last menstrual period
EMB	endometrial biopsy
VB	vaginal bleeding
CTX	contractions
LOF	leakage of fluids
FM	fetal movement

PSYCH

AVH	audio visual hallucinations
C/l/gd	coherent/logical/goal-directed
Foi/la	flight of ideas/loose associations
MS	mental status

These are only a few of the things you will come across, but at least now, you won't be as clueless. There will be plenty of time when you just won't know, so in that case, ASK!

Good luck!

Anonymous

Dear Third-Years,

GOOD LUCK. Looking back, I remember how it began, not knowing what to expect and wondering whether I would do well on my rotations, pass my exams, or kill someone in the process of learning how to take care of patients in my third year. What I've learned is that I still don't know how to take care of patients, that it's okay (just don't tell your family...), and that you'll be in training for a long time. A doctor is not made in a year, but over several years, so it's okay not to know everything right now.

Rather know what is important in your life, and set your priorities: don't forget family, friends, pets, and loved ones. There will be times when you are frustrated, and there is a darker side to medicine to which some people are just too happy to introduce you. (Before entering med school, I didn't get *THE HOUSE OF GOD*, but now that third year is over, I can actually relate, and that scares me sometimes). Some interns will get you down. But remember what brought you in here, and remember that patients are people, like us, who need help--not "hits" or practice dummies for procedures.

There will be many times when you bond with your patients and realize you are making a difference. They trust you, they pull you aside to thank you, they smile when you walk in (unless it's before 8am, and they just want to sleep), and they draw pictures for you of their pet turtles whose names are something like Purple.

There will be many times when you will be a source of humor for many attendings and residents. They might give you nicknames like "Smurf" (if you accidentally cover yourself with methylene blue). Take it all in stride. That's all we've got. And it's something you'll have to do to understand.

Anonymous

Letter to a 3rd Year:

IF YOU ARE AS STUBBORN AS I, and enjoy finding your own path and not adhering to the wishes of others, then chances are you would not be reading something like this in the first place.

However, please take this food for thought. Even though I had been around medicine before med school, I didn't have any idea that this year would involve the immense personal growth and broadening of mind and heart as it has. Coming from the end of second year, I had no idea what I was in for.

I could give you a laundry list of things to do or not to do, but I'll spare you the silliness. If I could give you only one piece of advice, I would tell you to simply remember the person you were when you came to medical school, and as Shakespeare writes in Hamlet, "To thine own self be true." Remember why you wanted to do this, and why you have chosen this profession.

No matter what kind of doctor you want to be, third year can be extremely painful if you don't heed such advice. Don't give into other's complaints of silly details, and don't be so fearful of an attending thinking that you fail to give him or her your best (or worse, hurt another student in your greediness). Right now, many of you cannot imagine seeing yourself or your classmates take such action. However, in chaotic, stressful environments, when you are tired all the time, you will be amazed at the behavior of those around you.

Remember the rules your mother taught you, because without them you will not go far in 3rd year. Above all else, have fun. Otherwise, it's just not worth it.

Anonymous

Dear MS3,

AS YOU EMBARK on the year to come, the best attitude is to be positive and be interested in learning. You have spent many hours studying from endless textbooks and syllabi, wondering if you will ever use this information. As third year progresses, all that information becomes very valuable and can even be applied.

Let me share an experience I had as a third-year that was a valuable learning experience. On my first rotation, my fifth patient, an elderly male, was assigned to me. When I went into the patient's room ready to do a history and physical, little did I know what I was really getting into. I introduced myself, and Mr. S refused to shake my hand or talk to me. I excused myself, went back to my intern to report that the patient refused to talk to me. My intern told me to keep trying. On my third attempt, I took another medical student, who happened to be male. This time when we went into the room, my patient began talking to the other student. When asked why he would not talk to me, he said that he was sexist and hated females. I was shocked and unprepared to deal with such a situation. I stepped outside again, took some deep breaths, and went back again into the patient room. I explained to Mr. S that I would be taking care of him, and if he would like to refuse care, he was welcome to. He mumbled to himself, and I left the room. The next morning, I dreaded going to his room, but I forced myself without complaining. Mr. S replied to my questions with one-word answers, but, at least, it was a start. As the days progressed, he opened up to me, even complimenting me in front of the attending. When he left, he told me that he was impressed with the way I handled him and his attitude, and he was really happy with the care he received in the hospital. I guess the point of this story is that you never know what will happen. Every day is a new day for learning, so keep an open mind, positive attitude, and work hard.

Pearls for each rotation:

Internal Medicine: Try to be a detailed oriented as possible. This is the time to let your OCD personality shine through. Read the pocket medicine book prior to presenting your patient in the morning, and realize that you will not know the answers to all questions. Go to Dr.

Kosub if you have any problems; it doesn't reflect badly on you, and she is there to help the rotation be a learning experience. Ask someone in the class above you to teach you how to write a good progress note and present a patient. Be confident, and don't be afraid to say the wrong answer but make guesses. Even if you are wrong, try. Try to make the best of this rotation because the information you acquire here will help you through your other rotations.

Family Practice: Try to eat, sleep, work out, travel, and spend time with loved ones. Note that I didn't say study. This rotation is the time for you to take a break from the third-year stressors. Dr. Usatine is the most approachable doctor I worked with my entire third year. If you have any questions, ask him.

Pediatrics: To some people, kids are fun; to others, peds is like doing veterinary medicine. Read *Blueprints*.

Surgery: Through the q4 call, the endless pimping, and the feeling of being unappreciated, I told myself that students before me have made it through this rotation, and so can I. Read *NMS Recall* for the midterm and *Surgery Recall* for the midterm and final. Study in the locker room between cases. Try to work with people you know and get along with, or else you are in for a long six weeks.

Psychiatry: "Crazy" patients are extremely interesting. Talk to them when you get the opportunity. Study during the day, so that your nights are free. There is down time.

OB/GYN: This was my most frustrating rotation, since you have to be very aggressive if you want to learn or participate. The department has personalities which I have never witnessed before. Work as a group because your individual work will not stand out. My advice to you is study all you can during the day, so when you come home you have space.

Always keep your loved ones and friends close to you, because they will be there for you when you need to escape the world of medicine. Smile when you can, even though you may be suffering inside. People will treat you differently. Finally, maintain a hobby, so that you maintain your sanity.

Anonymous

Dear Third-Year Student:

FIRST, ENJOY THIRD YEAR: This is the only chance you'll have to do many of the things you'll be doing. Pay attention, and get what you can out of all your experiences. Doing so will help you to become a better communicator and translator for family and friends. I'm confident that anyone else who doesn't have family in the medical field will attest to this. Ask to do things (yes, it's a pain sometimes). It's also tough sometimes to ask questions directly, but always ask where to look things up! Those higher up on the totem pole don't want to be pimped by 3rd years, but asking opinions about references is something that won't put anyone else on the spot. And follow through with looking up info relevant to your patients (especially the more zebra-ish ones). Try to find out anything your classmates have on their out of the ordinary patients as well.

Second, [insert Dr. Keeton's advice here]. For the love of all that is holy, **"don't be late."** Get two more alarms. Place one in a location unattainable from any position while still lying in bed. I would suggest a five-foot buffer area so that baseball bats cannot make contact with said alarm clock from said bed. As for **"work hard,"** see above. I would suggest one thing, however. Get good at working with a PDA. Having the ability to reference material on the fly will amazingly increase the appearance of your intellect. I've been blonde since birth (yes, a learning disability), and only through nearly instantaneous accession of information have I been able to work under the pretense that I know what I am doing. In addition, being able to access that bit of info about some disease, drug, or lab test will significantly add to your stockpile of retained (even long term) information. In my case, I remember about 2% of what I look up, so by constantly viewing information, I will likely remember it after 20-50 viewings as opposed to cramming before an exam. The latter method has the disadvantage of the "post exam stupids" in which some of the subtleties of medicine are occasionally lost via solar and alcoholic degradation. As for the **"never complain"** item of Dr. Keeton's advice: he never said anything about "bitch sessions." Find a few of your classmates to whom you are closest (and trust to stay quiet), and for the sake of all your collective mental health, gripe about school during therapeutic "monotony breaks" such as drives to lunch (with the windows rolled UP). When everyone's doing it collectively and willingly, it is enormously stress relieving. When you "complain," you are subjecting an unwilling individual to your emotional baggage and usually doing so in an environment where the subject of your tongue lashing may be able to overhear you.

"Enjoy yourself." You've got to go through all this anyway; doing so with a good attitude will help save your sanity and that of those around you!

Steve Appleton

Dear Incoming 3rd Years,

AS YOU STUFF YOUR WHITE COAT full of every quick-reference guide and instrument you can get your hands on, as you review your yellow (or green) card over and over and over again...take a deep breath, relax, and remember a few things....

1. This is fun! You've been waiting two long years for this. No more lecture hall. This is the good stuff - real patient interaction. It's easy to get stressed out by the hours, impressing your attendings/residents, and the steep learning curve. Be yourself, work hard, and you'll have a blast.

2. You know more than you think you know. Pimping can be a stressful thing, but the last two years are not in vain. The information is in that brain of yours. . .somewhere. Just go with your gut reaction and say the first thing that comes to mind. It's usually the right answer. And, if not, so what? It shows thinking, and, at least, you said something while everyone else is staring blankly at the attending or resident.

3. Be a team player. Help out your fellow students and residents. It makes everyone look good, work gets done efficiently, and your patients will be taken care of well. You'll be evaluated not only by how much you know but on how well you work with others. Along the same lines, beware of gooning. Don't answer a question that is not directed towards you or the group as a whole. It makes the other student look bad, and you look like a jerk. Give the other student a chance to answer and show what she knows. You'll get your chance to shine, don't worry.

4. Don't forget the world outside the hospital/clinic. You are not just a medical student. Date your spouse, play with your kids, hang out with your friends, keep up with your hobbies. We have a great calling of service to patients, but we won't be able to do our job effectively if we're not healthy ourselves. If you keep your priorities in order (God, Family, School), you'll be blown away by how much easier and better life is.

5. Your patients are real people with their own stories of who they are, where they're from, and what they hope to become. We have an opportunity to be a part of our patients' stories every day. Some days, we may help offer relief from disease, but many days, it's simply talking and listening to them. As medical students, we are learning how to diagnose and treat disease, but we all know how to talk and listen! If we're not careful, we can get so caught up in the technical/teaching side of medicine that we forget the person who must live through our learning experiences. You'll hear it over and over again, but consider yourself or someone you love in the patients' place and treat them accordingly. You'll both be better for it.

Shannon Austin

Dear MS 3,

SO YOU'VE JUMPED THROUGH EVERY HOOP they put in front of you the last two years while still keeping your sanity...well, at least, most of your sanity. I hate to break it to you guys, but there are many more hoops you must jump through, and some may be harder than others. But don't worry. You'll get through it. You're past the two years which are possibly be the most trying times of your life.

So, go ahead and pat yourself on the back. And tell yourself, "Yes, I can do this. I will become a great doctor one day." And when you've been up for over twenty-four hours, when your eyes are burning from a lack of sleep, when you're frustrated because you've been waiting hours for your resident to say those three magic words, "You can go," the evil thoughts of doubt will inevitably creep into your mind.

But remember this day. Remember this moment when you're happy to be done with second year and finally, to do something that is actually related to medicine. . .well, at least most of the time. There will be many times when you won't even know what your role is. But that's okay because everyone has been there. And even though the residents will act as if they don't know what it feels like to be "the medical student," they know. They're just trying to forget, to keep the memory in a dark, hidden place in the back of their minds. And, yes, you will get that dazed and confused look on the first day of every new rotation, but you will adapt faster as the year progresses. And yes, you will feel like an idiot sometimes when you get pimped over and over, but you are here to learn. Don't forget that your residents have years more experience than you do and your attending has even more years under his or her belt than your residents, so don't fret.

Always, always, always remember you are here to learn. And it's okay to forget, you'll get it....eventually. Times will get tough and tiring, but as Dr. Keeton says, the sun will shine tomorrow, and life will go on.

Here are some basic tips:

1. Be a team player, especially with your classmates.
 2. Be humble, even if you do know everything or, at least, think you do.
 3. Work hard.
 4. Be patient.
- And, most importantly,
5. Keep patients your number one priority.

Good luck.

*From a happy fourth year, glad to be done with third year,
Nivin Aziz*

"ONE LAST REMINDER"

Dear Third-Year Student,

ONE DAY WHILE I WAS DRIVING to work at the early hour of 0430 for surgery, I heard a song on the radio which brought tears to my eyes. My emotional letdown could have been attributed to the early hour or the wear and tear on my body, but somehow I do not think that was the cause. You see, I heard the popular song, "*The Reason*" by Hoobastank, and it rang true to my heart, expressing the way I feel about medicine and the patients for whom I care.

So, since I am not a poet or very crafty with words, I borrowed the lyrics from Hoobastank to share with you. Good luck this year and remember why you aspired to become a healer.

"The Reason"
by Hoobastank

i'm not a perfect person. there are many things i wish i didn't do
but i continue learning. i never meant to do those things to you.
and so i have to say before i go, that i just want you to know

i've found a reason for me, to change who i used to be
a reason to start over new, and the reason is you

i'm sorry that i hurt, its something i must live with everyday
and all the pain i put you through, i wish that i could take it all away

and be the one who catches all your tears, that's why i need you to hear

i'm not a perfect person, i never meant to do those things to you
and so i have to say before i go that i just want you to know

i've found a reason for me, to change who i used to be
a reason to start over new, and the reason is you
i've found a reason to show a side of me you didn't know
a reason for all that i do, and the reason is you

Jammie Barnes

Dear Third Year,

GO AHEAD...GET TOO CLOSE. I don't mean putting your face too close to the abscess you are draining and getting a mouth full of pus, or getting too close to the pit boss chair in the trauma pit, or putting your finger too close to your resident's needle so that you will get stuck. I don't mean standing too close to the table during a cesarean section and getting a shoe full of amniotic fluid, or sitting too close to the front during grand rounds. Those seats are for staff.

I mean getting too close to a patient, making a friend. Though you will not be able to choose – they will come to you – it's best if it is someone sick, someone who has multiple opportunities to die, ensuring an emotional roller coaster for you. You may only do this once (because it hurts), but you will learn many valuable lessons not available to those unable or unwilling to do more than read textbooks and have one-sided conversations.

Doing this involves waking each morning with a sense of dread that there may have been an overnight tragedy; feeling frustrated that your new friend is not the team's first priority; spending long nights sitting at his bedside talking; getting to know her family and friends and what their lives were before they had the misfortune to cross paths with you.

It also involves being a source of information, comfort and familiarity to a person who is scared and confused. Answering his questions as best you can and finding the answers if you do not know. Being her advocate and making sure what should get done does and what shouldn't does not. Being a friend when he needs one the most.

All this will wear you down, make you cry, make you ask why and reevaluate your perspective on why things happen and who is really in charge. You will question the system, people's morals, and generally feel very powerless. However, there are rewards to reap. You will know that you have made a difference, that you were important to someone who was scared, that you have made a friend for life.

Regardless of who you are, you will become malleable and will be shaped into a better doctor for your experience. You will learn who your patients are and what they feel. You will learn the other side of medicine. After all, you are treating people, not numbers and diseases. You will see that the decisions that you make can change lives, not only for patients but for families. You will learn, above all, that you must be a person and always find a place for humanism in your practice. The lessons that you learn and the emotions that you feel will stick with you for a lifetime.

So, by all means, get too close.

Good luck, Jack H. Betts

Chief Complaints

HPI: 27 year-old male has depressed mood for 1 year after starting new job. Patient's old job consisted of long hours reading in excessive isolation for 2 years. New job requires working with many people for long hours. Patient is finding it difficult to fit in, especially when he changes departments every 4 to 6 weeks, each time interacting with a new set of people. The patient believes the senior staff in each department harasses him as evidenced by their relentless questioning to which they already know the answers. He is further bothered by a chronic feeling of inadequacy because of formal evaluation every 4 to 6 weeks. He is constantly told he is "average," "needs improvement," and "should read more" by staff who work with him for a few days. Patient feels all this is making him depressed. Patient admits to sleeping only 4 to 5 hours a night. Patient is involved in few extracurricular activities anymore, "just not enough energy." He feels guilty for lies he tells his bosses such as repeatedly telling his senior staff that their department is "the best" and that he "wishes one day to work in this department." He admits to poor concentration and low energy suggested by his inability to stay awake at "morning conferences." His appetite has drastically changed from 20 lb weight increase with previous job to rapid weight loss during the first few months this year. Patient denies suicidal ideation but does admit to occasional thought of homicidal ideation. Patient denies any manic-like symptoms other than occasionally staying up 36 straight hours every fourth day for weeks at a time.

PMH: none

SH: Patient lives alone in one-bedroom apartment. He is single, no significant relationship in over a year and has not been sexually active for some time. No tobacco use. No IVUDU or other illicit drug use. He admits to excessive alcohol consumption on days off from work. Further admits to excessive use of caffeine.

ALL: NKDA

MEDs: none

PE: Vital signs stable
Patient has benign exam.

Mental Status Exam:

A: Patient wearing old pair of green PJs that are wrinkled with multiple stains. Generally he appears slightly distraught, anxious, and unkempt. His hair is long and unstyled. Good eye contact. His speech is regular rate, with increased volume. He is cooperative with examiner.

M: Mood is "low." Affect is full with increased range and intensity.

S: Alert and orientated to person, time, place, and day. Patient has good concentration and calculating ability as evidenced by spelling WORLD forwards then backwards and completing 4 serial 7's from 100.

I: Not formally evaluated but conversation suggests average fund of knowledge.

Tp: Thoughts seem logical and goal-directed with some circumstantial thinking when discussing evaluation process.

Tc: Patient denies auditory and visual hallucinations and denies suicidal ideation. Patient does mention thoughts of hurting others especially some senior staff for "unfair" and "neurotic" behavior.

Labs: Pending

Assessment: 27 year old displays some evidence of major depressive d/o, vs. Bipolar II d/o, vs. dysthymic d/o. However, patient also shows some additional signs and symptoms of excessive complaining, strange sleep habits, erratic weight changes, and poor appearance consistent with a rare psychological phenomenon called MS III. Explain to patient that this strange disease has a fluctuating course. After one year, the symptoms will subside.

Plan: Rule out all other diseases with pertinent Labs/Test: Chem 10, LFTs, amylase, lipase, Lipid profile, UA, ESR, CBC, EKG, CXR, Stress Test, CT of chest and Abd cardiac enzymes.

Explain to patient disease has run its course when the following symptoms, called "4th year," begin:

- 10 weeks of vacations
- make own schedule
- work fewer hours
- sleep more
- discover daylight, the lunch hour, your smile again
- have time to spend with friends
- gain 20lbs, again
- laugh at MS IIIs

Dear MS 3,

CONGRATULATIONS ON FINISHING your first two years of medical school! And welcome to third year! When I ponder my third year experience, I recall the old Charles Dickens quotation, “It was the best of times, it was the worst of times.” Why? Because during third year, you will experience myriad emotions and situations that will pull you in multiple directions. It will be quite an exciting yet challenging time! Third year is like the infamous tunnel with a light at the end. Here is my two cents (plus one) to help you keep things in sight.

1. Perseverance, perseverance, perseverance! Webster’s definition of perseverance is: “To persist in or remain constant to a purpose, idea, or task in the face of obstacles or discouragement.” During third year, there will be many times when you will think, “How many more weeks do I have of this?” or “When can I go home?” or “My resident wants me to do what?” There will be days when you will be so tired that it will be a challenge to open a book, and an even bigger challenge to actually read and remember what is in that book. There will be mornings so early that the coffee at the local gas station will not yet be made! There will be patients who are difficult, staff who are more difficult, and your own pride and expectations that are the most difficult to deal with. There will be many obstacles and discouragements, but perseverance is KEY.

2. Work hard, and have a good attitude! The attendings, residents, and students with whom I enjoy working are the ones who get the job done well and have a positive attitude while doing it. Nobody likes being around grumps, whiners, or complainers. A positive attitude and personality encompass many things, but some of the characteristics I have observed to be especially important during third year are humility, respect, kindness, cheerfulness, selflessness, empathy and a willingness to learn and be taught. Your patients, peers, and superiors will respect you if you can embrace and display these qualities. Smarts and knowledge go far, but hard work and a good attitude go further.

3. Be open and flexible. Surgery was my first third-year clerkship, and before I even started it, I knew I would hate it. Long hours, holding retractors, being tired, getting yelled at. . .surgery had gotten a pretty bad rap from my predecessors. However, at the end of my surgery clerkship, I was quite nostalgic about it all, and I found that I would come to miss good ol’ surgery throughout the year. Another example: after taking biostatistics my second year, I thought I would never lay a hand on research, but two years later, I am at the end of a research project and about to finish up my last year of medical school. If it weren’t for an interesting course and a surprising turn of events during my third year, I might not be where I am now.

Third year will be full of surprises, and how you handle them and adapt to them will truly shape your third year experience.

*Wishing you all the best in third year and beyond,
Julia Chen*

My Friends,

YOU ARE ABOUT TO EMBARK on medical school proper! Although you are wondering if this is worth it, the next year will reinforce the fact that you made the right choice to become a physician. It will be hard work, but now you won't be thinking of grades and competitiveness any more; now, you will be focused on helping people and learning to benefit others. When I say "to benefit others," I mean not only patients but also classmates. Most of you will have at least one other medical student with whom you will be working during your rotations. Please, don't see this as an opportunity to advance yourself in the eyes of others but as an opportunity to work together and represent a class that prides itself on being a team. Some students will be easier to work with, but all students should have the same goals. Help each other out! If you have this attitude, your attending and residents will hold a higher opinion of you; you will actually enjoy yourself because you spend all day with your friends and you provide a valuable service to the community; and (for those who want the hardcore bottom line), the so-called "scutwork" will get done much faster!

Dair's Top Eleven Third-Year Pearls (both concrete and abstract thoughts)

1. Follow Dr. Keeton's 4 rules: they are simple, fail-proof, and essential for next year.
2. Keep a small notebook with you to write down things throughout the day that you need to read about later. Mark it off in your review book as you do. Use the

weekends to read and study everything you haven't read and studied throughout. This way, you won't have to cram at the end of the clerkship.

3. Ask questions. It's so much more confusing when you don't! However, be tactful, and ask yourself if you can look up the answer later, or if it is important enough to bring it up on rounds. For me, it was usually 50/50.

4. It is okay to say, "I don't know." In fact, some attendings see this as a strength, because it is hard to do in front of a group (as long as you don't do it too often). Always try to answer the question to the best of your abilities, but if you really don't know it, you don't know it. You can follow up by saying, "Let me look that up, and I'll tell the team about it tomorrow." You can redeem yourself in 24 hours!

5. When your body tells you that you need sleep, listen! Take time for non-medical school activities throughout the year, or else you'll get burnt out way too quickly! Besides, sleep will actually turn into something wildly fun this year.

6. When everyone gets his or her loan check next month, think about buying an extra white coat. You'll be wearing this nearly everyday, so when you take one to the cleaners, you'll have an extra to fall back on.

7. Get "Maxwell's" next month. Keep it in your pocket, and it will be valuable to you even throughout residency.

8. Know that the VA cafeteria is a cash-only operation, but "The Can," a kind of glorified, tax-free Walgreen's next to the cafeteria on the second floor, does take credit cards, and you can get sodas and chips and stuff there. You always have to know where the food is, especially on surgery!

9. The phrase of the year is "comfortable shoes." A must, a must, a must! This is one area where you don't want to skimp because a synonym for "third-year med student" is "one who stands for long periods of time."

10. Remember to have your ID on you at all times.

11. Finally, there will be times next year that are particularly stressful. You'll be upset, or you'll be tired and anxious. When you feel this way, remember that it is a privilege to be here and that you have an opportunity to mold yourself into whatever you want to become. Also, remember that this is what you asked for two short years ago, and the admissions committee noticed your self-discipline and your promise as a physician. Don't let them down. Work hard, don't ever quit, and everything else will fall into place.

Dair Chevalier MSIII

Shut Up and Deal . . . and a few other bits of advice

IT MAY SEEM HARSH, but sometimes the answer is “shut up and deal.” Not everything will go your way, but it’s likely that you’ll find something good in whatever is handed to you – be it an extra patient when you’re already busy or a rotation you didn’t really want to try. Shut up and deal, and look for the good in it. You’ll be much happier in the end.

Some attendings will just rub you the wrong way. Others might yell at you. Work through it, shake it off, and move along. Everyone has an opinion, and everyone has a bad day once in a while. Remember that there are also those attendings who serve as excellent mentors. The ones who make you want to be in a specific specialty. The ones who teach you so much. The ones that care and ask about your family. Those are the experiences to savor and ruminate over.

Sometimes it will seem like getting out early for the day is really lucky. But remember that time spent outside of the hospital is time that you’re not learning. You only have one chance to do things in this way, where you can take care of patients without being ultimately responsible for their care. Be assertive, stick around, and learn as much as you can. Try to enjoy call.

There will be times where you feel like you’re not doing enough, learning enough, seeing enough. Here’s a suggestion: Try to forget all the medical knowledge you’ve learned since you first walked into this school. Forget what comes after the HPI. Forget what lupus can do to a kidney. Forget the carotid arteries and where they go. Forget how to check for an anterior cruciate ligament tear. I’ll bet you’ll start to see your accomplishments more clearly.

Don’t worry if no field moves you completely. There are still plenty of us in our last rotation still deciding. You WILL ultimately make the right decision for you.

Take care of your body. Endurance is key.

Your life will change. Your perspectives will change. Something will impact you. It may be birth or death or something in between, but whatever it is, it’s an amazing ride.

Patients will want you to hold their hands. They will cry and seek your comfort. They will rejoice their newborn child and let you cut the cord. They will ask that you participate with their surgery. They will drink all the Golytely bowel prep because you asked them to and told them it would be good for them. They will tell you stories about their times in World War II. They will influence you. They will be influenced by you. They will trust you. Use those instances to remember what an honor and privilege it is to be in medicine.

Good luck, and have fun!

Reena Chokshi, Class of 2006

Music

The early morning quiet disturbed
By the shrill cry of an IV pump
Quickly silenced with one deft touch
Allowing him to return to fitful rest

The thumping rhythm of his heart
Calls to mind a grandfather clock
Ticking away so many minutes
Of yet another day to come

The air moves swiftly in and out
His chest like the billows stoking
A fire that will not be extinguished
So long as it is well tended

Churning and gurgling while in action
His intestines at work on today's breakfast
Sounding like a pot of boiling water
Bubbling on the hot stove top

The varied organs like an orchestra
Playing together to form his melody
My ears are privy to this music
The sound of his body at work



Cassy DiRuzzo

My Dear MS 3,

WHAT ADVICE CAN I offer? Well, with a title like *Letters to a Third-Year Student*, I immediately thought of Rainer Maria Rilke. Have you read Rilke's inspiring book, *Letters to a Young Poet*? My first piece of advice is to pick up a copy of this thin yet powerful tome. Read it slowly and carefully. There are great parallels between you and this young poet, as your third year is much about finding yourself and your place on your chosen path.

My best friend gave me the book to read on my travels before entering medical school, and Rilke's invaluable lessons and wise advice continue to resonate with each new venture, each new rotation, each new day. On the journey into the clinics, you will surely have your share of feeling alone, feeling confused about what you want to do with your life, and even questioning why you came here in the first place. You will be challenged by the personalities you encounter and the poverty and pain you never really, really knew existed. You will understand more deeply how these experiences you encounter cannot be fully understood by those who haven't been on this journey. This awareness can leave you feeling lost and lonely, unable to communicate fully your feelings with loved ones.

As Rilke says, you must learn to "go into yourself," and take in, as you are able the unforgettable experiences your patients provide. Take his advice and "write about what your everyday life offers you; describe your sorrows and desires, the thoughts that pass through your mind," and on each rotation, remind yourself of what your ideal doctor does in these situations. In these letters to yourself, you will form your own definition of a great doctor as well as dedicate this vented emotion for a good cause. You can then recall with clarity those rotations which made you happy, those events which made you sad, the demeanor of those whom you admired, and the many lessons you learned from the many mistakes you wish never to repeat.

This year will expose vulnerabilities you've never known. You will realize how fortunate you are to walk, to breathe, to speak, to swallow, and to laugh. And you will walk...a lot. You'll also breathe some not so pleasant odors (each floor of UH has its own scent). You will try your best not to laugh "inappropriately" with your greatest patients (But, it is THE BEST medicine!), and you will have an array of experiences all your own. No drama or reality TV show can do the life of an MS 3 justice. Unbelievably, I write this as a soon-to-be MS4, once again deciding what to be when I grow up and where I want to do that growing up. If you can write your own letters to yourself, the blooming doctor, in solitude and honesty, you will have the best advice for yourself by knowing what you enjoyed and by learning with whom you work best. Be honest with yourself and open-minded, and in the next year, you will begin to discover your own art of medicine.

Looking **BACK**, as we are thoroughly trained by mnemonic, this looking glass says...

Be present, and learn from your team. Each encounter with a new patient, different attending, or the latest intern has the potential to teach you something

(continued next page)

grand. It is up to you to open your mind and learn. Some teams are challenging and some personalities collide, but these are also learning experiences, and you have much power as a team member to boost moral and advocate for your patients.

Ask questions! Ask yourself why this test was ordered or that drug prescribed. Why does your patient have this diagnosis and not another from the differential? You will learn so much from simply being cognizant about the decision-making of your patient's care.

Confidence because you are more than "just a third year" or "just a medical student" if you choose to be. Be passionate in your young doctor role, and remember the many diverse qualities that make you, you. You have your own way of dealing with stress, your own way of communicating, your own ideals and dreams, and all these individual traits culminate into making you a vital presence. You will feel useless and futile, you will be a social worker, a secretary, an annoyance. But, believe it or not, you will be a young doctor to your patients. You are a vital part of the team if you step up to the challenge.

Know thy patient as you know thyself! I promise this will make you shine on rounds, form lasting memories, and enrich your educational experience. No one can spend time with patients like you can, and no one else has the opportunity to learn about the person behind the disease like you do this year. Embrace this gift! When you are irritated by the fact that the next patient is yours and you wanted to go home, ask yourself why you came to medical school. Remind yourself what you are doing here, and what you are becoming when you're missing a Saturday night party while sitting around in a dirty, waist-length white coat, up all night in the pit waiting for trauma, or waiting on the jet plane for the liver transplant. Embrace the power of this time with your thoughts and remember your dreams.

There is a reason you are here, and you really only get this one year to experience the milieu of options. Studying and getting through your review books are important, sleep is a necessity, family and friends are vital, but so, too, is knowing yourself and knowing your patients on a deeper level than the creatine or wbc count. It is no longer about passing the test, or getting through the syllabi twice. It is now about learning an art form. About finding the artistic healer within. About figuring out the burning question...on which medium, in what field, will you practice your art of medicine? Be open to this question.

Next year when you write your letter to a third-year student, you may be surprised at the outcome. Congratulations, class of 2007! Good times are around the bend! Take care of each other and take care of yourselves.

Sincerely, Dorothy Dow

"BOWEL SOUNDS"

Dear Third Year,

I AM GOING TO TELL YOU A STORY. A true story. Something that will, indeed, illustrate the eternal statement... that anything is possible.

A few weeks into my surgery rotation, I learned a valuable lesson regarding the importance of the return of bodily functions after extensive intestinal surgeries. Especially those functions some might consider distasteful or downright funny or just plain unpleasant.

Every morning, as a third year medical student, you will drop in on your patients post-operatively to see how they are progressing. Good bowel sounds auscultated with your stethoscope mean: "He's gettin' there..." The patient farting when you walk into the room means: "Anticipate discharge soon..." The patient having a large bowel movement that morning translates: "He's going home today." And after your pre-rounding, you will round with the rest of the surgery team on all of the patients.

One particularly cheery morning, I think it was about 5:00 AM, our team made its way to Mr. G's room, which sheltered three other veterans who were also post-op and whose eyes had likely seen more trauma on the battlefield than you or I could ever fathom, but the worst of it was, they hadn't quite finished seeing it.

Mr. G had undergone extensive bowel surgery, the specifics of which I do not recall and which don't matter anyhow. He's done with the operation, and he's on the road to recovery. Now the important question is, "How's his bowels doin'?" Our team stood attentively around Mr. G's bed, with the half-awake fluorescent light buzzing above his head and barely giving us the illumination necessary to observe a "well-healing incision."

"How's his bowels doin'?" our fearless chief resident asked.

"Hypoactive at this point, sir," replied my fellow scut monkey.

Mr. G was not in as cheerful a mood as we were at 5:05 AM. The differential diagnosis for his flattened affect was endless...but, this isn't psychiatry...this is surgery, dammit! And we wanna know about his bowel function.

"We'll give him a few more days," our cheery, bright-eyed, fearless chief resident resolved.

"Thump. Thump. Creak. Crack. Thump. Thud," replied an echo above us. Construction workers were getting an early start on their renovation of whatever it was that loomed above the asbestos-laden ceiling tiles in Mr. G and his platoon's room.

The following day, in surgery clinic, I sat happily typing away at a post-op progress note while my courageous chief resident barked out orders to nurses and junior residents nearby.

The phone rang next to me. I picked it up. "Surgery Clinic. This is Ben."

"This is Nurse So-and-So from 4 South. I need to talk to your chief immediately!"

I handed the phone to our chief.

"What's up?...Uh-huh...Yeah...What?...He what?...Oh (insert favorite colorful word here)!"

"I'll be back! Someone's fallen through the ceiling onto Mr. G!"

Since my note was half-completed and since no one would read it anyway, I grabbed my stethoscope and convinced my chief that I should go, too, just in case someone needed his bowel sounds auscultated. The chief agreed with this plan, and we proceeded to 4 South.

Upon arriving at Mr. G's bunker, which now seemed like a war scene, my eyes fell upon the shredded asbestos tiles strewn across an empty bed. The bunker had been vacated by the platoon. My chief turned to me, smiling, and said, "I may have seen it all now."

A construction worker, hard at work on whatever it is they work on in the ceilings, had managed to descend from the heavens, nearly landing on top of Mr. G and barely missing his healing abdomen. The construction worker only suffered a few bruises (ecchymoses, as you know them). What probably saved his life and the life of Mr. G was a metal scaffolding that rose above the bed and that broke most of the construction worker's fall and saved Mr. G from certain doom.

As for Mr. G, he was placed in a new room and outfitted with a new platoon next door. We went in to see him, his family at the bedside to console the war hero after the traumatic events of that morning. He was alert, oriented, sitting in his bed and smiling.

"Well, there's good news, doc," Mr. G said to our stoic chief resident, "You don't have to worry about my bowels anymore...that fella that fell out of the ceiling scared the crap right out of me."

"Congratulations, sir. You get to go home today." Have a great year.

Your pal, Ben

Dear Third Year,

CONGRATULATIONS ON FINALLY reaching this milestone. You have worked hard during your first two years, and you are ready for the wards! This year is an exciting one, and you cannot even imagine the experiences to come. You will experience the thrill of delivering a baby and being the first proud person to hold up the child. You will feel pain when you are present in the room as the doctor breaks the news of breast cancer to your patient. You will see how precious and, at the same time, how precarious life can be. You will realize good health is a gift. You will work incredibly hard. You will push your body to the limit. And you'll be able to endure more than you probably thought possible. Many students before you have done it, and you, too, will succeed during your 3rd year.

Here are my tips for success and words of wisdom:

Being a part of the medical team that takes care of patients is an honor and a privilege. You will ask patients for information that is so personal that no one else would dare ask, but that you are privy to. You will see people at their weakest and most vulnerable moments. As a medical student, you will often be the person to spend the most time with your patient. I encourage you to go back into a patient's room in the afternoon when you're not busy, talk with them for five to ten minutes, and listen-let them express how they are feeling. This may be a great relief for your patient and may be the only time he is heard. He may reveal things to you that the other team members won't know, so be an advocate for your patient. If he is cold and asks for a blanket or she is thirsty and would like some water, take two minutes to find these items – you'll be amazed at the difference you can make to your patient. Although you may often feel like the lowest person on the totem pole, you are capable of greatly impacting your patient's care.

You will interact with many doctors, nurses, and techs – all with different styles and different bedside manners. A select few will inspire you by their sharp clinical skills, by their insights, and, most importantly, by the way they treat every patient with respect and compassion. Observe these people closely, and try to emulate their manner.

At the start of every rotation, ask your chief resident what is expected of the students. Know those expectations, and take responsibility. Also, mid-way through the rotation, ask for feedback and ask how you can improve. It's also good to know who will actually evaluate you at the end of the rotation (it varies). Once you know who that is, try to get some good face time with that person.

Talk to students who have been on rotations before you and get the real scoop. Your fellow classmates have been down in the trenches before you and know how things work on each service. They have fallen into most of the traps and can warn you. They'll have the best tips on how to do the student tasks and what textbooks are helpful. We all want to do well in 3rd year, so help each other out!!

Go into each rotation with a positive attitude, and expect the best. Remember that each specialty has something to teach you, regardless of what field you eventually choose.

Remember you are here to learn! You MUST read – at least a little bit each night. The best way to learn and remember what you have read is to read on your patients and their particular diseases. Not only will it make you look good when your attending pimps you, but you'll have an indelible picture of that patient and that disease. Often you will only have two to four patients to follow, so know everything about your patients: their meds, their past medical histories, and all overnight events. Even down to whether or not your post-op patient has had a bowel movement!

Along the same line, because you are here to learn, you will not know everything. Do not get discouraged when you do not know the answer to a question on rounds, but once the answer is explained to you, make sure to review the material that night and learn it to memory. You will have good days and bad days. You will have days when you will answer everything correctly and will be proud of what you've retained, and other days you will get flustered and feel like you don't know anything. Don't worry! The next day will be better.

Do not forget about the shelf exam at the end of the rotation. For most rotations, this counts for 40% of your grade. Sometimes, everyone on your team will perform well clinically, but what separates the A's from the B's is often the shelf exam.

Be a team member. Get to work early and be eager to work hard. NEVER ask if you can leave early! If you are done with your work, ask what else needs to be done. Offer to help others who are still working – even if that means running to get an order form or checking for an x-ray. Do not leave until you are dismissed by a resident. You can always sit quietly and read.

Watch out for your fellow students! Make sure you have everyone's home and pager numbers. If it's 6:30 a.m. and you don't see your partner and you know he usually gets to work by 6 a.m., give him a call. In the event that he did oversleep, he'll be eternally grateful. And do

what you can while they are en route to help them be ready for rounds, such as getting labs on their patients. They will gladly return the favor.

Try to keep up your spirits at all times, and try to be friendly, helpful and enthusiastic. Speak respectfully to all staff- attendings, nurses, techs. Most have been doing their jobs for many years and can teach you a lot. If you're nice, you'll often find that you can win over even the grouchiest people. Even then, you will occasionally get spoken to harshly, criticized, and sometimes blamed for things that were completely out of your control. Take it in stride, keep quiet, and resist the temptation to answer back smartly. Just take a deep breath, and let it go. It doesn't do you any good to let someone else bring you down.

Follow the Keeton Dogma: 1) don't be late, 2) don't complain (try very hard to keep this one! It will be difficult at times. And if you absolutely have to, NEVER within ear shot of a resident, even the nice ones), 3) work hard, and 4) be happy!

There is one phrase that has persistently resonated in my mind from the "Letters to a 3rd Year" that I received: take the time to occasionally look in the mirror. **See what your patients are seeing.** Try to look as clean and professional as possible. When you've been working 80+ hours/week, it is easy to look harried, but it is important to instill confidence in your patients. And remember – your white coat is exactly that – a WHITE coat. Wash it!

Keep your sanity. On your one night off, it's okay to put down the books and grab a bite to eat, watch a movie or go to the gym. Make time for yourself and for your loved ones. Third year can be rough, not only on you but also on those who love you because your time is so limited. Let them know that they are important to you and make the time to see them.

Third year flies by! Really, it does. **Take advantage of every moment to learn and grow.** You will find a system that works for you, and with each rotation, you will keep fine-tuning it. Enjoy third year! Amidst all the hard work, there will be down time, incredible bonding with team members, and even your patients will offer the occasional comic relief. So ENJOY!

Best of luck! Alex Flores

Dear MS3,

THIS YEAR HAS absolutely flown! 360-something days ago I was sitting right where you are and getting ready for the first clinical year of med school. I was apprehensive but excited. Well, actually I was terrified. We started on peds, and was I ever scared of kids! I was pretty sure I would break one of my patients because they are so little, and I knew the parents would see right through me. I knew nothing about children except they can stack three blocks at 18 months (or is it two years?). But I mustered up all I could and I reported to work that first day, and everything went well. I went back the next day and actually made it through the whole week without harming a single infant, toddler, child or teen! By the time five days had passed, two years of classroom were so far behind me that I could not even remember the feeling of those lecture halls. That first weekend, I took the time to write a few things that came to mind and that made impressions on me in my first week as a pseudo-doctor, and it is these 800 plus words that I thought I would share with you.

So here goes nothing, no changes have been made to my original thoughts from July of 2004:

“Eight things I learned in my first week on the wards....

8) *Campylobacter jejuni* is NOT just the answer to a question that I missed on my microbiology final; it is a real problem for a 17-year-old girl who is immuno-suppressed because of drugs that she has to take to prevent transplant rejection.

7) You ARE going to get yelled at. Maybe by an attending, a resident, an intern or a nurse, or maybe by a patient you are trying to examine. For me, it was a patient's family. They didn't know me, had never been to the clinic before and Mom was yelling at me within two minutes of my entrance. It was not me or my attending they were mad at; they were scared and frustrated by the system. When I walked out of that room twenty minutes later, we were laughing and joking. Never take it personally. Let people say what they need to say. Sometimes listening and taking verbal abuse are worth it. Just let it roll off your shoulders and move on.

6) Systemic Lupus Erythematosus is NOT just SLE, and it is NOT just teenage African American girls, and it is NOT just ANA and anti-Smith antibodies; it is a 10-year old boy with staples in his knee from an awkward fall whose face lights up when you tell him that he can ride ALL of the rides next week at Disney World and that the staples won't keep him from doing that.

5) Henoch-Schönlein purpura is NOT just some disease named after two guys used by pathology profs to torture 2nd year medical students and by the National Board of Medical Examiners on a miserable eight hour test to see if you will choose it mistakenly, since it sounds like a million other conditions; it is a 16-year-old boy on his second kidney transplant who is fighting his weight and wanting to live a normal life.

4) No matter how phony you feel at first in that white coat, people appreciate what you are doing. No matter how many tympanic membranes you do not see or how many low grade murmurs you do not hear, you ARE still helping. They will trust you with information and access that they would not allow their best friend to have; they believe in you and you should trust their judgment and believe in yourself... you WILL hear the murmurs and WILL see the membranes with time and practice. *(continued next page)*

3) Diabetes insipidus is NOT just central or nephrogenic or psychogenic; it is a precocious two-year-old girl who playfully grabs your stethoscope when you try to listen to her heart and lungs, who gets excited when you put it on her head and let her try to listen to your heart and lungs, and who waves and yells “bye” every time you walk out of the room.

2) Love and family ARE stronger than fear. This is clear when looking into the face and eyes of a mother who was about to give a kidney to her ten year-old son because he has end stage renal disease. Mom and Dad may be terrified and the two kids uneasy with the stress in the air, but the determination and devotion to each other wins out, and the trip from Corpus to University Hospital OR becomes trivial compared to the alternative.

1) Atypical hemolytic uremic syndrome is not some rare condition that has been reported only 350 times in the United States; it is a beautiful three-month-old little girl with big brown eyes who gets fussy if you don't let her hold your finger while you examine her, and who smiles a big toothless smile almost every time you come in the room to talk to her mom about sleeping and how they made it through the night without having to be sent back to the ICU.

And while these eight things were not only the medical things that I learned about this week, they are big things that stick in my head as I write this. They say you never forget your first patient, and that is why number one is number one on my list. I don't think that I could forget D**** (Please note, no HIPAA violation is present) even if I wanted to. But even with all the medicine and everything else that I have been bombarded with in the last five days, there is one other fact that I have learned this week that I will carry with me from this day forth.... Without doubt or reservation, I have made the right choice. There could be no better field in the world than medicine, and I am so very excited and thankful to be a part of it.”

Today, I re-read this for the first time in eleven months, and I can actually say that I feel exactly the same today as I did then. This is a great field, and I would do it all again, even biochemistry, just to get to where I am today. Third year is great. You will all be amazed at how much you can learn and how much you will be pressed to become a better person, student and doctor. Congratulations on surviving the first two years, and welcome to the beginning of the rest of your life. I hope you have as much fun and learn as much about humanity and about yourself as I have this past year. I wish you all the best of luck, and I will see you on the wards....

Josh Fox, MS4 (senior!)

Dear 3rd Year,

AS WE WRITE THIS LETTER, you are still snuggled in your bed, blissfully unaware that a thunderstorm rages outside. We are just beginning our twenty-four-hour call (AND WE CAN'T WAIT TO TRADE PLACES!). These are our "Top Ten Hot Tips" for third year:

1. A face shield is a fashion "must" when sent to I&D those gluteal abscesses.
2. Remember that you are the team's curious, eager, ever-excited medical student, so don't forget to give a big grin before inserting that foley or doing that rectal.
3. Your resident is not a ready-made pillow, so even if you've been up for thirty-six hours, it is NOT all right to snuggle up and fall asleep on his or her shoulder in the OR.
4. Tasks to be completed on your first rotation: locate the admittedly few and far between clean bathrooms, find the stairs for scut scavenger hunts, and figure out where the free lunches are hiding.
5. A weary finger will always find its way to the sweet relief provided by the snooze button, but DO NOT BE LATE. . .EVER. Fellow students are willing and able to cover only so much, and your residents will likely kill you (eventually).
6. Now, here's a real gem. . .the 20/80 rule. It is inevitable that you will be pimped on statistics, so if you think the disease in question is common, go with the 80%; if not, 20% is your best bet. And say it with confidence!
7. EBS was your last shot at getting all dolled up like normal folk. During 3rd year, sea-green scrubs will replace your semi-formal attire. Don't forget to begin your collection early, or laundry will become a daily activity (unless you practice poor hygiene).
8. Summer and spring are the only safe seasons for pediatrics; if you insist on doing this rotation in the fall or winter, we will not feel badly for you when you come down with the popular virus currently floating around the wards. It's just poor planning on your part.
9. Your post-call morning breath will smell sweeter than summer roses in comparison to University Hospital halitosis. Don't forget your minty gum, and feel free to offer it around.
10. The 80-hour work week is but fictional lip service to the dream of normality. It does not exist, and even if it did, it would not apply to you.

As silly as our behavior may be at this delirious point in time, 3rd year is by far the best year yet. You will have fun and do well if you show up on time, put your best attitude on the table, and sincerely invest in this unique opportunity. Your patients are what make the first two years worth it, so enjoy all the crazy stories, and get all that you can out of every rotation.

*Jennie Fuller
Zarema Singson
Kristi Tough*

Dear Excited & Anxious Third-Year Students,

LAST YEAR, I SAT THROUGH this ceremony and probably thought the very same thing you are thinking now.... When do all of these people stop talking and when do they serve the food? Looking back, I now realize that this is as important for my fourth-year class as it is to you. The passing of “wisdom” is a concept that medical school is founded upon, so get used to sitting and listening to people talk when all you can think of is lunch.

All the advice that you’ve already heard about attitudes, books, and PDA programs will give you every tidbit of information you will need to be successful, but who cares about success when you have bags under your eyes, when your relationship with your significant other is ruined, and when you have gained twenty pounds? You have achieved success in medicine but at the expense of happiness in life.

So here it comes. I see them pulling out my soap box....

1. When on call – Wear comfortable shoes. Realize what you consider comfortable this year might not be so comfortable after a 12-15 hour day. Danskø sells great supportive clogs that are pricey but are definitely worth the expense. Take a change of socks, a toothbrush, and toothpaste, and ALWAYS have a sweat shirt because your body shuts down after 2am, and the call rooms could easily house a family of polar bears. Sarika’s Thai delivers until 9:30pm. Remember all of those Whataburger taquitos after college parties? Now you get them on your way to work!

2. Don’t be afraid to ask if you can go home – if your work is done and your peeps are nice and tucked in. Then when someone finally acknowledges that you have finished all of your work and tells you that it is okay to leave, ask everyone on the team if they need your help before you go. Most importantly, leave before they change their minds!

3. Remember that success and happiness are nothing if you don’t have someone to share it with - The VA has a really nice little green area in the front where my boyfriend, my dog and I ate lunch numerous times. University has a really good lunch on Fridays, and it’s cheap. It’s another great place to meet for a quick lunch date. The Post-It was invented for a reason. Leave them everywhere for the one you care about. Remember that you, not the other person, decided to come to medical school. He or she will be interested to hear what your day was like, but nobody REALLY wants to know how that pelvic exam went. Find a young neighbor on your street to run with your dog, so

when you get home, both of you are tired, and you can enjoy some quality petting time on the couch. This will also lower blood pressure and pulse rate for all you Type A personalities.

4. Don’t revert to the diet that put most of your patients into the position they are in. The five food groups are not Fried, Packaged, Processed, Greasy, and Oiled. Carrot sticks are as easy to put in a bag as chips and a lot easier on the hips. University, Santa Rosa, and the VA share one thing in common: every floor is connected by stairs, so instead of standing around, waiting an eternity for the VA elevators, get that heart pumping and take the stairs!

5. Get outside. Get some sun on that pasty skin (with sunscreen). No one wants to see a doctor who has a blue glow from lack of sun exposure.

Lastly and most importantly – no matter how terrible you think third year is, remember that everyday people open their lives to you, trust you, and put their safety in your hands. This is a gift, a gift that you have strived for all your life, and now you are here. Welcome to your third year of medical school.

Sincerely,

Cassidy Anne Gillaspie MSIV

Dear New MS 3,

FOR TWO YEARS, you've been diligently standing in line and waiting to take your seat upon one of the fastest and most exhilarating roller coaster rides that you will ever experience. Yes. . . I mean your third year in medical school.

It is a ride unlike any other, one that no theme park would dare to create. There will constantly be ups and downs and twists and turns. You will travel through darkness, trying to make sense of the world of disease and illness, but there will be moments of utter brilliance as you establish relationships and realize what a difference you are making in the lives of your patients. There will be times when your stomach is swimming inside you; times when you feel there is no end in sight and wish the ride were over. But as the ride continues, you will feel more secure and more confident in letting go of the safety bar in front of you, asking questions, recommending treatments, and giving advice.

Each rotation will bring you one step closer to surviving the roller coaster ride, but each one has its own upside down loops and jerky motions. Before you know it, you will have defied those sudden drops and twisting loops, and the ride will slow as it heads back to pick up the next group of anxious passengers. Unlike many roller coasters, you cannot ride this one again and again. So, remember to open your eyes as you begin the series of ups and downs, twists and turns. Do not be afraid to loosen your grip on the safety bar and wave your hands in the air.

Never again will you be given the opportunity to ride this problem of third year. Make the most of your ticket.

Jamie Goodall

Future Third-Year Medical Students,

ARE YOU TERRIFIED YET? I know that I was when I was standing in your shoes. You will excel if you remember only one word. . .opportunity.

Third year is the greatest opportunity to know and to learn real medicine. Never again in your life will you be exposed to so many different aspects of medicine. Never again will an aspiring cardiologist deliver a baby, an aspiring pediatrician administer anesthesia, or an aspiring psychiatrist hold a beating heart.

Third year is also extremely challenging, frustrating, and, at times, unbearable. It is during such times that you must remember that you have been given the opportunity to learn and to experience as much as possible. I encourage you to embrace your fears and be aggressive in third year. It is very easy to hide in the background and to let this opportunity pass you by. However, you will learn so much more if you actively participate in patient care. Take the opportunity to learn from anyone and everyone. Absorb information not only from your residents and attendings but also from the nurses, techs, other medical students, and, most importantly, your patients.

Third year is a privilege and honor bestowed upon you. Believe it or not, your patients will trust you as their health care provider, and your team will depend on you to administer that care. Moreover, the only way that you cannot succeed during third year is to forget the great opportunity that you have been given by becoming tired and jaded. After being on call for thirty hours, remembering why you wanted to be a doctor can be difficult. During those times, reread your personal statement and remind yourself why you are where you are today.

I wish you luck, but you don't need it. You have been adequately prepared for the challenge ahead of you. All you have to do now is embrace the opportunity.

*Sincerely,
Michele Hughes*

Dear MS 3,

IT SEEMS LIKE JUST A FEW WEEKS AGO that I was sitting in the auditorium listening to these letters, thankful my first two years were behind me, and ready to start what I expected to be the best year of medical school. And now, with only three weeks remaining, I can't believe it has passed so quickly. And yes, it has been the best year of med school.

The main point about the third year of medical school is always to help each other out and to make each other look good. In doing so, you will be the one to shine and stand out because a team player is always noticed.

It is important to remember to balance the good with the bad. You will experience so many amazing and emotionally straining situations. During my medicine rotation, I was with a family of eleven children when they learned that their father had terminal cancer. In pediatrics, I had to hold back the anger I had for a mother whose twenty-one day-old daughter was dying from *Chlamydia pneumoniae*. In surgery, I watched a transplant patient in the operating room on the brink of a new life, and then he lost it as his heart stopped. And in psychiatry, I had a psychotic woman yelling and threatening to hit me one day and the very next, singing to me and kissing my face. In no other occupation will you be so up close and personal with the human spirit. In the first year of medical school, I was told that it was a privilege to be here. Finally, after almost completing my third year of medical school, I fully understand that statement.

I wish all of you the best this next year. Keep in mind to remember the good, and let the bad roll off your back. As Winston Churchill so eloquently said, "If you think you are going through hell, just keep going."

And of course, always help each other out.

Gina Mapes Jetter, Class of 2006

Dear Third Years,

THIS IS THE YEAR OF THREES.

A third of your time is spent doing nothing. You sit around until your resident is tired of your bored face hovering over him while he writes his notes. He has to do the administrative scut work, you don't, but much to your annoyance, he enjoys your silent presence. Writing a note involves little, but for many residents it's their prime opportunity to share the agony with an unwilling third-year. My advice is to bear it, not in a valsava way but more in a peristalsis way with the methodical and rhythmic charm of a requirement that has to be met. It should be seen as yet another hoop through which one has to leap.

The other third of your time is spent doing, what I term, "miscellaneous duties," which usually entails getting x-rays, reading path reports, hounding radiology residents for CT reports, inserting the foley, retracting or holding a clipboard. Sometimes the duty extends to my personal favorite: answering a resident's pager when both his hands are occupied while he types yet another note. Here, too, you are forced to perform obediently said chores, and be advised against verbalizing any pertinent thoughts. An additional note of caution: an overeager med student irritates everyone, even the most kindly of family practice physicians. Unfortunately, part of the third year regimen is to be unintentionally, but inherently irritating to all those around you, especially because you are of limited use, know little and, worse, have the audacity to expect to learn something. You must therefore try at all costs not to exacerbate this unfortunate condition and being overly eager serves only this purpose. No one enjoys sending a dozen faxes and running down to radiology thirty times in one day. Don't pretend. You will fool no one.

The final third of your time is spent with patients. Despite all that has been said, the final third will overshadow all the detractors. Tired, weary, ill people will welcome your presence, answer your questions, adore your attentiveness and gratefully acknowledge your transparent knowledge. These interactions will fulfill whatever desire motivated an application to med school in the first place. One will realize soon that this is the elixir of third year. Patients provide the incentive to keep jumping through the hoops because soon you will have the authority to make decisions that profoundly alter the people you have come to know and about whom you suddenly care. For me, the most shocking epiphany of third year was the acknowledgment of the power and ambiguity of illness. In a period of time all too short, you will bear witness as whole lives undergo irreparable metamorphoses, often times more tragic than comprehensible. Neither illness nor trauma discriminate. No longer will you smugly sigh about your health. You will be forced to put your life in perspective and see that failed tests, cheating boyfriends, gossiping classmates, and rude residents are pale comparisons without merit or worth. Patients, the harsh reality and the unpredictable fate we face as human beings will consume your thoughts during third year. So savor this ephemeral exposure without the responsibility, because your turn is coming.

Dominique Kalil

Dear Fellow Students,

THE REASON I SHARE THIS STORY with you is because it is my hope that when you start your third year and encounter the shock of jumping into the ice-cold waters of your new hospital world, you will remember that you are not alone in whatever challenges you may face.

I had just finished my first month on the carefree, warm-up exercise of outpatient medicine. It was now the first Monday of a sweltering August, and I was about to meet my team in a yet unidentified cave on the eighth floor. I was mildly apprehensive about being unqualified to take care of hospital-sick patients. I walked in the hospital doors, and the ammonia-sterile-but-dirty hospital smell filled my nostrils, growing stronger as the elevator doors opened on the 8th floor.

After spending the first hour obtaining my password to the computer system (this will be your first hurdle as well), we began with the mysterious activity of “rounding with our team.” We gathered around the bed of red-haired, obese Mr. Falstaff and inquired how he had been overnight. As he took staccato breaths through his tracheotomy tube and sweated with the effort, my head started to swim. I also began to perspire, and my vision became a little blurry. I sneaked out to the hallway without making a scene until a friendly nurse commented on my greenish hue, sat me down in his chair, and handed me some cranberry juice from a patient’s breakfast tray. He asked if I had eaten this morning, and I eagerly embraced this excuse despite the fact that I religiously eat a bowl of cereal on my way to work every morning.

Despite the fact that I was truly enjoying the intellectual part of the rotation, I continued to feel anxious for about two weeks for no particular reason. I devised a method of very quietly humming on rounds to distract myself from feeling overwhelmed. On my drive home to Boerne, I wondered whether I really liked working in

hospitals. I told very few people about my thoughts and feelings at the time because I was embarrassed. If I had this much trouble making it through my first Medicine month, would I be able to make it through something like Trauma Surgery? Now, looking back a year later, I realize that these were simply difficult growing pains along the path to becoming a physician.

Some final thoughts that did help me through my third year:

DO NOT TRY TO MAKE YOURSELF LOOK GOOD (such as brown-nosing and gooning your classmates). Rather make it your goal to take the best care of your patient possible (know them better than anyone else, read about them, and try to think about what might come next in their treatment).

Mistakes will happen, but **DO TRY TO AVOID NEGATIVE ATTENTION** during your clerkships whether from purposeful action, lack of action, or a slovenly appearance. While accomplishing daily activities might be ignored, these negative snapshots are easy for your residents and attendings to remember.

On your Pediatric Clerkship, explain to your young patients that looking in their ear with an otoscope might merely tickle them – this helps to ease their anxiety.

On your Surgery Clerkship, take constructive criticism as good instruction, but let unfounded criticism roll right off your back as if it had never been spoken in order to maintain your own sanity.

I wish you a smooth transition from your second to third year. It is said that you will never forget some of your first patients – your first patient who has cancer, your first patient on which you really hear a murmur – so take good care of them, and absorb as much as you can.

All the best, Stephanie Kelley

First of All, Welcome . . .

THE THIRD YEAR OF MEDICAL SCHOOL is really the first year of your medical career. You will have your own patients, who will know you and sometime refer to you as their doctor. You will actually heal some patients, and you will unfortunately watch others die. You will finally begin to understand what it means to be a physician.

You will also realize that you have worked so hard to get into medical school, then studied more hours than you ever thought you could to reach, finally, the bottom rung of a ladder that ascends upward and seems to have no end. You will get yelled at, some people will be rude to you, others will just ignore you, and you will do more scut work than you thought possible. Just realize that you will also interact with a lot of other people who respect what you are doing, will treat you like equals and will sometimes make your day with a simple gesture or comment.

Other things to remember:

- You no longer have control over your own time during this year, but you need to take care of yourself. Eat, sleep, pay bills, exercise, buy groceries, play with the dog, spend time with friends and family, watch a movie, and take a long nap. Your free time will be very limited, so take advantage of it and do the things that you think will keep you sane and healthy.

- Third year can be extremely isolating at times, so make sure you call your friends and family, recognizing that the people in your life who are not in the medical field will most likely not grasp how incredibly busy you really are. Call when you have a free moment. Take a break from everything, and realize that there is more to your life at this moment than just studying and working.

- Recognize the fact that even though you are extremely busy, the interns and residents are busier. Part of a third year's responsibilities is to make life a little easier for residents. If you learn how they operate within the team and anticipate their moves, you will help them tremendously and help finish the team's work collectively.

- Treat your patients as if they were your mother or father, brother or sister, daughter or son. You are your patients' advocate, and most of the time you will know your patients better than anyone else on the team. Don't be afraid to speak up for them when your patients don't have the ability to do so themselves.

- Don't feel bad if you don't know the answer to a question, even if you don't get a single question correct ALL day. That's why you are here...to learn from the people who have already "seen it and done that." However, you will be surprised by how much you actually remember from the first two years.

- Why put something off until tomorrow, when you can do it today? I know you're exhausted, and all you want

to do is go home and fall asleep, but the more little things you get done right away, the fewer things you have to worry about tomorrow.

- Be confident. When presenting your patients in the morning, be confident. If you think you heard a murmur, but no one else did, don't assume that you are wrong...maybe they didn't listen close enough. If you are talking to a nurse or tech or another physician, and you need them to do something for you, be confident, but don't be rude, don't argue and don't be arrogant. People will respect that confidence and respond to it in a positive way.

- Wash your hands! (You're working with sick people!).

- Become familiar with this phrase: "Is there anything else I can do for you?"

Somehow, every third year medical student learns something not something taught to us. You won't read it in any books, and none of your fellow classmates will come up to tell you about it. It is one of many things that you learn on your own. Learn it well. You will use it quite often in your third year, increasing in frequency as the year progresses. I am not going to tell you what it means, but just keep it in mind as you will see what kinds of responses you will receive. Use it wisely, though, because it can truly pay off. However, if you choose poor opportunities to use this phrase, your work will increase ten fold.

Having said that, third year is largely about teamwork: between your classmates in your rotation group, between the med students on the same team during each rotation, between the med students, interns, residents, attendings, nurses, techs and floor clerks. Adaptability will take you far during this year. If you can adapt to different environments, different people and different objectives in each focus of medicine, and different patient populations, the road ahead of you might not be as rough as you think. Other than the medical students, pretty much everyone else working around you will be doing that same job all year, and you only have to work there for a few weeks. So, make the best of it, and suck it up if you have to.

There is no way to summarize the third year because it is a unique experience for everyone. You just have to realize that this is a tremendous privilege and that you need to get everything out of it that you can. Remember...you chose to do this, you are paying to do this. Above all, try to enjoy yourself as much as you can, and value the opportunities given to you this year because once you choose a specific field of medicine, you won't experience the other 75% of third year again.

Congratulations!

Fahad Khan, Class of 2006

Dear Third Year Medical Student,

AS I WRITE THIS LETTER, I think back to where I was just one year ago, sitting in the auditorium, anxious and excited about starting clinical medicine. I mean, let's face it. . .that is why we came to medical school- to treat disease and take care of people. I look down at my white coat, now not so white, its tattered pockets stuffed with small reference books and my stethoscope. This amazing instrument, the symbol of our profession, has made this daily journey through the realms of third year medicine with me.

On the first day, a nervous student arrived for duty on 7th floor psychiatry, unsure of what to expect and extremely nervous about completing a physical exam on a “real” patient in front of an attending physician. It was difficult to hear the familiar “lub dub” with the patient speaking 100 miles a minute, without taking a breath or letting me say a word. How frightening it must have be to have visions of shadows all around, lurching towards you and yelling horrible things at you. I spoke with him daily and listened to his heart, and by day three, the shadows had disappeared into the depths of his mind.

I next found my stethoscope in my pocket to listen for new life in the abdomen of my patients. I heard the sound of a heart before and after motherhood. There was something now in the “lub dub” that hadn't been there before, and I could hear the love my patients had for their new children.

As a surgeon, my instrument remained in my coat pocket and never around my neck, but I used it daily, placing it on the abdomens of patients, near sutures I had placed. Just hours before, I had seen their internal organs, so pink, full of life, and so removed from my cadaver who first taught human anatomy. I began to appreciate sounds revealed from arteries in the necks and abdomens of my wise patients and observed anxiously as the doctors removed the plaques or repaired the aneurysms which were responsible. It was amazing to observe how resilient the body is to trauma, as I listened to the hearts, lungs, and abdomens of patients whose lives had changed in an instant in the trauma ICU. I vividly remember the first patient who passed away in my care, and my stethoscope listened as her “lub dub” slowed...“lub dub”...and she was taken.

Family practice and internal medicine allowed my invaluable tool to be used daily and carefully placed around my neck after each use. Murmurs which once were merely memorized were appreciated and thoroughly understood and studied. My stethoscope disclosed the irregular rhythm of atrial fibrillation, the loud swish of systolic murmurs from years of hypertension, and the mechanical murmurs of a revascularized heart that allowed a patient to enjoy

fifteen years of life after a heart attack. I began to utilize my stethoscope to invoke reflexes and to hear the crackles, wheezes, and breath sounds that seem to follow the winter weather.

The diaphragm of my stethoscope engulfed the miniature chest of new babies in the nursery. I listened to hearts born only ten minutes before and heard the systolic murmurs as their cardiopulmonary systems became acclimated to their new environment. It was difficult to hear their quick breath sounds and soothe them with pacifiers and warmth to quiet their explosive cries of life. In the NICU, the tiny 24-week premature girl was too small for my large stethoscope, and I exchanged it for the smallest instrument I could use. I wondered at the beautiful child born addicted to methadone, whose heart rate was so tachycardic before his next dose of drugs that it was almost impossible to listen to the sounds of his heart. And the child who appeared merely constipated but whose abdomen was distended with quiet bowel sounds from Hirschsprung's disease and who left the hospital with a colostomy after a bowel resection.

Third year of medical school is one of the most marvelous experiences in our careers. With my stethoscope, I listened to the sounds of so many lives, each with a different story and each with a life to which they eagerly wished to return. Of course, you'll have months without sleep, without contact to anyone in the “real” world. You'll be afraid to ask to go to the bathroom (just go when you have the first chance... even if you're on rounds), and you'll realize that you didn't eat, drink, or sit down for more than two minutes in the past twelve hours (always carry snacks in your pockets and make sure you ask to eat), and you'll be unsure of yourself practically every day. But, when you have these stressful days, and you wonder why you're doing this to yourself, take your stethoscope in your hands and reminisce on all of the wonderful sounds you've heard and how much you've learned in such a short time. For our profession is a privilege and a most fulfilling job.

Have a great year! See you on the wards!

Alyson Kirchner, Soon to be MS4

Dear Upcoming MS 3s,

THIRD YEAR IS KNOWN FOR its ulcer-inducing, palpitation-producing, and nervous breakdown-provoking moments. Having survived the storm, I've learned the following:

It's okay if...

...on the first day, you forget what questions to ask your patient after, "So what brought you to the hospital today?" You'll be a pro in no time.

...you start to feel woozy while watching a procedure or surgery. Just find a place to sit down, or if you pass out, that's okay, too. Carrying a protein bar in that white coat pocket can be very helpful.

...you have absolutely no idea what passwords you need for computer access at UH/VA/BAMC. I still don't. The computer services office on 1st floor UH is very helpful.

...you start crying or get teary-eyed when a patient dies or when you're breaking bad news to a family. It's okay to show emotion.

...you get every question wrong when the attending pimps you. Don't sweat it. Some days you shine, and other days, your best excuse is short-term amnesia. Just make sure you are reading up on the stuff you don't know.

...you say, "I don't know." But if you do know the answer, say it confidently.

...if you get yelled at during surgery. "Can you PLEASE suction?! Can you fix the horizon?!" It's almost a right of passage, so don't take it personally. It's also okay if you contaminate yourself while scrubbed in; it happens to everyone.

In conclusion, I have found that no matter what rotation you are on, the attendings and residents appreciate students who are available, teachable, and hard-working. Don't ever get caught complaining, don't show up late unless it's an emergency, don't slack off on your duties, and you'll do just fine.

Sir William Osler said that medicine is learned at the bedside and not in the classroom. Now that you are finally unleashed from the classroom to the bedside, seize the opportunity.

Best of Luck, Cathy Lin MSIV

Dear 3rd Years,

CONGRATULATIONS! YOU'VE MADE IT through what I would consider the most difficult part of medical school. I don't know about you guys, but sitting through hours and hours of class just about drove me insane. Now, it is time for the fun part.

To many, the 3rd year may seem intimidating; to others, it is the experience they have been waiting for since the day that acceptance letter showed up in the mail; to others, you may have no idea what to make of this coming year. To put it quite simply. . .3rd year will be what you make of it. You can choose to enjoy your time in the clinical setting or be a bitter sour puss because you have to get up early or work late. You can get as little or as much experience as you like, depending on how aggressive you are. Don't be afraid to ask if you don't understand why something is being done or if someone can show you how to perform a procedure or an exam. Remember that this year may likely be the last time you rotate through the different fields, so get as much experience as you can, no matter how much you dislike the rotation. Use this year not only to figure out what you like but also as preparation for your intern year when everyone will look to YOU for the answers.

If you want to succeed, remember Dr. Keeton's advice: "Be on time. Don't complain. Work hard. Help your friends." Sleep when you can, eat when you can, study for those shelf exams early, and don't stress out at the end of the rotation.

Probably the best advice I can give you is to HAVE FUN. Go out, spend time with your family, do whatever it is you like to do, and don't forget it, or you may go crazy. Make sure you carry that fun attitude to work as well; laughter and enjoyment can mixed quite well with professionalism, making those long nights on call go by much faster.

Although at times you may feel useless and that you contribute nothing to the team and your patient's care, make an effort to know everything about your patients, and you'll be surprised at how many times you will catch something that your team does not.

Be friendly with your patients. The hospital is not the most inviting environment, and you can help keep them

in good spirits with some humor. Take time to explain what's happening to them and ask if they need anything.

Make friends with the nurses and other staff because they can be a great help when you don't know how to find or do something. If the attendings pimp you, try to formulate an answer. It is okay if it's the wrong answer because as one attending advised: "You don't have to be right or wrong, just be something. Don't tell me, 'I don't know.'"

If you get the urge to stay around to help and do extra work to get a better evaluation, remember that you also need to put in a good amount of studying for the shelf exam. Help your team, but remind them that you have your own work to do as well. As long as you have a good attitude, don't cuss out your team, or drop your pants in front of a patient, you should be able to get a decent chunk of the 60% that comes from your clinical evaluation. The other 40% is on you, so try to study hard, and do as many practice questions as you can before the test.

I wish you all good luck this year. Remember to enjoy every second because it's going to pass in a flash, and in the blink of an eye, you'll be planning your 4th year. I'll leave you with words of inspiration that I love from someone many might consider one of the most wonderful docs of all: Dr. Seuss.

"You have brains in your head.
You have feet in your shoes.
You can steer yourself
any direction you choose.
You're on your own.
And you know what you know.
And YOU are the one
who'll decide where to go...
TODAY IS YOUR DAY! YOUR MOUNTAIN IS
WAITING. SO GET ON YOUR WAY."

-Oh, the Places You'll Go!

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Best wishes to you all...Hector Lopez

Dear Third Years,

IF YOU ENROLLED IN MEDICAL SCHOOL to become a competent and inspired clinician rather than as an expensive diversion before you start law school, the next twelve months will be vindication for the sacrifices you've made to this point. Third year will have its unique charms and unique frustrations for each of you, and beyond reminding you that medicine is about the patients and not the doctors, nurses, and administrators, I do not know how helpful my advice will be. Therefore, I offer you a brief glimpse into the crystal ball of the year to come with some 3rd year prognostications.

For the next year, about every six weeks, you will have no idea what you are doing, but every day of the next year, you will wish you had a longer coat. You will be asked a direct question by a superior, and though you do not know the answer *per se*, you will respond proudly that, indeed, at some point in your life, you knew the answer. You will become so concerned about whether people are farting or not that you will awaken them from a sound sleep to ask. You will then report your findings to a small group of individuals who are equally interested in farting, and if they discover that you forgot to ask, it will be reflected in your sub-par evaluation. You will be graded on whether or not you are a generally annoying person, but you will be developing into the person your parents imagined you would be when they told you that you will be a doctor. People you have never met will tell you secrets that they have never told anyone, and, by law, you will not be able to keep them. You will be able to look at a person who is wearing a mask that covers his entire face and know whether he is smiling or not. More important, you will not even have to look to know that he's mad. You will go to the gym . . . tomorrow. You will see something that will absolutely break your heart. You will have a hard time getting to sleep and an even harder time getting up. You will have the chicken fingers. You will tell your parents that you will call them later because there is a better than average chance that you will be pimped extremely hard tomorrow. You will have to explain what this means. Some weeks, you will miss the sun. You will have an infuriating facial itch, and people with sharp knives will be quite angry with you if you scratch it. You will realize why almost none of us smokes cigarettes. Even more than you do now, you will dislike the word "pus." If male, after having a front row seat at the "miracle of childbirth," you will not mind too much that you won't be experiencing it. If female, good luck with that. Some of you will have a fantastic time this year helping sick people get better, and the rest will realize what will make you the most money in the least amount of time. Either way, I hope each of you finds a special part of medicine that you love, and I hope you do it well. Have fun.

Sincerely, David W. McDermott, Jr. MSIV

Dear Class of 2007,

TIME HAS FLOWN SO QUICKLY! Can you believe that your “classroom years” are over? No longer will you be listening to hours of lectures each day, warming the same seat in the same general vicinity of the same lecture hall only to go to the library or your favorite study spot to warm another chair for hours as you pre-read, read, and re-read. You’re moving on to bigger and better things! You are about to enter one of the most exciting times of medical school, probably second to graduating (I’ll tell you if that’s true next year).

I remember being where you are now with many questions and mixed emotions. I imagine that you are excited to do finally what you went to medical school to do – see patients. You may be afraid of being “pimped” and being wrong. You probably want to know more about all the different rotation options so you can avoid getting the “bad” rotations. You have no clue what to study, now that there is no syllabus for each course. Many of you probably don’t know what you want to do when you grow up and are hoping for the 3rd year to make it clear. It all feels like yesterday when I was worrying about all these things. Oh, and what about your pre-3rd year wardrobe that consisted mainly of the “student look” – comfy tanks, t-shirts, jeans, and flip flops? None of which could ever pass for the “professional look?!” Don’t worry. There are always sales in the clothing stores, and 4th year medical students, including myself, are more than willing to give you advice.

There’s so much to be said on how to survive and do well as an MS 3. But the one thing I want to encourage is that your goal is not merely to survive and do well – it is to learn. The nurses, case managers, social workers, and other members of your team can help you figure out how to do the things you need to get done. Some of them will seem difficult to work with, but you will learn how to communicate with them and hopefully still maintain a good attitude. You will learn much from the doctors around you, whether they be interns, residents, or attendings. They will teach you how to think about and manage disease processes, and if you pay attention, you may actually see examples of excellent physicians who will teach you the art of medicine and inspire you. The surgical intern you work with may be showing you how to obtain consent from a patient for surgery, but will actually teach you how to calm a nervous patient and make him laugh while explaining what a pancreaticoduodenectomy is in simple terms (Yes, you will make the mistake of using “medicalese” when you are trying to speak plain, ol’ English!). Another attending may shed a tear with a dying patient and remind you that the physical exam is not necessarily the only time when you can touch a suffering patient.

The people who will teach you the most and remind you often of why you went to medical school are the patients. Ask them questions beyond trying to just diagnose their symptoms. Learn not only about the pathophysiology and management of their diseases but also what it is like to live with chronic disease or have an acute illness that changes your life for a moment. You may be surprised at what you will learn from the high-maintenance, 90 year-old, retired World War II nurse anesthetist who fell in her bathtub; or the 45 year-old man who was an IV drug user, admitted with mild sepsis, and whose family members thought he would die and should be made DNR/DNI but who recovered and agreed to get help through Narcotics Anonymous; or the 16 month-old child who needed titanium ribs for her severe scoliosis. Their charts, their family members, and their stories will teach you a lot as a student...and one day soon, as a doctor.

May God be the One who gives you wisdom, courage, endurance, joy, peace, faith, and grace as you go through the adventures of 3rd year. It is an exciting time, and I can’t wait to hear your stories as you go through it all!

Best wishes, Emily Y. McLaurin

Dear Third-Year,

THERE ARE FOUR THINGS which will make you successful: work hard, have fun, learn as much as you can, and be happy. These are the secrets to third year.

Regardless of the specialty you choose to pursue in the end, you will have either six or twelve weeks to experience the various fields. Enter into each clerkship as if that is what you will do for the rest of your life. This may be your only chance to deliver a baby or to help in a surgery. Work hard, and study hard. Do not over-extend yourself. Believe it or not, you can actually try to do too much. Make both ambitious and realistic goals for yourself. Follow through with them.

Have fun, and be happy. Smile and laugh with your patients and those around you. You are finally out of the classroom. You will walk more and sleep less. Realize that you are here to learn, and you do not always have all the right answers. Your knowledge will be questioned in public on rounds, which is, at first, intimidating and, then, commonplace. Take this as an opportunity to learn. If you knew all the answers, you could just warp to fourth year. By the way, you won't have the answers then either, but you will have grown in ways you cannot yet realize.

We have entered into a profession in which we much constantly learn and constantly question. Know what you do not know; do not be afraid to ask questions; be sincere; take pride in the success of your peers; be true to yourself; work hard and study hard and learn as much as possible. Have fun, and be happy. This year will be the best one yet.

Brian Pallohusky, MS IV to be

So You Did It. . . The Worst is Over. . . .

YOU WILL NEVER AGAIN spend eight hours in lecture and then four hours in the library (unless you go and do something silly, like get another degree).

Are you so thrilled? Good. Because 3rd year is a whole different kind of time commitment, but one I'm sure you'll be much happier with. Watch – you're going to look back at the poor 1st and 2nd years, and think to yourself, "Thank God! I'll never be there again."

Not to say 3rd year is a joke (When is waking up at 4:45 am ever a joke?) because you're about to put your body through a grueling regimen, tax every fiber of your patience (your patience, not your patients), and walk away more intellectually stimulated than you've ever been in your life. This year is one to look forward to, not to dread. The following are some words of advice that are too general to be ignored and should be drilled into your heads, so I'm going to write them down for you, just in case you missed them the first 800 times (Plus, you're just SO good at memorizing lists by now!):

1) Go into every rotation with an open mind. Every former 3rd year (wow, it feels good to be one of those!) has the "I-swore-I-would-hate-it-but-it's-actually-kind-of-cool" story. For me, it was OB/Gyn (except for the rounds every morning at 5:30 which I still hate). And don't always gun for the "easy" rotation pick. Sometimes you get lucky when you get the last pick on the board. You never know who the residents are going to be, or what your attending will be like.

2) On that note, learn to work as a "team player." I know you hate those words as much as I do, but take them seriously. Don't goon your fellow students – believe me, it just makes you look stupid, and everyone can tell. Don't chase after the attending with a cup of coffee in the

morning. Don't take someone else's rotation pick just because you want better hours. You have to spend an entire year with the same 23 other people. You'll be working long hours together on call. Try not to make them hate you. Plus, life's so much better when things work out for everyone.

3) Choose your battles wisely. There's always someone around who may not love you as much as your mother does. It could be a fellow student, a floor nurse, or (heaven forbid) your upper-level resident. These people (if you let them) have the power to make your life indescribably miserable. Try not to take things personally, and don't give other people flack for their mistakes. We all make them. Be nice to whomever you come across (no one likes to be at the hospital), and keep in mind that it never hurts to be cute and perky when you go down to radiology to have them read a chest x-ray for you.

4) Most importantly, do things for yourself! Don't get overwhelmed – take a night off from studying and go have a beer after work with your friends or even your residents (you know, take advantage of happy hour like normal people do). The less you worry about your free time, the more of it you seem to have.

Good luck with the upcoming year. Try not to let it get you down, and if it does, find one of us to remind you that it'll fly by faster than you know and that soon you'll be a 4th year. Or just go back to the Pestana lecture hall, get that flashback PTSD, and then feel ultimately satisfied by turning around and walking straight out. Oh, and pick up some coffee from Java City on the way back. You'll need it.

You'll be great. Don't worry.

Shreya Patel

Dear Class of 2007,

I CAN IMAGINE YOUR FACES at this moment: brimming with excitement, flushed with anticipation, relaxed from having finished a tough second year and Step 1. First of all, congratulations!!

And now, third year is just around the corner. Forget the lecture halls. You'll be one of those cool upperclassmen, talking about that awesome trauma case you scrubbed in, or how you didn't get any sleep during call. You know, like how it is on those TV shows – *ER*, *Scrubs* (or more recently *Grey's Anatomy*). You're going to be dealing with diseases in patients not in books!

Being pumped up about looking and acting like a doctor and having a Type A personality, you may have started preparing for your first rotation six months ago. You aspire to be the BEST medical student the staff has ever encountered in their careers.

As you go through your list of preparations one more time:

- Do you have the latest software downloaded on your PDA? Check.
- Has your white coat been cleaned? Check.
- Have you bought your First Aid for Step 2, and all of required/optional books (new or from upperclassmen)? Check. May have to get that one other study guide though.
- How much can you stuff in your pockets so you have everything you need? Pens, note cards, H&P templates, stethoscope, reflex hammer, bandage tape, Pharmacopoeia, Maxwell's. Check. Oh, wait. . .don't forget your trauma scissors.

But here are a few things that you may or may not have on your preparation list:

- What should you get out of this year? Whatever you want. You can tailor your education this year. If you want to learn a lot, ACTIVELY seek to learn. Read to learn and supplement what you see on the wards and clinics. If you want to experience doing procedures this year, don't be afraid, ask to do those procedures (the interns may fight you for it at the beginning of the year, but sometimes watching is also learning). If you are looking for a career direction, ask questions to the interns, residents, and staff. If you want to see a broad range of pathology, go to different underserved clinical sites to expand your knowledge.

- Open your mind to every rotation. Be willing to learn. Whatever knowledge you gain will be used on other rotations. You'll look like a star when you spout out information that you learned to help your current team

deal with an issue that was out of their usual realm. Also, accept constructive criticism graciously; learn from it, so you can be a better future physician.

- Most important of all, try to get along with your team and classmates.

Medicine is not about what you can do for the patient. It's what the entire team can do for the patient. This includes faculty, administrative assistants, residents, nurses, techs. Work together, teach each other, help one another, share. When one medical student is not doing his or her share of the work, it will reflect poorly on the entire team of students--not just that one bad apple. You may have to come in ten minutes earlier to help round or prepare the census. Don't worry, your extra work won't go unnoticed. Also, make new friends this year. Classmates to whom you didn't even speak a word prior to stepping in the hospital may be better friends and colleagues than some of your friends in the first two years.

Lots to think about, I know. There's actually more to this, but I trust that you'll be learning it soon enough, and before you know it, you will be the ones giving advice to the next class. I have faith that you will be the top-notch student that you aspire to be.

One last thing. . .don't worry too much about buying pens. You'll be getting plenty of free ones this year.

Angela S. Peng

Dear Junior Medical Student,

THIS IS DIRECTED TO THOSE of you with significant others, and perhaps, even more, to those of you with children.

Whenever I heard about the seventeen-hour work days or the q4 call schedules, it wasn't the lack of sleep that worried me. I had an eleven-month old son, born at the end of first year, and I was terrified at the thought of spending any more time away from him than I already had. Eric Anthony awakens me at 7:00 everyday and goes to bed at 7:00 every night – which means that during half of my rotations, I would be leaving before he awakened and would return after he was fast asleep. Nothing scared me more than the prospect of missing his first steps or hearing his first sentences.

As it turned out, I didn't miss out on nearly as much as I had feared. Getting through third year and maintaining a family life are difficult but possible. It takes a lot of organization, a lot of patience, and in my case, a lot of help from my husband. As long as you realize from the beginning how much work it will be, then it's quite feasible. We managed by adopting a few basic principles:

Take advantage of every minute: We tried to squeeze in some extra family time. When I rotated at Wilford Hall, instead of leaving at 6:30 and driving forty-five minutes home for practically no time with my son,

my husband would drive out to meet me at the Missions Ballpark across the way. That would give me an extra hour with them, and the baby would fall asleep in the car on the way home. We used the same principle whenever I was on call at UH. Instead of grabbing lunch at the cafeteria, we would meet “some time around lunch” at the volleyball courts. I wasn't always there on time, but I had thirty minutes of running around with the munchkin on days when I would not have seen him at all.

Don't sweat the small stuff: Before third year, my husband and I were big on working out. We also loved cooking--fun, complicated cooking. These were two things that we realized had to go on the back burner if we had any hope of spending time together as a family. Any free time was immediately jumped on; I put the gym membership on hold for the year, and about once a month, we spent two evenings cooking six or seven different dishes, dividing them into single portions, and freezing them.

Always have a “Plan B”: We hoped for the best but counted on the worst, and we were rarely disappointed. If we ever had a little break in the day or more time than we thought we would have, we made sure not to waste it no matter how tired we were. We made a point of talking on the phone about each others' days as I commuted, so we weren't just saying hello for the first time when I arrived home.

Now, I absolutely have to say this: I have been blessed with the most understanding, patient, and supportive husband I could ask for. But, as I also said at the beginning of this letter, if you plan things carefully and you're really determined to make it work, you don't have to feel as if you need to “reconnect” with your family at the end of your junior year. Make family time intense and full. In the same way, take advantage of any time you're spending at the hospital. As long as you're going to be away from your loved ones, make the time count, and enjoy it. My (now) two year-old doesn't care how terrible I look after a 24 hour ObGyn call. He's just happy that I'm home.

And for the record. . . I was lucky enough to be there for his first steps and his first sentences.

Good luck!

Emi Ponce de Souza

Letter to the MS 3s,

CONGRATULATIONS TO YOU ALL!

The year you are about to begin will be hard, but it will be the best year of your life. Let the experiences soak in, and remember that you are there to learn. You will make mistakes, you will look like a fool in front of an attending or two, you will forget that piece of anatomy or that drug side effect, but each day, the experience will shape you into the physician you are to become. Do not allow yourself to become lazy and complacent with your interviews and physical exams because you very well may be the one who finds the dissecting aneurysm or the rock hard lymph node.

1) Believe every word of Dr. Keeton's speech. It is the key to success.

2) The tests are harder this year, and you won't know what to study.

3) A lot of what you did/could have learned during second year will, in fact, help you in third year.

4) LISTEN TO YOUR PATIENTS. They do tell you nearly everything you need to know without the \$1,000 MRI in most cases.

5) Pack some snacks in your coat for surgery rotation, otherwise you may not eat till you get home.

6) There will be days where you will not eat, drink, or relieve yourself in over ten hours, and you won't even realize it.

7) Do a rotation at the VA, and learn about these patients' contributions to this country.

8) DON'T WHINE TO ANYONE (not your attending, not your residents, not your classmates). THEY ARE LISTENING, AND THEY WILL TALK ABOUT YOU TO OTHERS IN A NOT SO FLATTERING MANNER. I have heard about students (by name) from attendings who whined at the beginning of the year on my LAST rotation of the year!

9) LOVE the fact that you are not in 1st and 2nd year anymore!

Daniel Porter, MS4

Dear Third-Year Student,

CONGRATULATIONS! IF YOU HAVE GOTTEN THIS FAR, it means you have jumped through quite a few hurdles like finishing all 300 gross anatomy dissections, memorizing the microbiology integrator word for word Step 1, Pharmacology & Pathology NBME shelf exams. So I congratulate you on your endurance and perseverance!

The following is a list of my own major epiphanies this past year. I don't know if you can relate, but I do believe they have shaped me into becoming a better future physician.

1) From this point forward, you need to realize that your work doesn't end at 5 p.m. It is easy in the first two years of medical school because of when you go to lecture, you expect that when the clock strikes 5 p.m., you "get" to leave. For some reason, we students feel we are entitled to leave at 5 p.m., perhaps because this is the magic hour when most people leave the office, workplace, company or business. However, realize that you need to check this attitude at the door when you start working at the hospital. It is very tempting to become bitter or resentful towards your intern, residents, or even attendings when you have to stay late and work until 6 or 7 p.m.

We are being trained to become future doctors. Physicians can't leave their patients with unfinished business because it's 5 p.m. That patient expects to receive total, quality care. Just because we have had a long day or are tired, doesn't mean it's okay to brush off the orders that need to be placed, the latest x-rays to be retrieved and the urgent issues to be resolved. I am by no means perfect at this, and on many occasions I really just want to go home, but go ahead and accept the fact that, "I don't go home until all of Mr. Jones's issues from today are taken care of."

2) You will be in charge of your own three to four patients, but during rounds, be aware of the other patients on your team that other students are handling. For example, you might have an acute cholecystitis patient, while your classmate has an appendicitis patient. Think actively about your classmates' patients. Even if he or she is not "your" patient, try to follow what the attending or resident is doing or ordering. You can learn a lot from just watching how doctors manage a patient's illness – and sometimes, seeing the medicine unfold before your eyes is the best way to learn as opposed to going home and re-reading Harrison's Internal Medicine over and over.

3) You should keep an index card or sheet of paper on which you jot down interesting topics or questions that arise during the day. For instance, if you get questioned and don't know the answer, jot the question or topic on paper and look it up at night.

4) Working in a hospital is **STRESSFUL** for everyone involved. I am talking about nurses, scrub techs, physical therapists, x-ray technicians, doctors, students. **EVERYONE**. You will notice that when you are tired and frustrated, you will begin to transfer your stress and anger onto other people. For example,

(continued next page)

I noticed that when I was frustrated or tired, I would internally blame and criticize others (for example, the nurses) for “not doing their job.” In reality, I probably wasn’t upset at the nurses as much as I was upset at my own tiredness and workload. It is easy to jump on the bandwagon of complaints about other students or people with whom you work. In retrospect, perhaps the nurses didn’t deserve my criticism; I was just upset at my own situation and venting on them. I am pretty sure this is what the behavioral defense mechanism of transference means. Don’t do it.

5) Along with point #4, I learned to realize that I was internally criticizing lots of people for not doing their job or, specifically, not helping me on the wards. For the most part, I have learned that it’s best to adopt the attitude that no one on the wards is there to help you. What I mean is, in reality, that is not their job. Nowhere in their job description is it written, “Help the medical student.” Now, on occasion, you will get nice people who will answer your questions or help you figure out stuff, but for the most part they have their own problems or tasks to do. Specifically, the nurse’s job is to get the best quality health care for the PATIENT. I once got upset (in my mind) at a nurse because she didn’t know where such and such logbook was. In retrospect, I realized that it was not her job to serve me. It was rather prideful of me to think that just because I was wearing a white coat that I deserve to be helped in any special way. Try to not expect help from anyone. If your patient needs an extra blanket or urinal, go get it yourself. That way you don’t walk away disappointed and bitter when others don’t help or aren’t friendly. And then when you ARE helped, you are delighted. Be sure to sincerely thank them.

6) As often as possible, go in to your patients’ rooms, not just to get their vitals or information for rounds. In the afternoon, sit with them for at least four minutes and get to know them. This will help you take ownership of the management of their care, and I got more out of it when I learned who the person was behind the illness.

7) If you show lots of respect to your attendings but show lots of disrespect to others (like the LVN, technician, or nurse), then there is a real disconnect with how you are presenting yourself. Here is a real life example of what I mean. I had to call down to the radiology department and ask the technician why a patient on our team didn’t get his CT. I was feeling pressured and hurried, so I spoke in a brusque manner with the technician. He asked me why we were ordering a CT of the aorta when the patient actually was complaining of bilateral transient blindness. Frankly, I didn’t know why; I was just sent to follow up on the CT. So, I made an impatient, short remark like, “Are you really

going to pimp me on this?” Lo and behold, it wasn’t a tech, but a physician! Thank God, this doctor wasn’t trying to be especially malignant; he just wanted to see how severe the patient’s illness was so he could schedule him appropriately. I felt like an idiot. But that experience taught me something important: we can be so respectful to our attendings, calling them “sir” or “ma’am,” but in the next minute treat others with disrespect. If we speak to anyone in a manner in which we would be embarrassed to let our attending hear, then we need to re-evaluate if we are being honest with ourselves.

Sincerely, Tricia Punsalan

A Day in the Life of...

THE SYMPHONY BEGINS WHEN my alarm clock displays 4:15 AM, the cue for the NPR newscaster to deliver the world's current events to me at a deafening 120 decibels. I quickly crush the snooze button. Such a reflex develops quickly after starting the third year of medical school. The process repeats itself four to five times.

Now the pager alarm joins in for the chorus. The dissonance is agonizing. I paw around my nightstand for the cloaked torture device only to come back empty-handed. Eventually I find it on the floor where I had thrown it ten minutes ago. Then, like a wailing banshee, my cellular phone alarm sounds in the room across the hall, bringing my wake-up requiem to a fortissimo in its final verse. What conniving pieces of electronic machinery! Admitting defeat, I drag myself out of the comfort of a warm bed and, after stubbing my toe on a large, unyielding object, limp toward the bathroom.

The process of getting ready takes less time than waking up. I shower, brush my teeth, throw on scrubs, and head out into the darkness. After a short drive, I find myself riding up an elevator, squinting to protect my eyes from the fluorescent radiation that permeates University Hospital. The time is now 5:00 AM, and I am welcomed by the nursing staff with a friendly, "Good morning. Where are our kolaches?" Oh misery! Why did my partner have to tick off the nurses and promise them kolaches on OUR behalf? I return the greeting with an enthusiastic smile and coyly reply, "Well, I was all tied up with sleeping until about 4:45, and aside from that, Shipley's doesn't open 'til six." From here, I segue into the scut rush hour.

I settle down in front of a computer and begin to update the list of patients for which our team is caring. The mindless ritual of adding, deleting, and verifying medications; transferring a series of numbers from computer to paper; and making copies of these papers for each team member helps to keep the team organized. More importantly, it allows residents to sleep in for that critical extra hour. After compiling the list, I visit my assigned patients and talk to their nurses for the scoop on all the latest patient gossip. We get excited when Mrs. Johnson finally starts pee, and Mr. Lopez passes gas overnight!

Now having seen each of my patients, I return to our team's designated rendezvous point to stretch in preparation for the next activity for the day: morning rounds. This process consists of juggling a number of activities and literally tests one's agility and speed. I grab a few of our patients' charts, and our team moves toward the first patient.

Keeping up with the team is a challenge. I frantically scribble orders into an open chart as the residents formulate

the patient's plan. The need to balance simultaneously a stack of charts in my non-dominant hand while walking to see the next patient makes this task even more awkward. Now, I just pester the intern to cosign the orders. This process repeats itself four to five times.

After seeing each patient on the floor, I power-walk down the hallway with charts in hand; I must reshelf them lest I face the wrath of the nurse unable to find "his" or "her" chart. Though I next find myself sprinting to catch up with a team that has walked off without me, I still manage to lose sight of where they have gone. Shamefully, I page the intern, and I join them on another floor. Here, I present one of my patients flawlessly. Finally, something goes right! All such diligent multitasking and information gathering has been made slightly more bearable when the Chief Resident nods his head and emphatically replies, "Strong work, boss!"

With the conclusion of rounds, I am off to the operating room. Today I will be driving the camera for a laparoscopic gastric bypass procedure. I scrub in, and the operation begins. Before too long, the attending has the laparoscope in the belly and passes it off to me. Yes! I am actually doing something other than retracting and/or falling asleep. After the main portion of the surgery is done, I even get to help close! I am on the top of the world, now having taken part in "the healing" of yet another person.

My work now complete for the day, I leave the hospital reflecting on some of my experiences as a third-year medical student. Too much of my time goes into scut, and some of the residents and staff displace their pent-up anger onto me. Despite all of that, my status as "just a medical student" gives me the privilege of spending a good deal of time talking to my patients. I learn from them. Ironically, they heal me.

I return home to inhale a meal, exercise, and study for a little while. Afterwards, I wearily crawl into bed. I feel like a baby in the womb: warm, serene, and sheltered from the outside world. The alarm clock displays 11:50 PM. I sigh at the thought of how painfully short this retreat will be. Yet, with my final waking thoughts, I begin to long for the unraveling of the novel stories and intellectual challenges that await me in the forthcoming day.

Jeff Schmidt

Dear Third-Year Students,

BEGINNING THE THIRD YEAR of medical school was, by far, the most emotional time in my medical school career. I can still remember being flooded with joy, excitement, nervousness and, most of all, uncertainty. I was finally about to begin what I had come to medical school to do in the first place: take care of people. However, there was that ominous feeling of, “Oh gosh, am I actually going to know enough to take care of someone who is sick? Am I going to remember enough from the first two years of school to avoid sounding like a complete idiot when I get 'pimped' by the attending?” To be completely honest, I was scared. For the first time in two years, I was actually beginning to question my ability to become a doctor.

As the rotations started, my group had no idea what to expect since we were to begin on Surgery. To give you an idea, Surgery is set up like this: twelve- to fourteen-hour days which typically start around five o'clock in the morning; standing on your feet for three or more hours at a time; not being able to scratch your nose when it itches; and putting up with that “bubbly” surgeon’s personality for twelve weeks. Needless to say, I was tossed into the deep end rather quickly. Nonetheless, I made it through with no major complications which I mainly attribute to the friends with whom I rotated. We decided early that, in order to survive, it was necessary that we look out for one another. And like many of my classmates, we adapted what has become known as “Keeton’s Rules to a Successful Third Year Clerkship.” I am sure that you have already heard these, but in a nutshell, they are as follows:

- be the first to arrive
- be the last to leave
- always work hard and help one another.

Although these rules definitely build a solid foundation from which to begin, they do completely cover what is absolutely essential to be a successful third year medical student.

What is, too often, not emphasized but should be is the importance of listening to your patients, showing compassion when faced with whatever situation is before you and honoring any decisions that your patients make. Physicians exist to provide a service to the community. My third year of medical school has opened my eyes to an entirely different aspect of medicine. The humanistic side is what sets our profession above all others. There are many players in our field who work side by side with one another to accomplish one goal--helping those who need help. It is your responsibility to respect each of these players and work as a team to accomplish this goal.

In no other profession will you find a complete stranger holding the hair of a cancer patient out of her face as she vomits into an emesis basin as a reaction to the chemotherapy she is receiving for her breast cancer. Nowhere else will you see someone break the news to a forty-five-year-old single mother of three that there is nothing more other than palliative care that can be offered for her incurable cholangiocarcinoma and that she may have only one more

month to live. Nowhere else will you get to scrub in on a surgical case that involves piecing together the fractured skull of a ten year-old girl who was ejected from a motor vehicle and then be able to see that girl alive and well six weeks later and actually carry on a conversation with her. We hold life by a thread and it has taken this year for me to realize that. I am excited that you will finally have the opportunity to experience what I have experienced. I truly hope that your eyes will be opened as well so that you may see just how important your role is as a third year medical student.

As for Keeton's rules, yes. . .they are important. You should definitely try to be the first person at the hospital to pre-round on your patients. Although the attending typically does not witness this firsthand, you can bet that they hear about it from the residents. You should leave when all of your work is completed and you have followed up on all of the studies for that day. You are not expected to live at the hospital (that is what the intern does). And it is usually not necessary to be the last one to leave all of the time, but before leaving, you should always let your residents know that you have finished your work and that you have checked on your patients and they are doing well. It is also important that you work hard. You do not want to be caught "slacking." Not only will you get negative feedback included in your Dean's letter, but, believe it or not, the attendings from different services do talk to one another, and I have personally witnessed when someone's reputation has preceded. Finally, it is imperative that you help one another. You may not necessarily like all of the group members with whom you are assigned, but it makes for a better rotation if you try to get along and look out for one another. Never try to undermine someone for personal gain. It reflects very poorly on you, and residents are pretty savvy and tend to catch on quickly when deciding who is going to be problematic.

In closing, third year is not about knowing all the right answers or outshining your peers. Instead, third year is an introduction to becoming human, developing a solid work ethic and learning how to work well with members of a team. It is a developmental milestone that every medical student has to accomplish before moving on. Rather than being afraid, you should seize the opportunity to learn from your patients as well as from each other. You will never have quite the same degree of supervised learning throughout the rest of your medical career. Therefore, it is important to take advantage of this moment. When you make a mistake admit to it, ask what you can do to correct it, learn from it, and move on. It has taken me some time, but I now realize that we are all going to become doctors. It is up to you to decide what kind of doctor you want to be. This year you should make the decision of how you want to be known.

Good luck.

Kenneth Schronk

Dear Future Third-Years,

WELL, YOU ACTUALLY SURVIVED the two most horrendous years of medical school. Hallelujah! Praise the Lord! Remove the pillows from under your butt, and leave those grungy, dreary MD labs that everyone fought for. Prepare yourself for hours of being on your feet, being sleep deprived, and working in an environment that smells like things you can't believe the human body is capable of producing.

It is a fantastic year that opens your eyes to **YOURSELF** and your patients, and takes you out of the world of petty competition.

What advice should I give?

Third year, like everything else in life, is all about your own perspective on things. Everyone starts bright-eyed and bushy-tailed, but how anyone ends is based on how they choose to end. I know its a little fuzzy right now, but you will know what I am talking about later.

Third year is an exhilarating time, a time to branch out from your class and from the whole “group” setting of the first two years of med school to discover who you are as an individual. It is a really cool rite of passage in which you can observe the most anal retentive individuals in your class actually “lighten-up” by the end of the whole experience and you can discover the humanity of your classmates. Don't get me wrong: you will also discover individuals in your class who will stab you in the back and kiss butt to the point where it will make you want to vomit. But, be strong because it doesn't matter, because the thing that does matters is your interaction with your patient and reaffirming your motivations to want to be a physician.

I remember a moment on the ob/gyn service. I was on call and on the twenty-second hour of my shift. I remember this young girl who had come in for an exam. I set her up in the exam room and went to get the resident, so she could watch me do the exam. The resident took over after I finished, and she was frankly rude to the patient. It annoyed me to no extent. The only thought in my mind at that moment was, “I wish this was my patient, so I could treat her the way I want to.” Even though I was ridiculously tired, on my third bottle of Diet Dr. Pepper and stressed for the future exam I was unprepared for, I could reaffirm that this is where I want to be. There are many moments like this during third year in which you feel completely insignificant and completely lost, but you have to reach for the silver lining on the cloud.

I think the best piece of advice I got for third year was that no matter what you want to do with the rest of your life, this is the only time when you will be a surgeon for 3 months, ob/gyn for 6 weeks, psychiatrist for 6 weeks and so on. So you really should live it up because you are going to be doing the same thing for the **REST OF YOUR LIFE**.

Enjoy the time, enjoy the people and make the most of your time – whether it allows you to sleep or not, suck it up!! In the end, it will be worth it.

Some useful tidbits:

***Major point! **You are paying to be here.** If you are not getting any learning, then change something!! Start talking to another resident or intern, email the department head, but do something. Be active in your education, and realize that you need to also have time to bust out the pillow to sit on while you study. If you feel like you are being treated unfairly and scuttled out without anything much in return, tell someone, but do it appropriately. Don't whine. No one likes to work with a whiner! ***

Surgery: A cool rotation with interesting people, but. . . .Personally, I hated this rotation, but I wish I could do it over again. What you need to realize is that this is somewhat a hostile environment, and they teach by barking. I let it intimidate me, and I wish I hadn't because I could have enjoyed it more. I remember during an emergency appendectomy, I was retracting, and the doctor told me to cut. I couldn't see, so I bent over a little, and he told me to "Get your freakin' face out of my wound site or get the hell out of my OR!" Later, he evaluated me and pulled me aside to tell me that I was doing a fantastic job, but he didn't understand why I looked so scared all the time. Gee, I wonder?? Go over old quizzes before the midterm and study for the quizzes, even if you are sleep-deprived. Bottom-line: don't let this rotation intimidate you. Read before the procedures, and remember they only expect you to know why the surgery is happening not the procedure. Be bold, and ask to suture more. Realize that you will be tired and that their bark is much worse than their bite.

Ob/Gyn: I loved this rotation, but ob-gyn residents are hit or miss. They either love what they do or hate it. The scheduling is horrible. Be proactive about getting to deliver a baby. It is an awesome experience!! The lectures are awesome, too. Lesson: If they bark, bark back with less attitude, of course, and enjoy yourself. (Blueprints & case files & pretest & appleton and lange for this rotation.)

Psych: I loved this rotation, too. I did mine with Drs. Mathews/Whidbee, mostly child psych. I enjoyed the PEZ too, but it is a bit confining and you have to put your safety before anything. If you feel uncomfortable, get out immediately. (Case files and pre-test.)

Peds: I did all of my rotations at Santa Rosa, and this is also what I want to get into. I loved every minute of my rotation. Morning rounds are absolutely vital to your learning. Carry stickers, be patient with the parents, have a calculator handy and wash your hands constantly. (Blue prints and pre-test)

Fam: I can't say much here except enjoy the hours because it will never be this nice.

Med: NMS and pre-test

Overall, most of your rotations are resident/team dependent as far as how your hours go and how good the teaching will be. But most importantly it is YOU dependent! Regardless of whether your team is awesome or not, you need to get the most out of a rotation because you are trying to learn as much as you can. Have a positive attitude, don't whine, enjoy yourself and congratulations for making it this far.

Kavita Sharma

Dear MS3,

AS I PONDER WHAT TO TELL YOU, a flood of emotions comes over me as I remember how I felt at this time last year.

Anxiety: . . .about whether you will know enough, perform as well as you'd like, and meet the high expectations you set for yourself.

Excitement: . . .about finally coming to a place where you feel like a doctor and knowing that you are no longer sitting on your bum all day but are helping and working towards making someone better.

Fear: . . .that someone will recognize you as a wolf in sheep's clothing or an imposter perpetrating a doctor and that the patients can sense this also. But know that this feeling does resolve (and by the way, the patients can't tell).

Gratitude: . . .for this blessing and this opportunity. Only those in the white coat are bestowed such secrets and confidence, so don't take it lightly, for the patients will see you as their doctor and expect for you to act as such.

Eagerness: . . .about getting started and getting finished (Your favorite phrase will soon be "Is there anything else that you need?") and about learning. Just because you're not in the classroom doesn't mean you're not finished learning (*UptoDate* will be your best friend).

My fellow colleagues, the year you are about to embark on is one with a steep learning curve, so here are a few tips.

1. Try your best to keep up. Read a little each night, and it won't feel so overwhelming. Although people will say otherwise, you are being compared to one another. Remember to work as a team, respect your partner and avoid gooning. Give a courtesy call when someone's running late, give each other hints at who pimps on what.

2. Work hard. The playing field is leveled. Your attendings neither know rank nor 1st and 2nd year grades, which means you are graded on what you show them. Don't be the first to leave or the last to arrive. Recognize that you are expected to know everything about your patients, from travels to jobs to pets to who lives in with whom to their lab trends were over the past year.

3. Be flexible. Every person with whom you come in contact expects something different, and your job is to give them what they want. It's okay to gripe and moan. It's actually healing. Just don't do it at work. The thing that got me through was knowing it that would last 6 weeks and that I could do almost anything for 6 weeks.

4. Enjoy this year. You will grow closer to so many people and the year will go so much better if you can take the time to enjoy it. Play as hard as you work, and remember to keep time for family and friends. You will enjoy and marvel at how much you have learned when you sit down one year from now and write your own letter to a third year.

My best wishes of success to you the new MS 3s, my future physician colleagues.

Tracee Short, MS4 (almost)

Dear Third-Year Student,

UP TILL THIS POINT in your career, and possibly even in this book, you'll have been given a lot of advice. I looked back through the book given to my class to see what kind of advice the class of '05 offered, and it's funny, but I think all advice can be put into three different categories, and they sound just like Mrs. Ledbetter from kindergarten:

1) Be nice: This means "be courteous" and includes "be on time," "be nice to your team," "do stuff for the residents," "quote your attending to her," and "be nice to your patients" advice.

2) Try hard: This is all the "work hard/read every day" and "don't worry if you are an idiot, we all are, and we're all learning" advice.

3) Go to recess: This is all the "remember your family/yourself/exercise/play" advice.

In rereading all this sage advice, it occurred to me that the reason it sounds so much like kindergarten (not to steal the concept from the very cute posters you've no doubt seen) is because we should have learned it there and we should already know it. I guess it's always nice to hear it again, and there may be some among us who, for one reason or another, may need to hear it more often than others, but at this point in the game, I hope that you've picked up on these lessons and will strive to put them into practice even though it's early/late and you really don't like your rotation/attending/ resident/team.

My point in saying all of this (and I do have one) is twofold.

First, you're further ahead of the game than you think. That's right, you've already got the essentials of third year, and life, pretty much in hand. Don't blow it.

Second, you can take all the advice you've been given, and of course politely accept it, with a smile and with appreciation to those who are trying to give it to you, but then as soon as their back is turned, throw that wonderful counsel out the window.

And you don't really need it. Again, for two reasons:

1) As I said before, you don't need to hear that you should work hard and be on time, that's a given and 2) Any advice you'll be given is really a way for the giver to say: "If I could do it all over again, here's what I would do again/differently." If anyone says, "Study this book/do this easy rotation/be sure and work with Dr.____, she's the best," weigh it carefully. Advice is easily given, but you'll be living with the consequences of what someone else did/wishes they had done. You may find you don't like said book, found that easy rotation to be hard, and you would slit your wrists if you found out you and Dr. ____ were the last two people on earth.

In summary, I'm afraid that you already know what to do. Nothing I can say should have any real importance to you. I don't flatter myself with the idea that I have it all worked out. So, with extreme sadness and extreme joy, the full responsibility of what you make out of yourself in and out of medicine this next year will rest fully on your very capable shoulders. Good luck. Go to it. You can and will succeed.

Now let me make a disclaimer: Follow whatever advice you deem to be of worthy by those you deem worthy to give it, but again realize that ultimately you are responsible for you.

And I would be most happy to find later that this letter of "advice," while internalized, memorized, quoted, and revered by some or scorned, hated, mocked, burned, and derided by others, should ultimately find it's way to the bottom of your trash can.

Reed J. Skinner

Dear Third-Year Student,

WELCOME TO 3RD YEAR, where a lot can happen in 5 minutes.

SURGERY: It's 5:45 am, and you're already running behind schedule. How is it that you've been at the hospital since 4:45 (which means you got up at, well, . . . you calculate it), and you still haven't seen your patients? Because you and your comrades are in charge of "The List," a morning ritual to gather vitals, labs, studies, and results and sneak down with a secret code to a copier you're not supposed to know about and to run off enough copies for your entire team. And since "The List" is more important than seeing your patients, you've spent too much time doing it. Now, you've got to run up and down stairs in the most efficient manner, which in surgery means top down, starting at the end of the hall and working your way towards the center, to see your patients. I never imagined I could do it. How to see 5 patients in 5 minutes? You ask the magic 4 questions of surgery: (1) Are you passing gas? ("Flay-tus" not "Flah-tus," and we've been corrected) (2) Have you had a bowel movement (Hacienda poo poo?) (3) Can you walk? (Puede caminar?) And (4) Can you tolerate your food? (Puede comer?) You do a quick stethoscope check to make sure the heart is beating and the lungs sound relatively clear. You rush back to your team, hand them their precious lists, present the answers to the 4 questions, and no one is aware of your amazing speed demon capabilities of seeing patients.

PSYCH: Well, psych. You're sitting in the PES (Psychiatric Emergency Services, a small branch off the main ER). A patient comes in who attempted suicide earlier that night but failed when his wife found him hanging himself by his belt in the closet. Your resident looks at you and says, "Go take a look at him." You walk into a tiny room, and you see the belt mark around his neck, and the dried blood in his nostrils, and he begins to tell you his story. In 5 minutes, you've gone from sitting at a computer and attempting to study, to having the responsibility of being a professional while listening to someone tell you how he tried to hang himself, a very graphic picture painted in such a brief time that you will never forget it the rest of your life.

OB/GYN: The most important part of OB is to be ready. You have no patients of your own to follow. You sit in the triage, waiting for women to go into labor. They finally do and head to a birthing room. You really don't remember who is where, but you know when you hear, "Doctor for delivery;" that you have to run to make sure you don't miss anything. A tip: Know what patient is in that room. The minutes you spend furiously trying to get dressed, without paying attention to what you're heading

into can be a major mistake. There I was, chasing an intern into one of the delivery rooms, where a patient was delivering a stillborn at 20 wks. It was incredibly inappropriate how we burst into the room. Had we bothered to know exactly what we were running into, we could have made this woman's terrible experience much more serene and much less crazy.

PEDS: You're told to go down to the ER and see an 8-day old baby with diarrhea. Seems like a straightforward case. You go down, get the history, and examine the baby with your limited skills. He is admitted with a newborn sepsis work up. But for some reason, he won't stop crying, won't stop vomiting, and won't stop having diarrhea. Something is wrong, and the team isn't figuring it out. We've done the protocol tests, we've got the best history we can from the parents. It only includes a week of life! Then it comes down to an ex lap. And the bad news comes. . . an ischemic bowel, most of which is resected. He must live life with short gut. His diet will be extremely complicated, and I know just how complicated because I have a patient who is 18 months old with the exact problem, and I can't fathom that I just saw it happen to someone else. You wonder, how could we have caught this earlier? How could we have saved this kid's bowel? Maybe if I had taken 5 more minutes to look up a more complete differential and read about it, I could have contributed. Maybe.

FAMILY PRACTICE: Days of clinic, mostly upkeep, colds, follow up for HTN, DM, HPL. But a patient comes in for a yearly physical; you do a rectal, and you do it well. And because you looked carefully, you saw the tiny 5mm lesion around the rectum that looked suspicious. A simple biopsy, and it was on it's way to pathology. And thank God, because that biopsy came back a malignant carcinoma, and an easy referral to General Surgery to be resected. Voila. Take the 5 minutes to look at what you're examining.

INTERNAL MEDICINE: I have yet to find anything that takes 5 minutes in Internal Medicine. You think, okay, maybe something ordered "Stat"? No, not so much. Well, in my last rotation I learned there was such a thing as "SuperStat," seriously. It still didn't happen in 5 minutes.

Whether you're waking up at 4 am or going home at 2 am, you are part of a team. You like to think you matter. But here's the trick, you make yourself matter. Show that you're a team player, don't goon anyone, and prove yourself worthy, because you are.

Lena Vasquez

Dear Class of 2007,

THIRD YEAR WILL BE VERY DIFFERENT from first and second, as you may have already deduced. Some words of wisdom that you will hear again and again: Come early. Stay late. Be positive. Work hard. And don't forget to smile.

Even when times look really hard, especially on surgery, when you haven't had a decent night sleep in days and you're bone tired, just think of all the people you will be able to help out (even in the smallest of ways) and of all that you are doing and learning. And if that doesn't improve your mood, think that weeks will fly by quicker than a blink of an eye, and the pain will end soon.

Although the first few weeks on your first rotation will be rough, life will be much easier once you get into the swing of things. Work together with your teammates, so that you can all leave at a decent hour; don't interrupt when your teammates are being pimped and vice versa (you all just look better when you work together); and don't moan and groan too much when you end up with interns/residents/ attendings who are not the best you've ever had.

Take heart. The year flies by more quickly than you can imagine, and 4th year is at the end of the tunnel.

*Wishing you all the luck,
Dawn Vo*

Dear Third-Year Student,

*Here's a poem I wrote while I was on Family Practice.
It was the beginning of my third year experience.*

A SHADOW

So you feel like someone is standing behind you...
Every move you make you see it do.
You turn around, and there is something there.
It turns too and gives you a stare.
You move again and it moves, so you look a bit closer.
The face looks confused and the white coat a bit shorter.
And then it approaches, and before you can run,
It says I am your med-student, won't today be fun?
You have so many patients and so little time,
And now a shadow to stress your mind.
You give a big smile and hand over a chart,
And you think to yourself today I will leave some sort of mark.
And so goes the cycle year after year.
A shadow slowly fades and a doctor appears.

Ava Williamson



i believed....

AND THEN IT WAS

clouds low, sun drawn
breath heavy and loud...stinking of innocence
of opportunity

It was then that you spoke to me...

And you told your tales of

failing hearts, stumbling irregular beats and
infected bodies with pickled organs and
bloated bellies and abdominal masses and

You told me of dying kidneys and paralyzed faces and that Code Blue reality

And then you told your stories

of stuffy noses and projectile vomit and
spiking fevers and pus-coated tonsils and

days consumed by screaming children and psychotic moms and
You promised all the while it would be a birth control like no other

And that same day you whispered stories

of ingrown toenails and never-ending medications and
stories of funny-colored moles and
mind-numbing, radical rashes and

Birth and death, but don't worry you said, in time it would all grow old

Your face grew tired, your voice haunted with tales

of dark nights and darker mornings and
pockets so deep with pus it made you blush and
of stopped up organs and boulder-size tumors and

Could i forget that smirk of mangled limbs and those backward feet

Then came your sagas, your stories, your fairy-tales

of nose-singeing odors and
of sloshing puddles of blood and

desperate prayers to secure the new, slippery tykes and
Oh don't get excited, you warned, it will be just another stuffy nose down the road

Finally your stories made me laugh, telling

of little green men and
miniature pink talking elephants and
manic masturbating schizophrenics and

You spoke tales of frustrations of hopeless drunks and worthless junkies

You were tired
you were done, experienced, weathered
But most of all,
you were wrong.

Because i found grandmothers and fathers
great-grandfathers, daughters, and mothers
They were people...people, not tales to entertain
persons each with their own stories, their own tales

i found weathered lives, hurricane tormented demons
needles and tracks, cracks and smokes
driven deep separating existence
i found wars, brutal psychotic battles,
victory and loss, defeated and triumphant
perseverance and untouchable faith
i found calming tears of colorless, forgetful relief
wailing hysterics of senseless fates
numbing tragedy without belief
i found days of laughter, spontaneous, free
small fresh bursts of life where
there was comfort and there was peace
i found the unexplainable and every day, the impossible
nights of silence, explaining of dreams
prayers with forgiveness, acceptance
i found humanity, a humanity so unique, our own connectivity blends us to one
i found my own empathy
i found my own fears and my own beliefs
i found my own call

So close your ears my friends to those stories of fright
Close your ears to those tales of apathy and indifference
Close your ears and open your eyes, open you hands, your mind
And you too will find...

Emily A. Van Beveren MS IV

