

Nervous about your intern year? 3 resident physicians offer insight

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You've been preparing for residency for several years in medical school and dreamed of a career in medicine for even longer. So what are those first days of residency actually like?

"It's really overwhelming," according to Christopher Davis, MD, MPH.

A second-year family and community medicine resident at Penn State Health Milton S. Hershey Medical Center, Dr. Davis was one of three resident physicians who spoke about their transition from medical student to physician during a recent event held by the AMA Accelerating Change in Medical Education Consortium. For those preparing to make the transition this summer, the three residents offered some timely advice.

Help from your friends

Halley Staples, MD, grew up in Indiana and attended college and medical school in the state. So moving to Missouri for her ob-gyn residency at Washington University in St. Louis meant a significant life change. She found that—from the move to starting on the wards—her co-residents were a valuable resource.

Dr. Staples was grateful for the support she got from "co-interns as far as where to move, where to find a physician, where are the best places to get coffee, where are the best places to hang out," she said. "I felt super supported moving to a new area, which can be tough for a lot of interns moving out of their comfort zone."

As a Black physician, she also felt the need to connect with other African American doctors. She said both her medical school and residency program were assets in making those connections.

"My program did a fantastic job of looping all the minority residents into a connected group," Dr.

Staples said. “They have a Wash U. medical association here for minority physicians. I have spoken to a lot of other physicians from different specialties who have come from many different places and feel the same way as me—kind of like a fish out of water. And the attending physicians who are minorities reached out before I even got here.”

Not knowing is part of the process

While many medical schools are tailoring late stages of the curriculum to a transition to residency, your first days of clinical activity are impossible to entirely prepare for. Dr. Davis went to medical school at Penn State, meaning he didn’t have to change facilities for residency. Still, the process was challenging.

“It was a big reminder—once the actual clinical medicine started—how impostor syndrome is so real, especially at the beginning of intern year,” he said. “You’ve been fighting for the last four years of medical school to feel like you actually belong and that you know things, even though you feel like you don’t. Then you get to residency and you are not supposed to feel that way, but you are also supposed to do things. You’re filling orders, reporting to seniors. It’s really overwhelming.”

“I had the benefit of on my first rotation being in an inpatient pediatrics rotation, having excellent senior residents,” Dr. Davis said. “They were patient and compassionate and helpful in terms of walking through all the nitty gritty steps.”

A shift of roles, responsibilities

As a medical student, your clinical responsibilities are limited. You are mostly on the wards to learn. As you begin residency, that dynamic flips. You are a physician first and a learner second. That dynamic took some getting used to for Lindsey Roth, MD, a first-year ob-gyn resident at New York University Langone Health.

In residency, “your goal is still to study and still to learn, but you have these larger clinical responsibilities and duties,” she said. “Those have to sometimes trump that learning and studying. Making that transition of priorities can just be really challenging.”



With a detailed focus on the transition from undergraduate to graduate medical education, the virtual meeting featured faculty members and learners from the 37 schools within the consortium and 11 AMA Reimaging Residency projects.