“So, what do you do?” Walk into a room filled with strangers at your next gala, shindig, or box-social, and you will invariably be asked this question. One carefully scripted response would be “as an internist I provide care for adults on almost any health issue.” Picture a medical Renaissance man if you please.

Pursuing a broad field of knowledge and experience carries special appeal. Back in college the process of choosing non-major related courses was often the most fun because there were always new challenges and ample stimulation to be found delving into the symphonies of Beethoven, the sculptures of Bernini, or the novels of Italo Calvino. This is the allure of Internal Medicine. You get to see it all, whether chronic or acute, from head to toe. During my third year inpatient medicine rotation there was a six foot athlete in his twenty's with severe asthma at one end of the spectrum to an obese paraplegic in his sixty's with infected decubitus ulcers on the other. One day I am interpreting PFTs and adjusting medications, while the next I am performing wound debridement and dressing changes. Personally, the phrase “jack of all trades, master of none” sounds more like a challenge rather than a label, and is untrue.

Breadth of clinical experience aside, a sense of advocacy not just for patients but on behalf of the team was passed down from chief resident all the way to student. The mantra “what can I do to get you home” being one example. Everyone pitched in so the post-call intern could get out on time. Initially, contributing in ways such as looking up labs or making follow-up appointments for their patients progressed along with the new found autonomy and abilities of a senior student. Now, I can take admissions of my own, cover patients when they have a day off, and complete discharges so that they did not have a pile of dictations waiting upon their return. Conversely, I must thank those house officers who ensured we students had time to study for exams or make dining plans when things were slow at the end of the day. Looking further ahead in my training I can only envision being that much stronger and effective a proponent for others.

Doing more for patient and team alike also extends into the role of educator. Having spent the majority of my life on the receiving end, I take pride in opportunities such as easing a patient's worry by explaining how tests show that she did not experience a heart attack or the signs and symptoms to watch for if her heart failure is worsening. Likewise, in July the eager but slightly nervous look of the newly minted third year students was easily recognizable. Not too long ago it had been me. Over the course of that month I helped our two third year students become more comfortable with maintaining “the list,” removing staples, changing dressings, and writing post-op notes. Much of what I told them was taught to me by former upperclassmen, residents, and attendings who, even when sleep deprived or overwhelmed with responsibility, made it a point to teach. Years from now I will still be learning something new about medicine but their example will not be lost on me. There is definitely something satisfying in having both the responsibility and the privilege to influence the growth and development of one's future colleagues.

Given that I will be the intern a mere eight to nine months from now, there are a few tenets I have decided to carry forth in this endeavor to become an internist. First of all think big from day one, and then give yourself plenty of time. This way, after the umpteenth admission for diagnosis “X” the epiphany will take hold that repetition is just another form of experience in the pursuit of perfection. Additionally, in order to get things done efficiently it is important to form partnerships. So, when the other intern is swamped I will remember “the mantra,” and when a student appears perplexed or bored I will sit them down and show them something new because sometimes what really makes or breaks the day is who else is in the trenches with you. Finally, to anyone who asks what I do the answer is, “Today I am a doctor and tomorrow I hope to be a better one.”

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