What happened to the junior internship?

One and forgotten. No young physician now knows what it was. There once was a time when, after grade 13, a 19-year-old student could enter a Canadian faculty of medicine for two years of pre-medical education, and finish medical school with an MD four years later. Then came the junior internship, which lasted one year.

Every month we studied a different field of medicine. We studied it first hand – with responsibility and long hours. It was intensive, but time was short and there was a lot to learn. We thought it was worthwhile.

We believed the more experience we got, the better. We became experienced fast because we treated patients first hand and, when in trouble or when a patient was not responding, we had our immediate seniors near at hand. We did not do much philosophizing – real diagnosis and treatment was much more exciting. The thrill was the new responsibility. It was the first time we had any. We had a new degree – the coveted MD – and we now had a chance to experience how good or deficient it was. We did not hesitate to criticize our teachers, keeping in mind our sloth and inattention as factors. We all believed that doing it made us learn fast, and that without doing it, understanding was not possible.

The junior internship was when we chose our future: family practice or a speciality. It was the best time to do so because examination worry was over and we could explore all the fields of medicine and surgery in one year. Also, our teachers could see us too! They could see how we performed, and could assess us in real practice situations – not as a student, but as a new MD with responsibility.

What is it like now?

There is no grade 13: gone to save government money. A two-year premedical course is now a four-year BSc, and then four years at medical school. So far, a student is one year behind. Then in the third year of medical school, the student must choose his/her speciality having observed many fields, but never having performed anything with responsibility!

This is too soon to decide on a speciality without ever having practised even elementary medicine.

All of this without being cross-examined and taught to think independently in a Socratic manner! This might be easier for the student and the teacher, but it is not better. Medical practice is not about being easy; it is about analyzing and making the best diagnosis (often under stress).

It is learning judgement and weighing options.

Suppose you enter family practice. You will now spend two more years after the MD before you can get a license to practise. This might be okay if you have responsibility, but no, it seems to involve even more observing.

I decided to go on a personal investigation to find out why all these things happened. Why do you have to choose a speciality before you have any experience at all, and why does it take 10 years to become a family doctor when we did it in seven years?

Over a few years, I asked people whom I thought would know. I got a lot of answers, and I had to decide which ones I believed. I kept in mind that a human trait is to believe everything you believed in life was true when young, and that life went downhill after that. I kept in mind

the belief I had when I was younger that the older ones knew best because they were older – a respect for one's seniors and teachers and a student's canny act of keeping one's head down to survive.

This is what I heard: you may choose to believe what you will:

Modern medicine is so complicated that it takes more time to learn it.

My comment: Nonsense. Just don't teach what isn't

proven. Teach what works and how to think, not what to think. Most of what you do, you learn in practice, not in school. So go into practice.

There is too much legal liability for a junior intern to practise without every decision being approved. The licence to practise confers this right.

Nonsense. Tell the lawyers how we practise. Do not let them dictate how we practise medicine. Internship is a well-controlled, safe environment.

General practitioners want to be specialists in family practice, and dislike the term generalists.

Probably true. But there is an obvious conflict in being of two minds about a career as a generalist. Instead of seeking to add more years, why not be as proud of what you do as your patients are of you.

If you choose a speciality, you cannot drop out if you don't like it and practise general medicine because you don't have a license to practise after a junior internship – because there is no junior internship.

Why?

Because family doctors do not want their field to be a catchment for 'failed' specialist aspirants.

Possibly true, but impossible to verify. It can't be wrong to simply change your mind or want options.

It takes longer because it is dangerous to work so hard and put in long hours.

Nonsense. If you do it young enough, it is invigorating and exciting. If you make training longer, I agree, maybe you are too old to work hard.

I think it currently takes too long to become a physician. A similar smart person can be much farther ahead in fewer years (eg, an engineer with a BSc in four years, and a good full-time MBA in two years).

We, in medicine, are in danger of attracting students who actually want a long training period rather than students who are more decisive, active and intelligent, and have decided that he/she does not want to spend the best years of his/her life in school.

Not all change is for the better.

John R Taylor