A surgeon in New York: a view of the American internship

Lee R Schachter

A young surgeon describes life as an intern in New York. Well-supervised hands-on operative experience and an assured place on a training programme for most residents compensate for low pay and gruelling hours of work.

As with everything in life, one's view of what it is like to be an intern in the United States of America is strongly influenced by one's attitude and approach. I must begin by saying that I have one of the more optimistic outlooks of anyone I know, and therefore some of the more difficult or tedious aspects of internship here in the USA may appear a little more rosy than in an account written by anyone else. With that said, I will begin by discussing the basics — as my knowledge of the British medical training system is limited, I imagine the reverse is true as well.

TRAINING

On a broad scale, a resident's training is governed by several national boards and committees, depending on which specialty the resident is training in. The American Council of Graduate Medical Education (ACGME) oversees all aspects of medical education and determines what physicians must accomplish to be accredited in their specialty and to obtain privileges to do specific procedures. In addition, the ACGME mandates that attendings and senior residents evaluate the performance of the interns and junior residents and provide them with constant feedback. In fact, in some programmes, residents actually evaluate the attendings as well.

GETTING TO AN INTERNSHIP

I am a surgical/pre-urology intern, which means that I will be doing 2 years of general surgery followed by 4 years of urology. Residents doing general surgery do a 5-year residency. For now, however, I am the same as every other surgical intern, not treated any differently just because I am not going into general surgery. To get to this point I have completed 4 years of college and 4 years of medical school. The first 2 years of medical school are almost entirely didactic, while the third and fourth years consist of clinical rotations in the hospital.

In the fall of the fourth year of medical school, students go through a complex process called 'the match'. Students decide which area of medicine they would like to pursue, apply to as many programmes in that field across the country as they would like, and then submit a rank-order list, ranking the programmes in the order of preference. At the same time, the programmes also submit a rank-order list, ranking the applicants in their order of preference. A central committee looks at all the lists and matches students to programmes in a process that only they understand.

For the student, it all comes down to one day — match day — in late winter or early spring where all students crowd together in a small hallway and open the envelopes holding their destiny, telling them with which programme, if any, they matched. Most people match, and for them, their future is set; barring any unforeseen incidents or unfortunate circumstances, they have a place for the rest of their residency. They know what specialty they will be practicing from the moment they open their envelopes. Internship for most residents, therefore, is actually just the first year of residency, unlike in Great Britain where residents use their internship year (or preregistration house officer year) to help them decide which specialty they wish to pursue.

Some students applying to the more competitive specialties may find that they have not matched anywhere. They then have several options:

- They can scramble to try to find an open first year residency spot
- They can take a year off, often to do research in their field of choice, and then try again the next year
- They can look for an open residency spot in a different area of medicine
- They can take a preliminary 1-year residency position as a bridge to what will hopefully become a long-term residency spot.

In any case, once this anxious time is over, students graduate, obtain the title of MD, and are then ready to start their residency.

The last several months of the fourth year of medical school and the summer following is a relaxing time — the calm before the storm. Responsibilities are few and worries are over, although hard work looms in the near future.

The jolt into reality comes during orientation. There you meet all the people you will be working with, you are told all of the rules and regulations, and you are told your schedule and what your responsibilities will be. The best way to prepare for residency is to expect to be working long, hard hours, to have tremendously long, difficult nights on call, to make an occasional mistake and get an occasional scolding, and to have an overall difficult time. That way, when these things do happen you will be ready for them, and when they don't you will be relieved. That is how I have approached internship, and I have, for the most part, enjoyed the experience.

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Everyone should also try to learn something from every experience, every patient, and every person with whom they come into contact.

A TYPICAL RESIDENCY PROGRAMME

In a typical surgical programme such as SUNY Downstate Medical School where I am an intern, the year is divided into eleven 1-month rotations and 1 month of vacation. The eleven rotations include transplant, trauma, paediatric surgery, cardiothoracic surgery, an elective surgical subspecialty, and of course several months of general and vascular surgery.

The schedule is similar on each of the above rotations. The intern works Monday to Friday and is on call every third night. Therefore, if the intern is on call on Monday night, the next call will be Thursday night, then Sunday from 8 am until the time one goes home on Monday evening. Rounds — where the entire surgical team walks from patient to patient assessing the patients and deciding on a plan of treatment — usually begin between 6 and 7 am and the day ends with rounds in the evening, typically between 5 and 8 pm.

As an example, on such a schedule during a typical week, the intern may go into the hospital at 6.30 am on Monday and go home on Tuesday at 6 pm. The intern would then go in on Wednesday morning and go home on Wednesday evening at 6 or 7 pm. The intern would then go in Thursday morning and go home on Friday at 5 pm. The intern would then have Saturday off, go in on Sunday at 8 am and go home on Monday at 6 pm. The schedule continues in such a fashion for all of internship.

Of course, interns do not go home in the evening until all of their responsibilities are met. In New York State and certain hospitals around the country, there are now guidelines regulating how many hours in a row a resident may work and how many hours per week a resident may work. For example, in New York State, programmes are striving to keep residents' hours under 80 hours per week and less than 24 hours in a row.

Rounds

Daily rounds are usually led by the chief resident, usually either a fourth or fifth year resident, with rounds led by an attending physician occurring anywhere from once per week to every day.

There are usually one to three clinics per week, a morning or afternoon of teaching conferences including those dealing with radiology, pathology, and morbidity and mortality conferences, and a significant amount of time in the operating room, usually starting at about 8 am 3–5 days per week and going for a variable amount of time each day. The

rest of the intern's time is typically spent on the wards taking care of patients.

Responsibilities

An intern's main daily responsibilities include taking care of the patients on the wards, working in the operating room and clinic, teaching and working with medical students, and attending and participating in conferences. Taking care of patients on the wards requires everything from simply seeing and comforting the patients, to writing progress notes and orders, to managing ward emergencies, and everything in between. This also includes preparing patients for the operating room and doing postoperative checks, scheduling and following up tests, procedures such as nasogastric tube, chest tube, or central line placement, dressing changes, a complete history and physical exam on all patients, discharge papers, drawing blood and inserting intravenous catheters, or even transporting patients, depending on how extensive a hospital's ancillary services are.

On call nights, an intern is involved in assessing and admitting patients and is responsible for all patients on the floor, as well as evaluating any emergent surgical cases that arrive during the night, all of which often require most to all of the intern's time through the night. The intern can expect to get little to no sleep on call, but this varies based on the hospital and service in which the intern happens to be working. This often depends on the number of patients the intern is covering — if the intern is covering ten or fifteen patients, a few hours of sleep may be expected, although far from guaranteed. When covering over thirty patients, the intern can expect to be woken up throughout the night with multiple patient complaints and issues.

In the operating room, an intern's responsibilities include assisting any surgical case as needed, and often being first surgeon or first assistant on cases such as hernias, excisions of masses, breast biopsies, arteriovenous fistulas or grafts, circumcisions, or an occasional appendectomy. During all of these procedures the intern is directed, assisted and supervised by an attending with or without a senior resident. The intern is also responsible for preparing patients for the operating room, ensuring that patients' preoperative test results are acceptable, bringing the patients to the recovery room after surgery, and monitoring their status at each step, including preoperative, operative and postoperative notes.

Interns scrub into surgery and have the opportunity to be first surgeon more often in some programmes than in others. I have had the opportunity to be either first surgeon or first assistant on over 160 cases this year, as well as second assistant on several more major surgeries this year.

Dealing with patients

In clinic, senior residents, interns and medical students all see patients individually. The patient is assessed, a focused history and physical examination is performed, and a plan of care is then formed. All of this is presented to the attending or chief resident, who re-evaluates the patient together with the junior resident or student. They then discuss the important teaching points of the case. Clinic is an excellent forum for both patient care and learning about disease entities.

FRUSTRATIONS

There are, of course, certain frustrations associated with internship. Being on call every third night means that you are on call either Friday, Saturday, or Sunday of every weekend, and thus you never have a whole weekend off. This is certainly not earth-shattering at first, but as the weeks and months go by, you begin to wear down.

Call nights can certainly be very difficult, and there is probably not a surgical intern in the USA who would claim that he or she gets an adequate amount of sleep. However, as everyone who has been through the process before can attest, internship is more tolerable than it was in the past. The policy of going home early post-call in some programmes makes life much easier as an intern today than it had been in the past.

Certain other daily frustrations include issues such as barely having enough time to grab a meal, having to sleep at the hospital where the sleeping arrangements may be anywhere from good to poor depending on the hospital, and a low annual salary when one looks at the hourly wage. There is no such thing as overtime — you work until your duties are completed and your salary does not change. These issues are the same for everyone, and they have improved over time.

Finally, the other main frustration with internship is that there is a very rigid hierarchy system in place, and as an intern you are at the bottom of the pecking order. At the top of this system are the attendings, then the chief residents, then the senior residents right on down to the intern.

The system works and is a logical way to set up the education of the physician, yet it is frustrating for those who are not at the top. With so many supervisors, an intern learns that there is more than one way to accomplish a certain task. Everyone learns from their experiences and the experiences of those who came before them. Experience, therefore, is a focus of residency, and it is certainly best to try doing things in as many different ways as possible. You can then decide what you do or do not like to do, what techniques you prefer, and thus mould your own identity as a physician. Again, it is all a matter of outlook, and everything should be looked at as a possible learning experience, making internship as a whole a valuable experience. HM

KEY POINTS

- Both the requirements for and the method of evaluation of all residents is determined by a national committee, the American Council of Graduate Medical Education (ACGME).
- The process of getting a residency position may be difficult and complex, and some people feel there is not enough time to choose a field of medicine.
- Most residents who get a position are assured a place for the entirety of their residency.
- Responsibilities are many, hours can be long, and lifestyle can be difficult.
- The clinical experience makes the internship year quite valuable.