LETTERS

FROM THE CLINICAL YEAR

FROM THE CLASS OF 2027
SCHOOL OF MEDICINE

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FOREWORD FROM THE GOLD HUMANISM HONOR SOCIETY

Dear LIC Medical Students,

Congratulations! Reaching your clinical year is no small feat. You have successfully navigated the classroom years and are now standing at the threshold of your clinical training. You have earned this transition, and with it comes the beginning of a profoundly transformative chapter in your training.

The clinical year is often described as a turning point, and for good reason. It is when medicine begins to move beyond textbooks and into the lives of real people. It is when physiology becomes a patient in front of you, when diagnoses carry stories, and when learning is no longer confined to lecture halls but unfolds in hospital rooms, clinics, and quiet conversations at the bedside.

This year will challenge you in ways you may not expect. You may feel, at times, that you know very little. You may question your place on the team or wonder whether you are contributing enough. You will make mistakes. You will have moments that stay with you for the rest of your career. All of this is not only normal but essential to your growth.

Amidst the uncertainty, remember this: your role matters. As a medical student, you bring something uniquely valuable: the gift of time, curiosity, and presence. You have the opportunity to listen when others are busy, to notice what others might overlook, and to connect with patients in ways that remind all of us why we chose this profession.

Within these pages, you will find letters from students who have recently stood where you stand now. Their words are reflections of the early mornings, difficult conversations, unexpected laughter, and meaningful connections that shape your clerkship experience. They are reminders that you are not alone in what you will feel or face.

As you begin this journey, we encourage you to hold onto the values that brought you to medicine. Be curious. Be humble. Be kind. Remember that you have a responsibility not only to your patients, but also to yourself. Give yourself grace during the difficult days, check in with your colleagues, and never be afraid to ask for help. And when the pace of the year feels overwhelming, pause long enough to recognize the privilege of being invited into the lives of your patients.

We hope these letters offer guidance, reassurance, and perhaps even a sense of companionship as you navigate the year ahead. Take great care of your patients, look out for one another, and enjoy the journey.

Welcome to your clinical year. You are ready for this.

Sincerely,
Ananya Shah and Melanie Mandell
On behalf of the Class of 2026 Gold Humanism Honors Society (GHHS)

INTRODUCTION

This publication was inspired by the work of Czechoslovakian poet, Rainer Maria Rilke, wrote a series of letters to an aspiring poet in the book, *Letters to a Young Poet*. This book generated a series of other works to those beginning careers in various fields and is titled, "The Art of Mentoring." The collection spans a diverse number of professions and includes such titles as *Letters to a Young Jazz Musician* by Wynton Marsalis, *Letters to a Young Lawyer* by Alan Dershowitz, and *Treatment Kind and Fair: Letters to a Young Doctor* by Dr. Perri Klass. Inspired by these works, Dr. Tess Jones encouraged senior medical students to write letters of advice to their younger peers as they embarked on their clinical year—considered the most challenging phase during medical school training. She desired students to grasp the relevance of Rilke's work and asked the rising clinical students to consider certain ideas:

> Rilke wrote about taking risks not only to succeed but also to fail: "Always trust yourself and your own feeling; if it turns out that you were wrong, then the natural growth of your inner life will eventually guide you to other insights."
>
> He wrote about being impatient to know everything but being comfortable with knowing nothing: "Try to love the questions themselves as if they were locked rooms or books written in a very foreign language."
>
> And he wrote about being aware of yourself in the world but being cautious about taking yourself too seriously: "Don't be too quick to draw conclusions from what happens to you: simply let it happen."
>
> Rilke encourages that very first reader to experience and express all that is happening around him, to him, and because of him: "Turn to what your everyday life affords; depict your sorrows and desires, your passing thoughts and beliefs in some kind of beauty. Depict all that with heartfelt, quiet, humble sincerity."

Letters from the Clinical Year is a collection of creative works by students from the Class of 2027. The publication contains practical advice, poignant stories, inspirational words, and humorous musings. Within this collection, you will discover a source of guidance and a resource to help partners, family and friends gain understanding of the intense experiences during the clinical year. We hope to read your letters in a future edition! Wishing you joy and fulfillment on your path!

Anjali Dhurandhar, MD
Associate Professor of Medicine
Arts and Humanities in Healthcare Program
Center for Bioethics and Humanities
CU Anschutz Medical Campus

Dear Student,

There is so much that feels unknown right now. So much apprehension and anxiety about what this year is going to be like. How hard will it be? Will you find a specialty, a mentor, a sense of direction? Will you make it through the year at all?

The good news is this: you are going to make it through the year.

The clinical year, at its core, is about showing up with everything you can. Sometimes that means you prepped for every patient the night before, read about their conditions, and are ready for every question that comes your way. Other times, it means dragging yourself out of bed, putting on your badge, and showing up with an open mind and your best effort. Both count. Both matter.

What's wild about this year is how many moments sneak up on you without warning. One day, you'll call someone your patient and realize you actually mean it. You'll answer a question confidently, without rehearsing it in your head first. You'll catch yourself making a decision on instinct. You'll notice your patients trust you, and then, almost quietly, you'll realize your preceptor does too.

For me, the clinical year was hard in a different way than I expected. I thought it would be hard because of the sheer volume of medicine to learn, the shelf exams, the long hours. That part was real, but it wasn't what challenged me the most. What was harder was learning how to hold grief, fear, and sadness for people I had just met, and at the same time, learning how to hold joy and hope for them, too. Early in the year, my psychiatry preceptor told me that one of the most important parts of his job is holding hope for patients until they are able to hold it for themselves. You will do this more than you realize, sometimes without saying a word, simply by showing up consistently and listening.

Another thing that was surprisingly hard for me was seeing the burnout up close. You have been told that the system is broken, but witnessing it day after day, how it affects patients, residents, attendings, and the care they want to provide, can be deeply disheartening. It can be sobering to realize that this is the system you are entering for your career. Let yourself name that grief. It does not mean you are cynical or weak; it means you are paying attention.

Medicine will change you beyond the clinician you are becoming and accepting that was harder than I expected. It changes how people in your life relate to you when they learn you are training to be a doctor, a shift that can feel particularly sharp if you are the first in your family to go into medicine. It will change how you see the world, how you listen to people, how you carry stories that are not yours but now live inside you anyway.

There will be days you feel inadequate or unsure of your place. There will be moments of quiet pride and connection that remind you why you are here. Try not to measure this year only by grades, evaluations, or productivity. Pay attention to the quieter moments of growth: the patient who opens up to you, the skill that suddenly feels natural, the time you advocate for someone when it would have been easier not to, the shift from feeling like you're pretending to realizing you belong here.

Be kind to yourself. Ask questions. Admit when you don't know something. Take care of your body and your relationships as best you can. You don't need to lose your humanity to become a doctor; you need it.

You won't do this year perfectly. No one does. But you will learn more than you think, grow in ways you can't yet name, and become someone your future patients will be grateful to meet.

You are more ready than you feel.

Renee Dreher

Dear Friend,
You got this!
Please enjoy my list of tips for immersion!

1. Be on time.
    a. Remember you might need some time to figure out parking.
    b. Remember that hospitals can be very confusing to navigate, and elevators can get full.

2. Invest in comfortable, supportive shoes.
    a. As someone now suffering from plantar fasciitis s/p surgery and OBGYN immersions, I do *not* recommend getting those $10 knock-off Crocs on Amazon just because you don't want to get blood on your sneakers.
    b. Shoe recommendations I collected from healthcare workers and other students: Hokas, On Cloud, Crocs, Birkenstocks Clogs, Dansko Clogs.
    c. Note: These can be expensive. I was very hesitant to buy an expensive pair of shoes knowing they would just get dirty, but to me, it ended up being more than worth it. Look for sales, shop outlet stores, and even check out thrift/resale.

3. Pack snacks, especially for OBGYN/Surgery immersions.
    a. You never know when or how much time you'll get to eat. Best to have a quick bite on you just in case. I recommend: CLIF bars or other granola bars, a mandarin orange, a bag of trail mix or dry cereal.
    b. Tip: try not to eat in pre-op! These patients have not been allowed to eat before their surgeries, and it's considered rude to chow down in front of them.

4. Take bathroom breaks when you get the chance.
    a. Surgeries can go long!
    b. If you really need to go, it's okay to ask to scrub out.

5. Pre-rounding: Some teams will ask you to pre-round (see patients before rounds) on your own. Others just want you to "chart-stalk" your patient(s) in preparation for presenting on rounds.
    a. Things to keep track of in the morning when chart stalking/prepping for rounds:
        i. Vitals (HR, BP, Temp, spO2 and if they're on supplemental O2)
        ii. Ins/Outs if significant
            1. What is their diet?
            2. Any drains in place? Output? Make sure you don't fully rely on charted I/Os.
        iii. IV access?
        iv. Meds:
            1. Pain meds received?
            2. Getting any DVT prophylaxis?
            3. Antibiotics?
        v. Recent Labs (sometimes have not resulted yet in the morning when you check, so keep an eye out!)
        vi. Recent Imaging results

6. "The List"
    a. This is a printout from Epic/EHR of the patients you will round on for the day.
    b. Most teams have a preset format for how the list should look; ask/watch your intern print the list on the first few days!
    c. Some residents may want you to print a list for them and other team members in the morning. You can do this if you want after you figure it out, but you should at least be responsible for printing your own list unless your resident is nice and prints one for you.

7. Things you might not know about your role in the OR:
    a. Pre-Procedure:
        i. Introduce yourself to the patient in pre-op!
        ii. Ask your resident if you should scrub in.
        iii. You should be in the OR before the patient rolls back. Keep track of patient location on EHR!
        iv. Write your name on the board under "MS" or "observers" and introduce yourself to the scrub tech and circulator.
            1. If you are scrubbing in, tell them your glove size, and volunteer to get the gloves for them. Ask if they have enough gowns.
            2. The gloves and gown must be placed onto the sterile field in a sterile fashion. If you do not know how to do this, ask for help/a demonstration.
        v. Help move the patient onto the bed, help with securing SCDs.
        vi. Move the bed into the hallway and park it in the designated location!
        vii. Can volunteer to place Foley or IV or ask to watch it be done.
        viii. Can watch or ask to be involved with intubation.
    b. Things you'll do during the procedure:
        i. Holding stuff :)
        ii. Answering pimp questions (usually about anatomy/clinical correlates).
        iii. Suturing skin!
            1. Mainly you will be closing port sites
            2. Sutures to know: Deep dermal, Running subcuticular, Simple interrupted
                a. Watch YouTube videos on this!
            3. Know how to instrument tie, 1-hand tie, and 2-hand tie.
                a. Watch YouTube videos, practice with shoelaces!
    c. Post-Procedure:
        i. Help with cleaning the patient, removing drapes.
        ii. Grab some warm blankets.
        iii. Go grab the bed from the hallway, and help the team move the patient onto it.
        iv. Don't let the patient touch their eyes when waking up from anesthesia! (They will really want to).

8. SHELF exam study tips:
    a. Start studying early; it is not a good idea to cram for these.
    b. Come up with a bare minimum day: i.e. this is what I will do to study for SHELF even if I have close to zero energy after clinic/immersion (example: do 20 Amboss questions). On days when you have more energy, you can do more.
    c. Practice NBMEs are the closest you'll get to the real thing and generally relatively predictive of your score. Some questions are also recycled.
    d. Anking has sub-decks for SHELF if you like Anki.
    e. Other resources: Emma Holliday (YouTube videos), Dr. High Yield, Divine Intervention.

9. Final tip:
    a. You're doing okay, even if you feel overwhelmed, even if you got the pimp questions wrong, even if someone said something snide or wrote something in your evaluation that made you feel horrible or incompetent.
    b. Just do your best, learn as much as you can, and remember why you're doing this.

I believe in you.

Yours sincerely,
Neya Manavalan
GHHS

Dear LIC Student,

I remember starting medical school at CU and reading the same book you likely hold now. I was mesmerized by the incredible experiences students shared about the privilege of caring for patients. Two preclinical years, pre-LIC, and a whole PhD later, I was finally set to chart my own journey. I was so excited to feel like I could finally do what I thought medical school was all about: taking care of people.

I remember finishing orientation and realizing I was starting on Labor & Delivery for my very first rotation. Everyone had warned me that "the deck" was the hardest place to start but promised it would be a meaningful immersion. That week went by in a blur. I witnessed five deliveries and two C-sections, and I walked away feeling I had grown an immense amount. But the growth was uncomfortable. I remember being asked to write a progress note and freezing, unsure of what it actually was. I remember being asked to suture and, in my nervousness, accidentally squeezing my attending's finger with the clamps. I felt like a fish out of water, terrified that the rest of the year would be defined by my early blunders.

But the year will go by. You will put into practice everything you were prepped for as students: delivering oral presentations, mastering pre-charting, writing H&Ps, performing physical exams, and maintaining a sterile field. You will augment this with practice questions for shelf exams and reflections on your evaluations. These are the technical aspects of our training that will undoubtedly make us better physicians. But there are intangibles to this year that are specific to how you care for your patients.

You will go in with your attending to prep a patient for the OR, hearing the patient's fears of anesthesia and recovery, but also their hope for a better quality of life. You will deconstruct a complex case with your team and hear everyone flex their funds of knowledge, only to realize the true complexity lies in the patient struggling to manage their medications alone, leading to toxicity. You will sit with an encephalopathic patient's daughter to discuss the transition to comfort care before he passes away. You will discuss a new cancer diagnosis with a patient and simply listen as he processes it with his sister on the phone, the team sitting somberly nearby, processing mortality not just as clinicians, but as healers.

This year, while undoubtedly grueling, is the best year of medical school because it is when you truly begin to embody the physician you hope to become. You will make mistakes as you refine your identity but give yourself grace as you venture on this journey. As you discover which parts of medicine speak to you, take time to recognize how much you are growing every day, week, and month. You have worked incredibly hard to be here, and you will make a fantastic physician. Congratulations, and enjoy the year, future doctor!

Best,
Kumar Thurimella

Dear New LIC Student,

As I started this phase of my medical school journey, I remember feeling a mixture of excitement to leave the classroom, uncertainty at what the mixture of clinical learning and shelf studying would look like, and an overwhelming sense of dread at the thought of messing up. You will hear stories from previous generations of students and physicians about experiencing the joys and struggles of medicine. Some of you will find your spot in medicine in an OR during the middle of the night (this was very much not me) while others will feel more comfortable cramming four well-child checks into a one-hour visit (this was my first panel patient). Regardless of where you end up, I want to offer a few suggestions to help you along the way:

- **Get used to looking dumb.** Last year, you all played the game of "What Dumb Thing Did I Say to a SPETA." This year, you will get to play the game of "What Dumb Thing Did I Say to an Attending/Resident/Fellow/Other Med Student/Actual Patient." Oral presentations become a goldmine of opportunities to impress preceptors with either the extent of your knowledge or your ability to put your foot in your own mouth. Some highlights from mine and my friends' presentations include: "The UA is giving nephritis," "bilateral R hip replacement," and "no history of gestational diabetes or…normal diabetes." You will want to disappear, but your preceptors will appreciate a moment of levity while being reminded of what it felt like to be a student. Outside of the clinical space, Amboss likes to remind you just how many details there are still left to learn. (Don't worry, Amboss is harder than the shelves anyways.) You never completely stop looking dumb (at least I haven't), but this is the time to use the excuse of "I'm just a med student" while you can.

- **Get excited when you see your classmates in the hallway.** You will quickly learn that this year is far more isolating than first year. The classmates whom you've gotten used to seeing multiple times a week are all going off to work with different preceptors, in different hospitals, in different cities. The moments when you get to see a friendly face in the hallway, or even better, work with a friend, become like gold. On my first ED shift, I arrived at 6:55am for my 7:00am shift, clutching a Celsius, and completely overwhelmed by the sheer size of the UCH ED. To my delight, I learned that I would get to work with a friend in a different LIC whom I hadn't seen all year. We spent the whole shift pretending to be doctors, practicing presentations to each other before giving it to the resident, and even splitting a patient at the end of our shift. You all are growing into doctors together, so lean on each other when you can.

- **Giving 50% when you are at 50% capacity is actually giving 100%.** There's no sugar coating it: this year is very hard. The learning curve is steep, the hours are long, and life doesn't stop. During the last two months of my LIC year, I had an emergency surgery and a surprise funeral to attend, all while trying to study for my last shelf and trying to make a good last impression on my preceptors for grades. Throughout all of it, I had to come to terms with the fact that even if I wasn't showing up at the level where I wanted to be at the end of the year, I was doing pretty well in the context of everything going on. I made it through by leaning on friends, giving myself grace, and taking it one day at a time. At the end of the day, you are still human, and you need to make space for that if this is going to be sustainable.

Throughout all of the ups and downs of this year, one thing is certain: you will get through it. You may look different at the end—your definition of a bad day will change, you'll have a better idea of what specialties do and don't speak to you, your differential and management skills will be much more developed—but you will be one step closer to being a practicing physician. Have fun, take a breath, and know we are all rooting for you.

AnaLisa Ortiz

Dear LIC Student,

You're probably heading into your second year with a mix of excitement and medium-level dread. I definitely was. I worried constantly about shelf exams, whether I was slowing down rounds, and about not knowing the answer when an attending asked yet another obscure question about lymphatic drainage. I measured my days in UWorld questions, Anki cards, and feedback comments.

Those things will still matter. But they won't define this year.

During my LIC year, several of my own family members were in and out of the ICU, and others neared the end of their lives or passed away. At the same time, many of my rotations were in fields like GI oncology, gynecologic oncology, cardiac surgery, and palliative care. I met patients waiting on transplant lists and others who had just been turned down from their last chance for a clinical trial. I watched families sit with impossible decisions. And then I would leave the hospital to have the same conversations with my own family.

At first, I tried to keep those worlds separate. I studied harder. I focused on performing well. I tried to stay "on." But over time, something shifted in how I understood this year—and our careers.

I began to see more clearly what we are actually stepping into as medical students. Yes, you are there to learn how to present, how to build a differential, how to manage a patient safely. But you are also there during the most consequential moments in people's lives.

I stood with a woman who rang the cancer bell after defeating her third primary cancer. The entire clinic stopped to hug and cry with her. I watched a couple sit side by side, their hands desperately intertwined, as we discussed a grim prognosis. I was in a delivery room when we resuscitated a newborn after a prolonged labor and saw two new parents finally exhale as their baby cried. I held the hands of a daughter after we performed CPR on her mother and were unable to regain a pulse. And I will never forget the anguish of a husband praying at his wife's bedside for her to wake up from a terminal stroke.

Being present for those moments will recalibrate you. The stress of missing a question on rounds or scoring a few points lower on a shelf exam does not disappear, but it shrinks. It finds its appropriate size.

This year, you will feel stretched thin. You will strive to be efficient, impressive, and prepared. Do those things. Study hard. Show up early. Take feedback seriously. But do not let performance become the entire frame through which you see your day.

Pay attention to the rooms you are standing in.

Notice the glances exchanged while families wait for news and the quiet that settles during difficult conversations. Watch how patients carry hope, fear, exhaustion or pain, sometimes without naming it. These observations will teach you more than any textbook or Sketchy video.

And give yourself permission to be human. You do not need the perfect words in every difficult conversation. Often, what matters most is that you stay. That you sit down. That you resist the urge to rush out the door because you feel awkward.

Support your classmates. Debrief after hard cases. Celebrate the wins together, even the small ones like leftover cookies during noon conferences. This year can be heavy, but it becomes lighter when you acknowledge that openly.

If there is one shift I hope happens for you, it is this: that you begin to see clerkships not merely as a series of evaluations, but as an entry point into the most meaningful parts of medicine and of life. You have worked incredibly hard to earn a place in these rooms. Let yourself appreciate that.

The exams will pass. The comments will be uploaded. What will stay with you are the patients who trusted you enough to let you witness their lives at their most vulnerable and most joyful.

That perspective, more than any score, will shape the physician you become.

With encouragement,
Jamie Cronin

Dear MS2,

You will read lots of stories about moments with patients that are profound. That are affecting. That change the way students understand themselves, medicine, and even the world.

Most of the time, it's not that deep. Waiting for wisdom in every case of hypertension, diabetes, and heart disease will make you miserable.

I hope that I can convince you that this year need not be so dour. There is tremendous comedy in learning—or maybe learning in comedy?

A principal source of comedy and learning will be your mistakes.

You will, like me, mess up in ways that will be enormously hilarious to your classmates.

Indeed, halfway through the year I found myself being laughed at by an annoyingly large group of my peers. Some background:

In the beginning of the year, I found myself answering "I don't know" or "I forgot to ask that" to an embarrassing number of my preceptors' questions. Around 75% of the time, they were things that I knew I was supposed to ask.

Unlike the CAPE simulations, patient interactions do not end when you leave the patient's room. You are not constrained to a single 10-minute conversation. I had yet to realize this.

I found myself waiting for my preceptor, knowing that I had forgotten to ask the patient if they had taken any Tylenol for their fever. I felt shame beyond words. Isn't this a basic part of taking a history? I was dreading that pathetic, "Uhh yeah, I guess I forgot to ask about meds." I knew I was supposed to ask that. My preceptor knew that I knew that I was supposed to ask that. I knew that my preceptor knew that I knew that I was supposed to ask that.

It was so over.

In a flash of utter brilliance, known only to the likes of Jonas Salk, Alexander Flemming, etc., I had a realization: *I could go back into the patient's room and ask them if they had taken any Tylenol!*

We were beyond back.

Saw a patient with COPD but forgot to listen for lung sounds?
Just go back into the room.

Saw a G6P5 in clinic but don't remember if her 4th delivery was SVD or a C-section?
Just go back into the room.

Saw a kiddo who 100% has an ear infection, but you just looked up what a middle ear effusion looks like on your phone. You think maybe the kid's ear didn't look like that, but also he was screaming and your view was terrible? (What if you miss a cholesteatoma?)
Just go back into the room (torture the child again).

Sometime later, I, somewhat proudly, confided this strategy of reentry to my friends. What I got was blank stares.

"Yes, obviously you can do that, Abe. Have you not been going back into rooms this whole time?"

And so on.

Which is how it goes. This year is about learning not to make the most blindingly obvious mistakes. To do that, you will need to make some blindingly obvious mistakes. The upshot of this is that you get to laugh with your friends about *their* blindingly obvious mistakes.

Not to say that it's all laughs—you will spend this year being very serious. It's tough not to be serious when everything is so new, and so overwhelming, and so complicated, and so *hard*.

But if you can find some way to laugh at yourself, at your preceptors, at the nonsensical design of the ED (shout out Memorial Central), and at your friends, I promise it will make the ambiguity, the frustration, and the confusion easier to bear.

And between the ache of anxiety, the crushing weight of responsibility, and the laughing—laughing because if you don't laugh then you know you'll cry—you might find a moment that reminds you why you're here. Mine was when an eight-year-old gave me a thumbs up.

Good luck and godspeed,
Abe Rosenthal (who now remembers to ask about Tylenol the first time)

Dear LIC student,

Congratulations!! Welcome to the most formative, inspiring, and impactful year. I am so excited for you. I will start by saying that your clerkship year is deeply individual, and no one's experience or advice is the same. So, take what you need, and leave what you don't (this applies to everything, not just my letter to you).

First, and perhaps most important of all, realize that you have conquered so much already and are exactly where you are supposed to be. Read that back. Again. Whether this mantra or a different one, find something that can ground and encourage you. Carry it with you as faithfully as your favorite pen, stethoscope, or notes and lists for rounds.

One common sentiment that echoed in my head throughout the year is that comparison is the thief of joy. You and your peers may have the same requirements and rotations to complete, but I can promise that you will not have the same journey. You will be measured against differing standards, preferences, and expectations. There will be times when your classmate thrives at something that you struggle with. When this happens, it is important to remember that no one has the skills, perspective, or lived experiences that you do; you are entirely unique, and your year will mirror this fact. As long as you are learning and progressing, you are succeeding.

During the next 12 months, you will do things that you always dreamed of doing. You will see and experience things that you never thought you would. And somewhere in between, you will discover what you want to do as a physician. Although discovering what you enjoy and will pursue is invaluable, it is equally as important that you immerse yourself in all specialties. If there is something you may never do again when the year ends, focus most on this, take everything you can from it, and remember what a unique privilege it is to learn from your patients.

Finally, revel in the successes of your peers. Find joy in their joy and celebrate their wins. Lean on them when it gets hard and be vulnerable when it's hard for you.

And please always remember to give yourself your own flowers. Part of why you are here is because you are never satisfied; you are always seeking, striving, curious. But this also keeps you from seeing how far you have come. Always take time to reflect and appreciate your growth.

One thing that I can guarantee is that you will not be the same at the end of this year as you are now, and I can't wait for you to see who you will become!

Reach out if you need anything and know we are all rooting for you!

Mia Barrett

Dear LIC Student,

You may be leaving your first year feeling unprepared to take care of patients and simultaneously so incredibly ready to be out of the classroom. You may be questioning if you are really cut out for this. You may have been practicing and preparing all summer, honing your physical exam and oral presentation skills. You may be coming back from a summer of rest, unsure how you will gain momentum again. You may be uncertain but excited about what is to come this year. Whatever you may be feeling, you are not alone.

A quick pep talk: You belong here. Your presence matters. You have something unique to offer patients and your clinical team. Eat some food, take a shower, get some rest.

You may study the stages of labor, quizzing yourself on next steps if there is ever a halt or complication in the process. But you won't be prepared for when your hands are the first to welcome a baby into this world, and you hold your breath until the baby takes a breath.

You may study Takotsubo cardiomyopathy, correctly answering questions about characteristic ECHO findings like apical ballooning. But you won't be prepared to sit with your patient as she recalls the sudden death of her husband, as she now ponders how she can make a way forward, or if it is even worth living anymore.

You may study developmental milestones and memorize the age an infant starts to walk or talk. You won't be prepared for the reciprocal pride you experience as a parent excitedly shows you that their child has learned how to sit up or say a new word.

You may study the Parkland Formula, prepared to calculate fluid needs for a burn patient. But you won't be prepared to hold your patient's hand as she screams and weeps, with full thickness burns covering her legs, wriggling around, trying to find even a moment of comfort.

You may study the differential for a childhood limp, considering osteomyelitis, slipped capital femoral epiphysis, Legg-Calve Perthes, juvenile idiopathic arthritis, amongst other diagnoses. But you will not be prepared to see your 3-year-old patient at her post-op visit, squealing, "My friend!" with joy as she runs over to you, limp free.

You may study and memorize the diagnostic criteria for PTSD in the DSM-5, but you will not be prepared for the moment your 13-year-old patient discloses the rape she experienced, and you walk through a trauma questionnaire.

You may memorize the stages of the menstrual cycle, knowing exactly which hormone rises and falls at which time and when fertility is at its peak. But you will not be prepared to listen to the fetal heartbeat on ultrasound as your patient cries tears of joy for a much desired and long-awaited pregnancy.

You may study ACLS, knowing when to give epi and when to continue CPR, which medication treats which arrythmia. But you won't be prepared for the moment when your hands leave your patient's chest for the last time, having been the only thing keeping blood pumping through his heart as time of death is called.

There are so many things you will study for, and yet you will remain unprepared. That is okay. You will do it anyways.

You are a witness, a carrier, a keeper of these stories. Hold on to them and bear them with honor; it is an incredible privilege and an incredible yoke. May they make you a better doctor, but more importantly, may they make you a better person.

Keller Allison

Dear LIC Student,

This year you will see many patients from all walks of life. Young, old, scared, hopeful. And one day, you may, perhaps see that your next patient has dementia and is coming with her children to discuss hospice care. You will prepare for the visit the same way you've been taught in DOCS and throughout your CAPE encounters: chart review, introductions, history, etc. You will expect a conversation about quality of life, medications, and goals of care. You'll walk into the room excited to practice your skills.

Instead, you'll walk into a room that is heavy with grief.

Their mother, once radiant, they'll tell you, will sit quietly in the chair, staring at the ceiling as if tracking invisible butterflies. She won't answer questions. Your preceptor will try gently. You will try too. It will feel like nothing is landing. You will start to feel useless, perhaps even theatrical trying to capture some inkling of her attention.

Then, when you reach for your stethoscope, you'll notice her fingernails.

A soft lavender purple.

Having exhausted other topics of conversation, you'll tell her they look pretty.

And suddenly, she'll look at you. And I mean, really look at you…and smile. Her eyes will brighten, and with surprising clarity, she'll tell you that her daughter painted them.

Her daughter will nod, eyes filled with tears, and something may crack inside of you.

Because in that moment, you won't just see a patient. You'll see your own grandmother.

You'll remember baking cookies together. Watching Scooby-Doo. Going to the dinosaur museum. You'll feel your throat tighten and face turn red, and you'll hope no one notices that you're fighting tears in the middle of clinic.

In studying for the MCAT, you will likely have encountered the word before: *countertransference*. It sounds very academic. I warn you. It will not feel academic when it happens.

It will feel like grief sneaking up on you in the middle of a Tuesday afternoon.

Here's what I want you to know: this isn't a failure. It's proof that you're not just training to be a doctor. You're training to be human. You will learn so much medical knowledge during your clerkship, but perhaps even more importantly, you will learn to listen, to observe, and to know when words are sometimes not the answer.

Sometimes it's a smile.

Sometimes it's lavender nail polish.

Sometimes it's acknowledging a daughter who paints her mother's nails.

Those things may feel small, but they are not. They are identity. They are love. They are the pieces that survive when a disease is seeming to take everything else away.

At the beginning of the year, I was so worried about saying the right medical words. That day, all I said was, "Your nails look so pretty." And somehow, I think that mattered more.

If I could go back, maybe I'd slow down. Let the silence stretch longer. I'd give her daughter and son more space to talk about whom their mother used to be.

Either way, remember this. When you're tired, rushing, worried about your evaluation… just pause for a moment.

Notice the small details.

And let yourself feel it when it hurts. It's okay! That tenderness you're trying to hide…It's the part of you that will make you a good doctor.

Good luck. You got this!

Austin Stelmach

Dear Student,

You've made it! When I was in your shoes at this point in medical school, I was filled with dread. Looking back on the clinical year now, I realize this was one of the greatest years of growth in my life.
It will be emotional:

- I came home from my first day of pediatrics inpatient immersion in tears.
- I was present with a patient to share their cancer diagnosis, I went to chemo with them, and months later I visited them in the hospital shortly before their passing.
- I sat with a pediatric patient who hadn't been in school for a few years and did multiplication tables with them—a huge win for the team!
- I learned about a patient's death by opening their chart with the intention of giving them a call later that day.
- I found some new bruising on physical exam, advocated for imaging, and we discovered a fracture.

This year will reveal to you the beautiful breadth of the human condition, to see the fleetingness of our time here on earth, witness the miracles of modern medicine, and feel the power of true human connection. If I had one piece of advice, it would be this: jump in.

Give a terrible oral presentation, knowing it will get better with time. Find the courage to ask the question that's been confusing you. Be a humble, engaged, and notable member of the team, and the rest will follow. Finally, give yourself some grace. The pressure to know the answers and operate at this level can be overwhelming at times. Trust that even on your worst day, you are still showing up for yourself and learning something along the way. When you look back and realize you witnessed your last childbirth or emergent craniotomy, the memories will be tinged with nostalgia and pride.

Ekshika Patel
GHHS

Dear LIC Student,

Get ready to embark on one of the most challenging yet rewarding years of your medical education.

You will be immersed in the wide range of specialties that make this field so diverse yet cohesive. Even if you feel certain about your future specialty, take it all in. There are valuable lessons in every specialty. Each patient encounter will help you grow into the well-rounded, compassionate physician you are meant to become. This year is not simply a means to an end; it is a formative and essential part of your long journey.

Pay attention not only to the treatment plan but also to how the interdisciplinary team collaborates on it effectively and communicates it to the patient. The shelf exams are important. You should study hard for them, even after your long days in the hospital when you feel up for it. But remember: the material always comes back to patient care. Connect your Anki cards and clinical algorithms to your patients' stories whenever possible. You will recall the patient with peripheral edema and elevated JVP from your medicine immersion far more clearly than the breakdown of CHF from a 3-hour Divine Intervention podcast.

Do not give in to the self-doubt and imposter syndrome that come with being entirely humbled after you give your first assessment and plan. You are meant to be in this position and have worked hard to earn this role. While the difficulty is real, so is your capability. Each person you learn from over the next year has gone through similar moments. They are your biggest advocates, even when they sometimes feel like your harshest critics. The edge of discomfort is where pivotal learning moments occur. The "J curve" is, indeed, real and will be your lived experience for the next several years.

At the same time, learn your own limits and set boundaries around them appropriately.
If you are not comfortable performing a patient task independently, say that. If you need a workout, rest, or connection with a friend instead of an evening of studying, do that. There will be more opportunities to see patients on your own or catch up on studying, but neglecting to prioritize yourself in the chaos can quickly become a detriment to your own success.

In trying moments, ***remind yourself of the immense privilege it is to be with patients and their loved ones during some of the most difficult, vulnerable moments of their lives.*** This year will deepen your medical knowledge, but equally important, it will deepen your understanding of humanity. That understanding is what makes modern medicine meaningful—and effective.

All the best to you. Enjoy the journey!

Ellie Westerby

Dear LIC Student,

Take a deep breath, this will be both an exciting year and a marathon of learning ahead. You will have the chance to meet inspiring patients and amazing physicians this year. There will be long nights spent studying after even longer shifts, but make sure to set aside time to live outside of medicine too. If I could go back and give myself any advice for this year, it would be this:

- At the end of the day, learn the information but don't be so hard on yourself for the Shelf Exams. It truly is pass/fail, and you still have the rest of your time in medical school to fill in the gaps. It will feel like such an accomplishment to be done with a shelf exam. Then, you may realize that you later forget something you worked so hard to learn, but medical school is about repetition and review. Trust the process.

- Make a study schedule and stick to it. Account for the differences in available study time between outpatient clinic and immersions. The NBME practice exams are the best way to gauge where you are. Don't make your studying too complicated, and don't feel pressured to change your study strategies. I only used AMBOSS for questions and the NBME practice exams to study, and I really liked it. I never got into Anki or UWorld. Find what works for you and go for it.

- Yes, this year is graded with evaluations, but these evaluations are not going to determine whether or not you are a great doctor. Several times I was told in my evaluations that my desire to learn, my honesty about what I didn't know, and my ability to show improvement over an immersion mattered much more than what I knew coming in. Some of you will start this year on immersions right off the bat. I did during my clerkship year and felt like I had to relearn all the basics over again. The best thing you can do for yourself this year is to be curious about every case, go see every patient, and do what you can to learn. This year is about starting to expose you to all the information you learned last year and even more new information. Dive into the learning, and don't worry about the grade.

- This year may feel disjointed with your learning bouncing from shelf exam to shelf exam and immersion to immersion. Sometimes it will feel frustrating when you worked so hard at something, but it still feels like it hasn't clicked. Give it until the end of the year. Even at the mid to late point of the year, sometimes I still walked into clinic panicked like it was my first time ever walking into an appointment—trying to make sure I remembered to ask all the questions while in the room with the patient and trying to synthesize everything for my oral presentation. I remember thinking one day towards the end of the year that it finally felt like it clicked all at once. I was in a new clinic with a new preceptor after some scheduling conflicts moved me around. I went to go see my patients for that day. With each patient, the presenting issues felt more familiar. I knew which questions to ask, which physical exam findings were important and didn't need to do every physical exam component I could think of. Thus, I was able to organize my thoughts coherently for a presentation. At the end of this year, you will feel prepared to see patients and practice your skills. You still won't know everything, but you will start to feel like a doctor.

That is most of what advice I have. Study hard, take time for yourself, enjoy time with friends and family, and just keep trying. You've got this!

Grace Hanson

Dear LIC Student,

You are embarking on a journey through patient stories that may redefine your own—or at the very least will impact you. Pay attention to them. I hope these stories will make you stop and think. In a busy clinical week, pauses and reflections are a skill like any other—an oral presentation, a thorough note, a well-prioritized differential. It takes focus and practice to bring yourself to a standstill and look around, where your feet are planted. It takes even more to remember that moment down the road. You will serve your future self, and your future patients, with the perspectives you gain as a medical student who has fresh eyes and the time to listen.

What you are about to do will defy your expectations. Let go of them. You may feel in January that you are the same person you were in September. You already are not. I was surprised by how rapidly I grew as a clinician, despite feeling like I was inching along. You will learn how to convert a massive amount of information—as much of a patient's life story as you let yourself see—into a concise three-minute presentation. You will learn to share news, put in orders, and consult pharmacy. You will work on a professional team with vastly diverse skillsets. I hope you will learn to listen deeply to the narratives of your patients. You will learn, and may find peace in, how to be okay with saying, "I don't know."

Through it all, I hope you will cultivate the skill of reflection. To pause and consider a patient's story is a gift to the people under your care. It helps you and your team see the human beneath the illness, the injury, the emotions. It is also a gift to yourself. To introspect is to give yourself grace.

Lastly, find a way to balance your life. LIC year is hard, but do not stop living. Just as it is in your power to pause for reflection, your unstructured time (though less abundant) is yours to spend as you wish. Sometimes a 20-minute walk or hearing the voice of a loved one is more fruitful than absentmindedly pushing through five more practice questions.

So, take pauses. Savor your growth. Listen carefully. Make time for what's important to you. See the human in your patients; see the human in yourself.

Lauren Morris

Dear LIC Student,

Congratulations! This next year will be transformative, and I am so excited for you! Day 1 will be both nerve-wracking and exhilarating. You have worked so hard to get here and deserve to be here. I remember my first day looked something like this: I woke up before my alarm, ate a healthy breakfast, and arrived at clinic early, eager to meet my preceptors and their teams. I remember being surprised. Everyone was so nice and excited to support me during this year. I suspect you will find the same.

If you were anything like me, by day 180, your routine will have changed. Now a 7:45am clinic appointment left no room for error. Too often, these mornings consisted of snoozing my alarm twice, skipping breakfast, driving in a mad dash to claim the one remaining parking spot, and running to clinic wondering if I had my stethoscope and if I had enough caffeine to sustain me through the morning.

As you sit with your patients in clinic, no matter if it is day 1 or day 180, remember, they are human too. I could imagine the sequence of events for a patient I worked with in Family Medicine clinic. They had appointments every two weeks to optimize their diabetes treatment. I imagine they felt the same way I did on day 1 for their first clinic appointment. They must have been excited. A diabetes diagnosis meant an explanation for their chronic fatigue and reduced sensation in their hands and feet. I imagine they spent the night before their first appointment googling everything about diabetes treatment (ironically so had I). They probably came up with list of questions—far too many to get through in a 30-minute appointment. As they watched their A1c trend down painstakingly from over 10, they dealt initially with insulin injections and then subsequently with debilitating diarrhea from metformin, daily injections with liraglutide, and finally an approval for tirzepatide. I am guessing those trips to the doctor's office lost their shine. By the fifth appointment, I would suspect they were thinking of other things. Whether their kid had made it to school on time because morning appointments meant they were not able to drive their daughter to school. Whether their dog had an accident in the house because they ran out of time to take them out before. Whether they had enough caffeine to deal with the templated questions asked by a second-year medical student at 7:45 am.

For this patient in particular, I was always amazed at the positive attitude they brought to clinic. They were always excited to see me and the rest of their medical team. They always thanked everyone involved in their care for the time they spent with them. It reminds me that, over the next year, you will meet so many people who will cheer you on as you move one step closer to becoming a physician. Whether it is patients, preceptors, medical assistants, nurses, surgical techs, partners, friends, or family, it will be amazing to see the collection of people who come together to positively influence your transition from the classroom to the clinic. I challenge you as I have challenged myself to bring the same positive attitude to clinic every day, no matter if it is your first day or last. Approach your patients with positivity and gratitude because they are deserving of thanks for sharing their healthcare journey with you.

Finally, one of my best friends always asked me, "Why not us?" whenever we were debating anything. It was a great reminder that we can accomplish anything we set our minds to—whether we should apply to medical school or whether we should road trip to Northern California to watch USC play football. So, over the next year, if there are times of doubt, remember **this year will be your year. Why not you? Why not today?** Good luck! You got this!

Best,
Joey Cleveland

Dear LIC Students,

Wow. I can hardly believe I just completed my second year of medical school clerkship rotations! I am going to sleep so much now that it is over...

Jokes aside, this year was one of the most eye-opening and formative experiences of my training. I feel more prepared for my future career and far more confident in my abilities than I did during any of my first-year clinical experiences.

A few practical tips I wish I had known from the start. First, your preceptors truly appreciate concrete patient examples when completing evaluations—both on intensive rotations and within a longitudinal integrated clerkship (LIC). Early on, I kept a single Word Document with a running list of patient encounters that objectively demonstrated my growth over time. I also tracked specific feedback from each LIC preceptor in that same document. This made it much easier to re-enter a clinic after time away on an intensive rotation… and even reviewing it a week later was surprisingly helpful.

I also recommend creating a simple system to track your long-term patient encounters, especially those you'll see more than once (such as an Excel Document). This allows you to meet clerkship requirements earlier rather than scrambling at the end. For many students, the palliative care patient will be the most emotionally challenging. Take care of yourself if a patient passes away before you complete the required encounters. Experiencing that loss for the first time can be heavier than you expect.

On OB/GYN and surgery rotations—particularly at UCHealth—situational awareness matters. Be thoughtful with questions and enthusiasm; residents are often under significant stress and may misinterpret over-eagerness. That said, two golden rules held true across all rotations: never say no to going home when offered, and never say no if asked whether you want to join a case or procedure. Both can be misread, even if unintentionally.

Above all, be yourself and have fun. You cannot reliably predict how evaluations or grades will turn out, and in my experience, taking a rotation with added pressure did not change outcomes. Prioritizing your well-being, avoiding burnout, and finding joy in the process matter far more in the long run!

You've got this. And if you ever have questions, do not hesitate to reach out: emma.shelby@cuanschutz.edu.

Warmly,
Emma Shelby

Dear Future Doctor,

Congratulations on making it to this point in your medical school journey! There were probably more sleepless nights and anxiety-ridden test days than anyone would have liked during your first year, but you did it. You learned about the pathophysiology of congenital heart diseases, the principles of ion conductance dictating neuronal signaling, and the hormone axes regulating hunger—applying all of this and so much more to both the function and dysfunction of the human body. It might not always feel like it, but you have come a long way from where you first started. With all of the new skills and experiences gained along the way, you have so much to offer the people and patients whom you will meet over the course of this upcoming year.

Entering your LIC year can feel both exciting and intimidating. The clinic and hospital are no longer the same controlled and tightly organized learning environments as lecture halls. Instead, learning happens in real time, often without clearly right answers and where the stakes suddenly feel much more real. Inevitably, you won't always know everything. You'll be asked questions you don't know the answer to or quizzed on the names of genes that will have since escaped your memory, but that is okay. Your LIC year is not about having all of the answers, but instead learning how to think, adapt, and grow in real clinical settings. Letting go of the expectation to know everything and instead leading with curiosity, humility, and a willingness to learn will serve you far better than any single correct answer ever could.

After feeling dazed by the repetition of weekly quizzes and near-monthly exams of first year, my experiences throughout the LIC year allowed me to reconnect with many of the core reasons that led me to choose to become a doctor in the first place. I found a new sense of purpose in being able to connect with patients and to help them navigate what may be some of the most stressful and vulnerable moments of their lives. Similarly, rotating through different specialties and working with different teams led me to reflect not just on the type of doctor I wanted to become, but the type of person I wanted to be while practicing medicine. I hope that the LIC year provides you with the opportunity to explore and connect with the values of medicine that resonate with you as you further shape your own professional identity and find what brings you personal fulfillment.

Amidst all of the early mornings of rounding or long surgical cases, never forget that what you are doing is amazing. The amount of information you are consistently absorbing and applying, all while walking into the unknown and earning the trust of strangers each day, is no small feat. You may worry about saying the wrong thing, being in the way, or not knowing enough. These feelings are normal. They do not mean that you are unprepared; they mean that you care. Give yourself the space and forgiveness to make mistakes with the intention to grow each day.

Despite only being in the second year of your medical training, you will make a difference in the lives of others this year, often in ways you may never actually fully see or realize. Small interactions, from bedside conversations to attentive listening, can often be as impactful for patients as medical interventions themselves. Even on the days that feel long or discouraging, your presence, compassion, and effort will matter more than you know. Place trust in the fact that simply caring is already a powerful act of healing.

As you step into this next chapter, remember that your role is not to be perfect. Learn by observing, by asking questions, and by sometimes getting things wrong. Lean on your classmates and peers for support. Look to the residents and attendings for guidance and advice; they were once in your shoes and want to see you succeed. Trust that each day you are getting closer to becoming the physician you once hoped to be. We are all rooting for you!

Sincerely,
Matthew Mardo

Dear Student,

You are about to leave the lecture hall behind. The mnemonics, the color-coded notes, the quiet hum of a thousand PowerPoint slides—all of it is about to give way to something louder, messier, and infinitely more human. I want to tell you about a moment that etched itself onto my understanding of what it means to practice medicine. It wasn't marked by a rare diagnosis or a dazzling procedure. It was marked by a six-week-old baby, his teenage mother, and a physician whose quiet humanism changed the type of physician I am becoming.

The baby had poor weight gain. My mind jumped straight to the medicine of it: caloric intake, feeding frequency, latch technique, inborn error of metabolism. The clinical scaffolding held me upright. It will hold you, too. Trust me. But then watch what happens when a seasoned physician gently sets that scaffold aside and sees not a growth chart, but a story.

Dr. B did not rush. In a bustling clinic where the schedule presses against you like a living thing, she was calm. And because of that, the young mother's composure thinned like spring ice—slowly, then all at once. What surfaced was not anxiety about her son's weight. It was isolation, financial terror, and the crushing overwhelm of new motherhood. Her baby's failure to thrive was interwoven with her own.

You will encounter this. The chief complaint will say one thing. The patient will carry something else entirely. The distance between those two truths is where medicine actually lives.

What Dr. B did next is what I hope you carry like a compass. She validated that mother's pain with a steady and unhurried voice. She drew in the lactation consultant, the psychologist, and the social worker. She wove a net: nutritional assistance, parenting groups, a tangible sense of not being alone. She did not treat an infant's weight. She held a family.

She did not relegate me to the corner with a clipboard. Instead, she invited my observations, fostered my curiosity, and made me a partner. During my oral presentations, she asked a question that has never left me: Did you truly connect with the person? Did you understand their story? Not the history of present illness. The story.

You are about to be exhausted. You may fumble your stethoscope. You may lose your train of thought mid-sentence. You may stand in the back of the OR wondering why you are here. This will pass. But the physician you are becoming is being shaped right now, in whether you sit at the bedside or stand by the door. In whether you ask the second question, the harder one, the one that has nothing to do with the chief complaint and everything to do with why this human being is sitting in front of you.

The most important instrument you carry is not your stethoscope. It is your willingness to be present. The medicine you learned in lecture is essential. The medicine you are about to learn—from patients, from mentors, from the raw and beautiful mess of clinical life—is what will make you a healer.

Wishing you all the best on this exciting adventure ahead!

Sincerely,
Jamie Huang

Dear Student Doctor who is about to enter their LIC year,

Congratulations! You have made it through some undoubtedly difficult times already and are finally out of the classroom, and even better out of the anatomy lab! That is no small achievement, and you should give yourself props for that. You are beginning the first steps of becoming what so many of us imagined when we wanted to become a physician: to actually be in the hospital or clinic seeing patients.

This upcoming year you will grow more than you thought possible and will be seen as an important member of the team in taking care of patients. Some days this might be overwhelming, but you will make it through and rise to the occasion. Looking back, I would offer some tips to do so and to make sure you keep yourself grounded throughout the year. The first would be sleep, as cliche as it is. You cannot show up to learn to the fullest extent nor be there for patients in the best way possible without doing so. I promise you that last push through the Anki deck or practice questions at night won't be as helpful as the sleep you're missing out on. The other is to find what fills your cup. This is different for every individual but do something regularly that is for you and recharges you with energy. It is a long year, and you will likely be tired at the end. For me, it was those small moments and activities that were necessary to help me get through it, and something I all too frequently put off.

Another piece of advice is to feel the emotion when appropriate. There is a high likelihood you will see something positive or negative this upcoming year that will stay with you for a long time if not your whole career or life. When that happens, if you need to take 10 minutes in the bathroom to compose yourself, do it, or if you need to push it off until the end of your day, do that too. If you feel you have a good relationship with the attending or resident you're working with, maybe discuss it with them when there is a break in the action or talk about it with your friends as needed. We are all human; different things will cause different reactions based on our own lived experiences. The only thing you shouldn't do is bottle it up and not feel it at all.

My last piece of advice that I want to leave you with is this: you're not expected to know everything. You are still a student after all and try to not let it get you down if you do not know something. Try to reframe it as a learning experience (easier said than done I know). There might be those who expect you to know everything. If they do, try to see it a desire for you to learn, and that they are taking an active process in helping. If they do it with malice, then try to not take it personally as there are likely other things going on. In the words of the (great) Ted Lasso, in those instances, "be a goldfish" and move on quickly. You are qualified to be here, and you matter, even if others try to make you feel small.

Again, congrats, and soak in as much as possible this year! No question is ever 'dumb,' but there is generally a right and wrong time to ask it. You will be great!

Nick Olson

A Fellow Traveler in White

Dear fellow colleague, standing at the threshold of the rest of your life,
Welcome. We are so lucky to have you.

You are immersing yourself into a world that never sleeps,
where the air carries the scent of hand sanitizer, hope, and grief,
and where you'll understand that medicine is less about impressing or knowing,
and more about listening—
to stories, to moans of pain, to murmurs, to mistrust, to surrender, to healing.

You'll carry the tools of the trade,
a stethoscope hung around your neck,
and for a while, it will make you feel official.
But soon you'll discover that what truly heals
is not the instrument,
but your quiet presence and silence.

You will inevitably be moved,
by the cry of a newborn as they meet their parents' arms,
by the final breath of someone leaving this world too soon,
by a patient's laughter in the face of an illness that should have dimmed their light,
by the giggles of a baby while their parents confide the shadows of postpartum pain.

You will question yourself—
your ability, your worth, your place in this calling.
And those doubts are sacred.
They mean you care deeply.
You belong here because you are learning
to hold the fate of both the science and the art of healing in your hands.

Proceed gently.
On your heart, your emotions, and your mind.
Remember that every patient you meet
is a teacher,
a story waiting to be understood,
a reminder of what it means to be human.

Dear fellow colleague, ready for your life to change,
Welcome. We are lucky to have you.

With respect and admiration,
Iyana Malik

AFTERWORD

We are deeply grateful to the Class of 2027 for the generous gift of sharing their thoughts, feelings, experiences with their peers who are beginning this challenging phase in becoming a physician. These letters offer wisdom, encouragement, and guidance. The letters are a mix of prose and poetry and are filled with moving stories, practical tips, and humorous reflections. Thank you so much for your letters! Good luck in your careers!

Anjali Dhurandhar, MD
Associate Professor of Medicine
Arts and Humanities in Healthcare Program
Center for Bioethics and Humanities

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SUBMISSION GUIDELINES

We welcome submissions to the future edition of *Letters from the Clinical Year*. Though there is no word limit, we prefer submissions less than 750 words or about one page. Submissions may not include identifiable patient information. We accept both poetry and prose and encourage you to be creative as you dare. If you choose to submit your letter anonymously, stricter criteria for publication will be applied. Please submit your letter to Dr. Anjali Dhurandhar, anjali.dhurandhar@cuanschutz.edu, for consideration for publication. If accepted, your letter can be included on your curriculum vitae as a publication. We look forward to your letters!