

Revitalizing Internal Medicine Residencies: The Long and Winding Road Ahead

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We often hear the lamentation that insufficient numbers of medical students are choosing Internal Medicine (IM) as a career choice. Promoting IM as a career is important since it addresses a looming need for in depth adult care services but also as it feeds multiple subspecialties including hospital Medicine. Some subspecialties, such as Endocrinology have a projected shortfall [1] over the foreseeable future with increasing demand due to burgeoning diabetes and obesity. We have noted the changes in recent medical education and ponder future directions based on our combined educational experience of 70 + years in Academia. We have also had the chance to observe recent measures which have been instituted to address this potential shortfall of future Internists. Some measures have been simple and direct, “be nice” to your students, a laudable sentiment. However, offering pool parties and pizza have not been successful in getting students to choose IM.

Which factors started some of us on a career in IM? The common thread which “ignites the fire” of IM is through inspiration by an excellent teaching experience. As eloquently stated by a former student embarking on a career in IM, “Dr X totally blew me away, his/her knowledge was encyclopedic, clinical history obtained with impressive relevance, physical examination conducted with finesse, detecting even subtle physical findings”. This patient-centric approach, compassion and benefit in clinical outcomes made me want to emulate Dr X. It was only natural that I should choose IM after such an experience, I knew I was making a challenging but very rewarding career choice”. So what happened to this paradigm and is it still operational? While there may be sites where such a model may still be found, its primacy at many programs has been eroded through attrition in recent years.

Reduced clinical teaching time has resulted from a number of factors including the need for increased administration and documentation related to patient care. The emphasis on discharging patients prior to 12 noon and preparation involved thereof has encroached into clinical teaching time. Thus the real opportunity to get students involved in the “bread and butter” of IM has been whittled away. Some students have come to regard IM as a career of “scut work”, filling narcotic prescriptions and ordering tests while waiting for the interventional specialties to provide the definitive solution. Clearly, not an enthralling career choice! So, what needs to happen?

Identifying factors leading to reduced recruitment in IM is needed. A plethora of such factors abound and each site may have different challenges in this regard. Some Universities given the looming financial austerity have appointed federally funded research workers in administrative positions with oversight over clinical programs. This sometimes leads to an emphasis of research over clinical medicine. Faculty feedback on maintaining and improving clinical programs may be relegated to a second tier. Medical grand rounds should

become more clinical with the presentation dwelling on patient narrative and physical findings such that medical students can relate to the clinical issue and not be bogged down by esoteric investigations. Reinstitution of regular bedside clinical diagnosis, provision of weekly demonstrations of specific examination techniques eg the specific findings on physical examination in a peripheral neuropathy may help [2]. Periodic clinical slide and data quizzes as well as an actively managed interest group would be welcome additions. It is our impression that the students are willing recipients of such a very clinical approach. An early preceptorship in IM may not only benefit students academically but may foster an interest in IM [3]. Ultimately, we have to engage these bright young minds in our core IM clerkship [4] and demonstrate the “magic” of IM or face the consequences of the ultimate lost opportunity. Now is the time to increase exposure of our medical students to the glorious heritage of IM, any measures which diminish such efforts must be combated with vigor.

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Conflicts of Interest

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