

Intern year will be hard, but you can rise to these 4 challenges

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Moving from one career phase to the next is always challenging. Professional development is particularly rapid in the move from medical school to residency.

The AMA's *Facilitating Effective Transitions Along the Medical Education Continuum* handbook looks at the needs of the next generation of physicians across the continuum of medical education—from the beginning of medical school through residency. It is the latest publication from the AMA Accelerating Change in Medical Education Consortium.

One chapter in the handbook examines the transition from medical student to intern. The handbook points out key differences between medical school and residency and areas in which first-year residents may struggle. The “definition of success”, the handbook points out, is meant to serve as an example of what a resident’s development may look like over the course of a year of training. Each individual has a unique progression of advancement in skills. [Download the handbook now.](#)

“As a resident, you always have your attending there to support you, however you don’t always have that instant check you had as a medical student,” said AMA member Avani K. Patel, MD, MHA, a second-year psychiatry resident at the University of Mississippi Medical Center. “You formulate the plan on your own. It’s on you, and honestly, it takes trial and error. It happens by you applying the data you gathered as a medical student. There is a measure of supervision from your attending physician, but you are the doctor. It’s a different level of responsibility right away.”

A new level of patient ownership

Residents have ownership of patient care, which is a key difference from what they experienced as medical students. At the outset of residency, many interns will default to superiors, the handbook says. Some interns may be disorganized in their methods of completing orders, tasks and documentation, and lack consistent follow-up.

What success looks like: With a new level of patient ownership, you will quickly gain skills in efficiency, clinical workflow, and patient care. By the end of year one, you have assimilated the role of primary physician, the handbook says. You are organized in the completion of your obligations, promptly and consistently following up on all aspects of a treatment plan.

Required efficiency

First-year residents feel busier than when they were students. The handbook points out that an M4 may be expected to care for four or five patients per day during subinternships, whereas a resident may manage more than twice that number. Residents are also responsible for the completion of the electronic health record.

What success looks like: You have learned how to better organize, set priorities for tasks and manage time. To do that, you have obtained a level of comfort with the EHR. The handbook offers an EHR mastery checklist.

A different type of learning

Learning in residency is self-directed. Residents are expected to learn what they don't know and guide their own learning before, during and after patient encounters. Interns face a few challenges they didn't as medical students. They are learning in conjunction with a heavy workload they didn't carry as medical students, and they are adding specialty-specific technical skills to their required knowledge.

What success looks like: You will employ a few strategies for increasing self-directed and lifelong learning during residency. These include actively engaging in learning strategy discussions with peers and instructors, proactively seeking feedback and engaging in program-sponsored didactics or seminars and discussions.

Demonstrable professionalism

Unprofessional resident behavior can run the gamut from the obvious, such as placing one's needs over the patient's and completing documentation late, to the less obvious, such as allowing yourself to get overwhelmed by uncertainty.

What success looks like: Over the course of a year, you will have learned to navigate ambiguity, meet deadlines and recognize your own limitations.

Overall, the progress you make might not be linear, but you will make progress, Dr. Patel said.

“There’s something to be said for practice makes perfect,” she said. “Experience gets you there. As you see and treat more cases, it gets easier. I was a very different person at the start of my intern year to who I am now at the end of my second year in terms of my experience and confidence in caring for patients. Residency is hard. It requires a lot of time, energy, and attention. But the growth you experience is incredibly inspiring in the moment and certainly when you reflect.”