

Internships and Residencies
in New York City, 1934-1937
Their Place in Medical Education

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REPORT BY
THE NEW YORK COMMITTEE ON THE STUDY
OF HOSPITAL INTERNSHIPS AND RESIDENCIES
JEAN ALONZO CURRAN, M.D., *Executive Secretary*

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PREFACE. The Task of the Committee

WHEN a comprehensive study of internships and residencies in New York City was first proposed, it was recognized that such a study would be worth while only if it pooled the experience and best judgment of the groups most closely concerned with the training of the physician. The field had already been explored by each of the local medical colleges and by the New York Academy of Medicine through its Committee on Medical Education, but their reports were necessarily of limited scope and objective. It was also apparent that the task of organizing a comprehensive study would overtax the resources of a single agency. Responsibility for the undertaking was therefore assumed by a joint committee, representing the College of Physicians and Surgeons of Columbia University, Cornell University Medical College, Long Island College of Medicine, New York Medical College and Flower Hospital, New York University College of Medicine, and the New York Academy of Medicine.

The committee was organized in 1934 as the New York Committee on the Study of Hospital Internships and Residencies, and the late Dr. John Wyckoff was elected chairman. Under his inspiring leadership a plan was outlined for the study of internships and residencies in the approved hospitals of all five boroughs of New York City.

The carrying out of this program and the publication of the Committee's report were made possible by a generous grant from the Commonwealth Fund.

The study owes much to Dr. Wyckoff. Associated with New York University College of Medicine as Dean, and with Bellevue Hospital as a director of medical service, he con-

tributed a wide knowledge of every aspect of medical education. His sound judgment and gift of organization were invaluable in planning the program, and his understanding of the human situation greatly facilitated the work of those who carried it to completion.

The major task of assembling the material by means of visits to hospitals and conferences with staff members and other physicians, of analyzing the reports of the subcommittees, and of preparing the final report has been the responsibility of Dr. Jean Alonzo Curran, executive secretary of the Committee. Mrs. Rachel F. Saint has been of great assistance to him in the statistical analysis of the material, and Miss Katherine L. Russell, in the compilation of the data and the preparation of the report.

The Committee is indebted to Dr. William D. Cutter, Dr. Carl M. Peterson, and the other members of the secretarial staff of the Council on Medical Education and Hospitals of the American Medical Association for their helpfulness in furnishing needed information on special items and modes of survey.

Thanks are due to Dr. S. S. Goldwater, Commissioner of Hospitals, and to the members of his staff for essential assistance in providing introductions to the municipal hospitals and in supplying data concerning these institutions.

The Committee wishes to express its appreciation of the cooperation given by the medical boards, superintendents, clerical workers, attending staffs, residents, interns, and other personnel of the hospitals. There was commendable frankness in facing local difficulties and willingness to assist in the task of working out solutions.

In collecting and analyzing such a vast amount of statistical material, the Committee has been most fortunate in securing the expert assistance of Dr. Lowell Jacob Reed, Pro-

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fessor of Bio-statistics, Johns Hopkins University School of Hygiene and Public Health. Without a clear presentation of data, it would have been impossible to formulate intelligently the modes of procedure recommended by this report.

Acknowledgment is also due to Dr. H. G. Weiskotten for the assistance received from his pioneer work on the application of internship and residency experience to conditions of practice.

FRANK L. BABBOTT, M.D., *Chairman*
New York Committee on the Study of
Hospital Internships and Residencies

February 1938

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INTRODUCTION. The Purpose and Scope of the Study

THERE has been a growing realization that education of the intern and resident can no longer remain suspended, like Mohammed's coffin, in mid-air, but must seek attachment to its natural foundation in the highly organized preparatory program of the medical colleges. Internships and residencies have remained isolated because of confusion existing in the minds of the medical profession and the supporting lay public as to the purpose of the experience. Failure to recognize that the experience is essentially educational has been the cause of the resistance encountered by the American Medical Association in its attempt to spur the hospitals to the point of meeting at least the minimum essentials of good intern training. The setting up of standards and the dividing of hospitals into approved and unapproved groups has not been sufficient. The internship will not be a purposeful experience until a closer tie-up with the whole basic scheme of education has been achieved by means of a better working understanding between the medical colleges and the hospitals and a clearer definition of objectives.

The hospitals for over a century have enjoyed the privilege of intern service as an aid to the care of their patients. In return for this privilege, the hospitals have a responsibility for intern education. The essence of the problem as determined by this study is a realization on the part of the hospitals that this responsibility must be fully met. It is the due of the interns, and it is the duty of the hospitals.

When hospitals ceased to be purely institutions for the care of the sick and undertook the responsibility for part of the medical educational program, the status of the intern should

have been fundamentally changed. Unfortunately, the issue was not squarely faced, and a period of temporizing began. The educational value of the intern's training remained largely incidental. If he was associated with men who were natural teachers, and if he had natural ability for learning, he undoubtedly received very definite educational advantages. If, on the other hand, the hospital in which he became an intern did not have on its medical staff natural teachers, the intern suffered accordingly. Not infrequently he was rather less well equipped at the end of his internship than he had been at the end of his medical school experience. A realization of the situation has existed, and the problem has been discussed in publications of local and national distribution without bringing about any appreciable change in the educational value of the internship.

In New York City the problem has been further complicated by the very large number of hospitals and house staffs concerned. All efforts at solution on the part of local organizations have fallen short, owing to the lack of complete factual data on which to base the necessary formula for improvement. Behind the effort necessary to put into operation a program for changing the intern from a quasi hospital servant to a graduate student was the thought that nothing could be accomplished until hospital authorities and medical boards not only recognized their responsibility as a part of the educational scheme, but were willing to accept this responsibility and take steps to make their cooperation effective. It was felt that this could be brought about only by a thorough detailed study of the entire subject of internships and their related residencies as they exist in seventy-seven hospitals in New York City. While many of the data that have been accumulated in this report were known in a general way to those most interested in the subject, this knowledge was not defi-

nite enough to use as an argument in persuading responsible individuals that a definite change must take place before the intern will pass successfully from the medical school through the period of the internship, on to the continued education which must be a part of his experience as a medical practitioner.

It is the hope of the Committee that this report, by emphasizing the fact that the hospital internship and residency must take their proper places in the general scheme of medical education, will awaken the hospitals to the necessity of training physicians who will be better fitted to assume the responsibility for the care of the sick and the advancement of public health. In other words, if hospital authorities and medical staffs are not stimulated to carry forward this idea, the study and the report will have failed of their purpose.

It is hoped that the reader will carefully consider the glossary of terms following this introduction. At an early stage of the study it became evident that satisfactory discussion of hospital situations with hospital boards or medical staffs would be impossible unless a clearer definition of terms could be established. While the Committee recognizes that the definitions adopted by it may not find full approval throughout the country, it is of the opinion that they are sufficiently clear to avoid any confusion of thought in the reading of the report.

METHOD OF STUDY

In the original project, the Committee intended that the survey should include only the New York City hospitals approved by the American Medical Association. Fortunately, it was possible to make the scope of this study more inclusive. An effort was made to examine all internships and residencies in the city, irrespective of status, and with a few unimportant exceptions this was accomplished. In addition, selected insti-

tutions in neighboring areas were visited in order to obtain a more representative picture.

The plan of investigation was based upon previous studies of internship and residency education. Valuable guidance was obtained from the deans' offices of the five cooperating medical colleges. For some years, data had been collected through questionnaires to graduates and hospital superintendents as the basis for advice given to fourth-year students seeking internships. The questionnaire outlines were helpful in formulating the outline of the present study. Also, the Committee on Medical Education of the New York Academy of Medicine, over a period of several years, had taken as its major objective a thorough exploration of all phases of the graduate and postgraduate fields. Incidental to this, a preliminary reconnaissance of internships in 1932 had included six special and nine general hospitals.

The information obtained from these sources indicated plainly the need for a more far-reaching and detailed investigation. It was realized that before an acceptable program for qualifying either specialists or general practitioners could be evolved, a thorough understanding of the basic internship was essential.

Naturally, the reports of the American Medical Association published since 1914 have been of the utmost value. An approach to the study of graduate education during hospital residence would be futile without an understanding of these contributions which have been made on a national scale. The criteria established for acceptable internships and residencies were studied carefully.

A preliminary plan of study was given an exhaustive trial in the Bellevue Hospital. This hospital proved to be an ideal testing ground, for within its confines was to be found nearly

every type of service, internship, and residency. From this experimental beginning a final outline of survey was devised.

The mode of procedure was as follows:

Previous to the actual hospital visit, care was taken as to proper approach. In the case of the municipal institutions, a letter of introduction from Dr. S. S. Goldwater, Commissioner of Hospitals, secured every possible cooperation. In the case of the voluntary hospitals, a letter from the chairman of the Committee was productive of an equally cordial reception.

On the day of the first visit, an interview with the superintendent or medical director was obtained for the purpose of explaining the objectives of the Committee. Essential facts as to hospital organization were recorded in systematic form. In addition, blanks were furnished for a record of hospital statistics, and a list of such activities as conferences, clinics, medical rounds, and formal meetings. A register of the names and rank of all members of the attending and house staffs was requested in order to learn their status and arrange interviews. Care was taken to obtain copies of annual reports, intern procedure books, case record outlines, and similar printed material covering hospital methods. In this manner it was possible to organize a systematic approach to the educational problem of the individual hospital.

Next, an inspection of the entire building was undertaken, including all pavilions, laboratories, special diagnostic and therapeutic facilities, record room, library, and house staff quarters. In this way, a general picture of the institution was obtained. With experience, a great many valuable observations may be made during such a tour.

Since the schedule of survey permitted a visit of days or weeks, depending on the size of the hospital, it was possible

to attend a considerable number of formal and informal ward activities, clinics, operations, obstetric deliveries, conferences, lectures, seminars, and clinical society meetings. Perhaps the most important task of any educational survey is to witness the program in actual operation and estimate its virtues and shortcomings. Indeed, the value of subsequent conferences with individual staff members was greatly enhanced by the privilege of seeing them at work. The weekly and monthly staff conferences were of special importance in appreciating the spirit and plan of a service.

A careful estimate was made of the factors entering into the success of these activities from the point of view of the house staff. Certain points were particularly investigated.

1. *Concerning the interns:* Their attitude toward the hospital, the patients, the nursing group, the attending staff, and each other; the quality of patient care shown, particularly by records kept and knowledge of cases displayed at rounds and conferences; the organization of initial instruction and continued supervision of interns in their duties; whether the house staff was adequate in number to sustain high standards of work, and whether their time was properly planned; whether house staff spirit and initiative resulted in reading from special interest, in group case studies, or in seminars.

2. *Concerning the attending staff:* Inquiry was made as to their qualifications, their willingness and ability to instruct the interns, their attitude toward patients, and their general morale. Estimation of the teaching potentialities of this group under any plan of graduate education is a factor of paramount importance.

3. *Concerning the administration:* Of special significance were the vision and sense of responsibility of the superintendents and directors as to their function as guiding spirits and coordinators of intern education. Furthermore, it was neces-

sary to learn the success of provisions for intern health, housing, food, and recreation.

Through the courtesy of each hospital, it was possible to obtain conferences with representative members of the administrative, attending, resident, intern, nursing, and social service staffs. Information was recorded on a form which had been prepared so that the information obtained could be used for comparative analysis. The house staff members were asked to fill out an extensive questionnaire, and each completed form was subsequently checked at a personal interview.

It should be recorded that all the personal interviews were by the same individual, so that variation in interpretation of data obtained was reduced to the minimum.

At the conclusion of the survey of each hospital, an extensive report was submitted to the Committee. Since this report was prepared according to a fixed outline while the situation was vividly in mind, a comprehensive recapitulation was made available for comparative studies. The majority of the hospitals were anxious to have the benefit of a report of the findings of our survey. A report entitled "Hospital Assets and Liabilities," covering the strong and weak points of the hospital's plan of house staff education, was given to each hospital at a follow-up interview. By personally presenting this report, an opportunity was given to check assembled findings in the light of criticism received from the medical board and the superintendent. Re-surveys were carried out when indicated, in order to insure accuracy of conclusions. Judging by the reception accorded these follow-up reports, there was a keen interest in the subject of intern and resident training throughout the hospital field. Furthermore, there was ample evidence of a sincere desire to assist in the common task of promoting a more adequate graduate program.

At the regular monthly meetings of the main Committee,

from the very beginning of the survey, there was a group check and criticism of methods and findings. Also, since the task was of such magnitude, it was necessary to enlist the aid of a large number of other representatives in the New York field of medicine. They were asked to serve on subcommittees, and they gave essential guidance and advice in the compilation of the report.

The personnel of the subcommittees was drawn from experienced physicians holding responsible positions in New York City hospitals, and for the most part actively engaged in medical education. In submitting reports on the various phases of the study, they gave due consideration to all the material that had been obtained in the survey. However, it was not to be expected that they could completely differentiate between their reactions to the material studied and their convictions based on years of experience in dealing with interns and residents. For this reason, the reader will recognize in some instances that the views expressed are perhaps broader than could with certainty be deduced from the facts collected in the study. Wherever it was possible to draw a clear distinguishing line between the two, this has been done. Where it has not been possible to do this, an attempt has been made to avoid confusion of thought by clarity of expression. This method of procedure has the advantage of putting a proper interpretation upon statistical data, rather than being too closely bound by the narrow confines of the purely analytical method.

The subcommittees, not content with local findings only, circularized leaders in special fields throughout the country in order to obtain the benefit of their experience. Consequently, the reports prepared by these several special committees have much more than purely local significance.

As a separate project, letters were written by the deans of

the cooperating medical colleges to a large group of their graduates, covering the years from 1919 to 1931. A questionnaire was enclosed asking them to record the type and extent of their house staff training and its value as applied to their practice. The very gratifying response to this questionnaire is an additional evidence of the wide interest in the subject. Analysis of the material has shed valuable light on the problem from the point of view of previous interns and residents.

CONTINUATION OF THE COMMITTEE'S WORK

The understanding and cooperative relations which were developed between the medical schools and the hospitals during the progress of the study have made it clear that a continuation of the Committee's work will be of value to medical education and to standards of service. The factual information and the analysis of the problems which are set forth in the report offer a basis for further progress. Accordingly, the New York Committee on the Study of Hospital Internships and Residencies plans to maintain its organization permanently in order to gather current data from local hospitals where internships and residencies are available for graduates of medical schools. The Committee will continue to be representative of the various medical schools and other groups concerned with the training of the physician. It plans to encourage the continued improvement of services for interns and residents, to re-survey such services from time to time, and to make available to those responsible for the guidance of students information relative to internships and to residencies and other opportunities for graduate medical education.

GLOSSARY OF TERMS

ONE of the most difficult tasks which confronted the Committee was an accurate definition of terms. It was immediately apparent that no common coin existed in New York City as to the meaning of such familiar terms as graduate and post-graduate education, interns and residents, and rotating and mixed internships. To give the reader a clear idea of the sense in which terms are used in this book, a list of their meanings as evolved by the study is appended. The Committee is not trying to set up definitions for general application, but is merely explaining their use in this report.

Graduate education comprises all full-time hospital training received subsequent to graduation from the internship, and formal study of an organized, long-term type under the jurisdiction of the faculty of an approved medical school. It is designed to prepare the physician to begin the practice of a specialty, and includes residencies, fellowships, and other arrangements acceptable to the qualifying boards or to universities granting advanced degrees. The point must be emphasized that the requirements of graduate education cannot be met by a simple accumulation of any number of short post-graduate courses.

An *internship** is a period of service as a member of the hospital staff while residing in the hospital and receiving a period of formal education subsequent to graduation from medical school. The experience may prepare men for general practice or for advanced special training.

A *straight internship* is one in which the entire term is

* For more detailed discussion of the various types of internships, see Chapter I, pages 13 to 17.

spent in a single branch of medicine; it may include the specialties of that branch.

A *mixed internship* is defined as one in which the intern spends one or more years on two or three services.

A *rotating internship* is defined as one in which the intern spends one or more years on more than three services.

A *special internship* is one which is carried out on the service of a specialty, following a regular internship. It may be either straight or mixed in form. Its function is to give additional experience in one particular branch.

A *houseship* represents an additional period of training on one of the services during the senior year of the internship. Presumably it indicates a special interest.

Residency. The preparation for the residency includes, first, certain basic intern training, followed by special intern or assistant residency training, which should include sufficient grounding in medicine and surgery to ensure adequate development.

A residency with the above prerequisite provides experience as a responsible house officer, in a limited field, for a period of not less than one year and preferably for two or more. In addition to responsibility for continuity and high quality of service, there should be opportunities for basic science correlation, clinical investigation, and research. Instruction and supervision of the interns will be a clearly understood obligation.

It is explicitly stated that the term resident does not include those serving merely as paid assistants on private services. These men have been designated private assistants.

The *fellowship* is similar to the residency in content and objective, but usually places more emphasis on special studies and research. There is not as much administrative responsibility, and residence in the hospital may or may not be in-

cumbent. Fellowships, as a rule, are to be found in institutions with a definitely academic background.

According to the Council on Medical Education, "Clinical fellowships are distinguished from residencies as being extended periods of graduate study, under university control, which are provided for by endowment or other financial arrangement. They usually, though not always, involve the performance of original investigative work and frequently the fulfilment of definite requirements for advanced degrees."

Private assistant is the designation used by the Committee to describe a house staff member who serves merely as a paid assistant on a private service.

Postgraduate education includes all efforts on the part of the physician to improve himself in the art and science of medicine while he is engaged in practice. It includes short courses, attendance at meetings, service on hospital staffs, and all efforts directed toward self-improvement.

Teaching hospital. In this report the term has been applied only to hospitals with an organized program for teaching medical undergraduates on all services. In most instances the students serve as clinical clerks. The institution may or may not be under university control.

Affiliated hospital. Affiliated hospitals have been considered as those furnishing medical-student teaching on one or more services, under the supervision of one of the five medical colleges of New York City.

Nonteaching hospital. In this report the term has been applied to hospitals without arrangements for teaching organized sections of medical students. Such hospitals may have well organized systems for teaching interns and residents but have no affiliation with medical schools for giving instruction to undergraduates.

The term *director* is used to designate the head of a serv-

ice; it carries the same meaning as chief of attending staff. Where the administrative head of an institution is mentioned, he is called the superintendent.

A *clinical clerkship* is an undergraduate assignment, usually during the third or fourth year of medical school. The student is allowed to participate in the diagnostic studies of patients and to follow their subsequent course at the bedside. Clerking serves as a valuable introduction to the internship.

APPENDIX NINE. Bibliography

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