

## **TV Show 200**

Chapter 200: The F5 Group

**\*\*Columbia University Medical School.\*\***

After the oath-taking ceremony, the class of 1995 officially embarked on their journey into medicine.

The most important aspect of the first year was understanding the human body.

Without a clear knowledge of human anatomy, modern medicine could not even be discussed.

Thus, anatomy was a primary focus.

Of course, before stepping into the dissection lab, students first needed to study the theory.

The professor stood at the podium, using images to display various structures of the human body while explaining their functions and characteristics.

Everyone listened attentively—including Adam.

Even though he had prepared for this moment for three years, thoroughly reading and memorizing relevant textbooks, he remained focused and humble.

Reading on one's own and listening to a professor's lecture were two entirely different experiences.

Professors at a top-tier medical school like this never simply followed textbooks in a step-by-step manner.

They assumed students had already studied the material in advance and used the textbook's key points as a foundation to expand upon—drawing from their deep medical expertise and real-world cases.

These insights were not found in textbooks.

Or, even if they were, students wouldn't necessarily know which book contained them.

Medical literature was vast, with new books published every year. Even experienced attending physicians and department heads occasionally needed to look things up to solve problems.

The phrase **"Doctors must be lifelong learners"** was no joke.

Because of this, professors used an interconnected teaching style that required students to pre-study a large volume of professional literature to fully grasp the material.

Professors typically provided a reading list in advance, detailing the topics that would be covered in the next lecture.

Failing to prepare could mean failing to understand the lecture.

And failing to understand was a dangerous sign.

Not every medical student graduated. Many voluntarily withdrew, while others were forced to leave.

To keep up, students had to spend hours in the library, independently reading medical texts, watching instructional videos, and participating in related activities.

This was the true source of their heavy workload.

And it was all self-driven.

No one monitored them.

Slacking off for a short period wouldn't be obvious at first.

After all, during lectures, there was always someone eager to answer the professor's questions.

But over time, the difference between a dedicated doctor and an unmotivated one would become painfully clear.

Western modern medicine was standardized. The more knowledge a doctor retained, the more confident they became. When faced with a problem, they could quickly recall relevant information. With good psychological resilience, they could easily embody the role of a competent physician.

On the other hand, a lazy doctor with weak knowledge reserves would panic in unexpected situations, their mind going completely blank.

This was still just the internship phase, where senior residents were available to guide them and attending physicians provided oversight. If an intern froze, they would simply be sidelined—losing valuable opportunities.

But once they completed their internship and began managing patients independently, even a small mistake or misjudgment could mean the difference between life and death.

In the medical world, being labeled **“007”** was the ultimate humiliation.

It meant that instead of fulfilling a doctor's duty to heal, you had done the opposite.

Even if the harm was unintentional—merely the result of incompetence—when it came to life and death, a lack of ability was still unforgivable.

Of course, as long as doctors followed standard procedures, they wouldn't be blamed.

But unless they were completely devoid of conscience, the guilt and self-reproach from making a critical mistake would be devastating.

Adam's goal was to become a top-tier surgeon.

Like a busy little bee, he worked tirelessly, never allowing himself to slack off.

But he also wasn't arrogant.

Every bit of knowledge he accumulated in the present would one day determine the fate of his patients—and perhaps even his own.

\*\*\*"Who knows the answer to this question?"\*\*

As soon as the professor finished speaking, a sea of hands shot up.

Adam's was the fastest.

While an average person's reaction speed was 100, his was at least 180—how could he not be quick?

\*\*\*"Mr. Duncan."\*\*

As expected, the professor called Adam's name.

Competition was a constant in the medical field. Without strong ambition and confidence, one could never become the best.

For this reason, competition was actively encouraged.

Even if the professor had preferred to call on \*\*Steven Murphy\*\*, Adam's speed in raising his hand far outpaced everyone else, leaving the professor no choice.

But Adam didn't let it get to his head.

This advantage was temporary and relative.

If a professor truly wanted to favor someone else, Adam could have waved his hand right in front of their face, and they would still ignore him.

**\*\*For the simple reason that they needed to give other students a chance.\*\***

While competition was important in medicine, so was teamwork.

Understanding both sides of this balance was the essence of true authority.

This was also why Adam maintained a close relationship with **\*\*Rachel's father, Leonard\*\***—he had no intention of becoming a casualty of this power dynamic.

Adam answered the question perfectly.

The professor acknowledged his response.

As the lecture continued, Adam consistently raised his hand first and always provided accurate answers.

However, the professor didn't call on him every time.

Gradually, he also called on **\*\*Steven Murphy, Elliot Reed, Alice Kidman, and William Haver\*\***—even once calling on a girl named **\*\*Samson\*\***, whom Adam found vaguely familiar.

Each time Adam lowered his hand, he silently grumbled, **\*\*"This really feels like a soap opera. Even the students getting called on are the best-looking ones."\*\***

But thinking about it, it made sense.

Attractive people naturally drew more attention, making them easier for professors to notice.

Still, this system wasn't exactly fair to other students.

And Adam wasn't the only one to think so.

Within days, the new students had coined a nickname: **"The F5 Group"**—a title dripping with sarcasm.

The five members?

- **Adam Duncan**

- **Steven Murphy**

- **Alice Kidman**

- **William Haver**

- **Elliot Reed**

**"Ha!"**

When Elliot first told Adam about the nickname, he couldn't help but laugh.

**"I get why the four of us are included, but how did Steven make the cut?"**

The "F" in **F5** stood for **"Flower,"** meaning **pretty boys and girls**—a clear jab, implying that they were getting opportunities **because of their looks.**

In medical school, if a student didn't frequently appear in front of professors, they risked being assigned to an **obscure, low-ranking hospital** for their internship.

A small hospital meant fewer resources, fewer complex cases, and fewer opportunities to build an impressive resume.

And when internships ended, those assigned to prestigious hospitals might **stay there permanently**, while those at small hospitals would **struggle to ever move up.**

Adam and his group had dominated the professors' attention. The other students were naturally bitter—mocking them was to be expected.

**"Steven and I are just riding on your coattails,"** Elliot said sheepishly.

**"If you really think about it, it's actually just 'F3.' You, William, and Alice are the real dream team."**

**This girl actually took the nickname as a compliment.**

**(End of Chapter)**