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ON BECOMING A PHYSICIAN

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While planning these remarks I inquired of several colleagues, "How does one become a physician?" Not one said simply "By going to medical school" and several complained at length about the results of formal education. Some added that one might pass through medical school and even internship and resident training without really becoming a physician. At this point, I usually asked for a definition of terms and the term "physician" was generally qualified with the word "good". Often this "good physician" was further characterized as competent, compassionate, concerned, conscientious, or dedicated.

My respondents emphasized that in order to produce good physicians one needed to start with good material. I was told that one could hardly expect to make a silk purse from a sow's ear, unless he started with a silken sow. My colleagues also spoke with approval about the skills and knowledge that most students acquire. They doubted, however, that we did enough to infect the student with those attitudes and concerns that characterize a good physician.

I used the word "infect" because we have come to believe that some of the characteristics of a good physician are better caught than taught. We have wondered if this contagion might be favored by early and intimate exposure and I should like to describe briefly one effort that we have made to observe an exposure of this kind.

For seven summers we have offered an elective service in nearby mission hospitals. The offering was made to freshman and sophomore medical students, and each year six or seven candidates were selected from among those who applied. Most of the students worked at mission hospitals in Mexico, Central America and the Caribbean area. A few worked among the Navajos in southern Utah. One student spent a summer at the Institute of Nutrition for Central America and Panama, and another worked at malaria control in Jamaica. Two students were apprenticed to local physicians in Ecuador and Guatemala.

A wide array of services was performed by the students. Some worked as x-ray and laboratory technicians. Others drove the jeep or pickup truck that often served as an ambulance, and nearly all the students provided extra hands at surgery or on

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the ward. Several made surveys of parasitic disease, while others investigated urinary infections among primitive groups. Nutrition surveys and serum lipid studies were done. Whole communities were vaccinated against smallpox. With special coaching, several students doubled as midwives or nurses, or even became involved in hospital construction. In brief I'd say that the students' activities ranged all the way from closing lacerations to patching a hospital roof.

We made only three stipulations. First, we insisted that each student be an active participant in some essential function or program of the hospital. We did not intend that his role be passive or that he simply observe. We hoped that the setting would be one in which he could hardly escape confrontation with a need that was real and not contrived. Second, we required each student to have a competent sponsor who was himself a good physician. Sponsors were selected from a group of physicians well-known to directors of the program. Some effort was made to arrange an appropriate matching of student and sponsor, but the basis for this matching was rather subjective.

Third, each participant agreed to help us evaluate the summer's experience by keeping a daily log. These were mailed to us at frequent intervals. At least once during the summer one of those directing the program visited each student and worked along with him for several days. At the end of a summer's work, students attended a debriefing session and the sponsor submitted a written report. The subsequent course of each participant has been closely observed. Records of performance and of scholarship have been reviewed and continuing contact has been maintained by letters, questionnaires, and personal interview.

Time does not permit examination of all our data here, but perhaps it will be useful to describe our experience at one specific hospital before attempting to summarize conclusions.

Hospital Adventista is located on the Pan American Highway about 70 miles northeast of Managua, Nicaragua, near the village of La Trinidad. The hospital has about 15 beds as well as an active emergency room and outpatient service. It is equipped with surgical and obstetrical facilities and a small clinical laboratory. A wide variety of medical and surgical problems is encountered, but it may surprise you to learn that the first patient I was asked to see while visiting the hospital was one suspected of having Addison’s disease.

The work of the hospital is directed by Dr. Fred Moor, who planned and supervised its construction. Dr. Moor and his wife are pioneers with widely varying interests and abilities. Mrs. Moor has not only made a home and conducted school for the children, but has also had to pinch-hit in a host of hospital functions. At the time of my visit, she was breaking in a new cook.

Dr. Moor started his work with a brickyard, and then with a small construction crew began to build the hospital, as well as homes for all the workers. He is a broadly trained and versatile physician with abundant energy and initiative.
BECOMING A PHYSICIAN

The first student to spend a summer at La Trinidad had graduated from college with a chemistry major and had completed his freshman year in medicine. He was assigned to teach chemistry to student nurses. He is said to have done an excellent job, and all his students completed their course in chemistry successfully. Our medical student also trained a laboratory technician in simple chemical procedures and developed a cookbook type of manual to guide her in his absence. She became quite proficient in carrying out the procedures. In addition to these specific assignments, our student served as an extra pair of hands for Dr. Moor in a wide array of duties that often extended far into the night.

During subsequent summers at La Trinidad, surveys were made of nutrition and serum lipid patterns, and these findings were compared with similar data gathered among the Navajos and among the Chamula Indians of southern Mexico. Comparative studies were also made of parasitic infestation and of urinary infections among primitive groups having little or no exposure to antimicrobial drugs. In each case an attempt was made to define a local problem and to engage a student in the effort to resolve it.

Each of the students spending a summer at La Trinidad lived with the Moors and had intimate exposure to the joys and sorrows of mission life as well as to the responsibilities a physician must bear in such a setting. They were thoroughly exposed to Dr. Moor and to whatever attributes he possessed, and had ample opportunity to "catch" whatever was to be "caught".

CONCLUSIONS:

The conclusions we have drawn from this and similar experience in several mission hospitals might be considered under the headings of scholarship, skills, and attitudes.

Nearly all the students made a good scholastic record, but this was true before as well as after the summer assignment. There was no significant change in scholarship that could be clearly related to the summer’s experience, despite a remarkable enthusiasm that was often engendered.

Most of the students were also enthusiastic about the clinical experience gained in the course of their summer fellowship. In retrospect, however, they usually conceded that similar clinical skills could have been acquired in one of the teaching hospitals nearer home. Several participants added that the medical mission experience might have been more valuable near the end of the senior year. We are now attempting to get some experience on this point.

In regard to attitudes our data are a little different. Reports from student participants were peppered with comments on changing attitudes. They wrote of "broader interests and concerns" and of a "new perspective". Interesting comparisons were made of various customs and cultures. Preconceptions and bias were removed and sponsors wrote frequently about signs of growth and maturation.
A few of the students stated quite simply that the summer's experience was a "turning point" in their professional lives. We looked at this group with special interest and found two points that seem to stand out quite consistently. First, each of these students responded to a local need and became personally involved in doing something about it. Second, each shared his involvement with a dedicated and competent physician with whom he was able to identify closely.

Any interpretation of this response is bound to be subjective, but I think it important to point out that our data do suggest that the significant encounter is with "need" rather than with Nicaragua. Likewise it does appear that the kind of "contagion" we have sought depends upon a relationship between individuals more than on a geographic setting.

It is too early to judge how many of our subjects will become "good physicians" though some do seem to merit this distinction. It is even more difficult to make a definitive judgment about the long-term results of the exposures we have observed. But if our interpretations are correct and if some qualities of a good physician can in fact be caught, we need to consider how and when such contagion will occur.

It should be emphasized that human need is often found in caricature in the settings we have chosen. Personal relationships on a mission compound are inescapably close, rather like those in a family. Challenge and contagion are easily encountered and spread in such circumstances. We are confident that the encounter is not dependent on a single sort of setting, for we have observed similar responses in settings that are quite diverse.

To summarize, our observations on a summer elective program do support the belief that:

1. Concerns, commitments, and attitudes of a good physician are highly contagious if an intimate exposure can be arranged.

2. Student physicians are often amazingly challenged when faced with a need that is real and not contrived, one in which the students' response will actually make some difference.

3. Intimate encounters with good physicians and with real needs appear to play a part in the process by which one becomes a good physician.

4. Important encounters can occur at diverse times and in widely varied settings. While an early encounter is desirable, we have no doubt that for some the experience will be delayed until internship or residency. The important thing is to see that an encounter does occur. When it happens we expect the results will be similar whether the setting is Loma Linda, Detroit, or La Trinidad.