



July 7, 2023

## Aiming High "When I Was An Intern" Part One

I am finishing up this issue of *Aiming High* on the afternoon of July 2, 2023 at about 6 p.m. At 6 p.m. on July 2, 1979, I was finishing up my first 36-hour rotation as a new intern. I vividly remember arriving at my apartment completely exhausted, and feeling anxious. Could I make it through four years of this medical boot camp? Did I want to? Well, at some point during that first rotation as an intern everything seemed to click. I found my steep learning curve to be exhilarating; I was hooked on clinical medicine. With this initially turbulent but ultimately transformative experience, I became focused during my residency on making sure that I took advantage of everything my program had to offer – experientially and academically – to become the best doctor I could be.

Now, in 2023, July rolls around once again. Although the calendar tells us that summer has begun, the beginning of a new residency year feels more like spring in the world of health-care training — a time of renewal and a time of new growth. A fresh cadre of residents and fellows commence training in their chosen specialty or subspecialty. Such an important event demands a special two-part edition of *Aiming High*!

While my own experience is briefly referenced above, I will conclude Part 1 of this newsletter with the intern experience of an important mentor, Howard W. Jones, Jr., MD. And in Part 2, I will post some stories from LSUHS faculty members, and from PGY-2 residents who have just completed their internships here. But first, some background.

Although internship has become more “civilized” in recent years, and appropriately so, the process of transforming fledgling, newly minted M.D.s into skilled, confident physicians remains, at its core, essentially the same. There is some level of tension in this process, however, because of a peculiar intergenerational phenomenon among physicians: each generation believes their successors have it too easy. “When I was an intern...,” the seasoned attending physician would say, beginning a rant about how tough things were. “Don’t start with ancient history again!” the beleaguered intern would think, outwardly showing a faint, polite smile.

Across time, the structure of residency education has, indeed, changed. There was a time when being a resident meant literally living in the hospital (as in the story of Dr. Jones’ internship to follow). This gave way to every-other-night call, every-third-night call, etc., and finally (horror of horrors to those who believe that continuity-of-care experiences for residents can only occur in a traditional on-call system) a contortion called “night float.” Grafted onto this process of gradual change was a watershed event. In 1984, when a patient at New York Hospital died in the care of a resident who had been on call the previous night, the issue of resident work hours caught the public eye. In 1989, after a publicly aired ordeal that was as much political as medical, New York State set work rules for house staff — no more than 80 hours on site per week, and no patient care the day after an overnight shift.

New York's approach led to national changes in resident work hours. In July, 2003, the Accreditation Council for Graduate Medical Education (ACGME) limited the number of work-hours to 80 hours weekly, overnight call frequency to no more than one overnight every third day, a 30-hour maximum straight shift, and 10 hours off between shifts. While these limits were voluntary, adherence was essentially mandated for the purposes of accreditation across the nation. Further changes to work hour rules for residents have since been implemented. Debate over duty hours will continue, hopefully informed by data. Meanwhile, our new interns will be living, in real time, their own "when I was an intern" experiences, to be handed down to their successors.

Howard W. Jones, Jr., MD, was a general surgery resident at The Johns Hopkins Hospital in the late 1930s, having received his MD in 1935. (After serving as a surgeon during WW II, he returned to Hopkins for an additional residency in Gynecology.) In 2001, when I was chair of the Department of Obstetrics and Gynecology at the University of Rochester, I invited Dr. Jones, then age 90, to an end-of year event in which there were both departing residents and entering interns. Here is Dr. Howard Jones' "when I was an intern" story.

Dr. Jones began by explaining that he received no pay during his training as a house officer, but didn't need any: after all, he was a "resident" of the hospital, living full-time there. On the day before his internship began, he received a 2-hour orientation and five pairs of white pants, five white shirts and five white coats, all of which were laundered on his behalf. (These uniforms were replaced yearly. He had to supply ties.) All of his meals were taken in the "Doctor's Dining Room," which was adjacent to the hospital cafeteria. The food was the same as for staff, but it was served on tables set up with linens and place settings. A small bedroom was provided in the Hopkins dome. Food, shelter and clothing ... all that he needed was provided.

Dr. Jones spoke of his internship year, beginning with the indelible significance of going to the hospital's tailor to have his name hand-stitched on his white coat. He remembered the names of his first three patients, and cared for them not only for the several days of that hospitalization, but for many subsequent visits over succeeding years. He knew them well, and told their story not only from a medical standpoint, but also in terms of their families, and the community and social culture in which they lived. Dr. Jones also remembered the names of the nurses in the operating rooms and wards with whom he worked every day, and commented extensively on how they served as role models for the level of skill, attentiveness and caring that they gave to each patient. Finally, he talked about collegiality — the bonds created by this experience that lasted for decades.

Few residents married during residency in those days. (This was allowed occasionally by special consent of the department chair!) Georgeanna Seegar was a Hopkins medical student whom Dr. Jones met in July of his intern year. He asked her if she would go out on a date with him during his first night off, which would be in late September. She agreed. As Dr. Jones tells it, the date consisted of meeting at the hospital where they looked at pathology slides together. Georgeanna Seegar went on to marry Howard Jones and become a prominent gynecologic endocrinologist in her own right. (Dr. Georgeanna's first discovery was that the hormone of pregnancy — now recognized as hCG — was produced primarily in the placenta, not the pituitary gland.)

Together, after leaving Hopkins in 1979 because of age-related mandatory retirement, they spent time in England learning *in vitro* fertilization (IVF) from Drs. Robert Edwards and Patrick Steptoe, who brought into the world the first IVF baby in 1978. (A few years earlier, Dr.

Edwards was a visiting Professor at Hopkins to collaborate with Dr. Jones on early aspects of IVF in mice.) In 1981, Dr. Howard and Dr. Georgianna achieved the first successful IVF birth in the United States at Eastern Virginia Medical School. They continued to be active in what became, over the next decade, the most prominent IVF program nationally. Dr. Georgeanna Seegar Jones died in March 2005 at age 92. Dr. Howard Jones, Jr. died in 2015 at the age of 104, contributing to academic life until his death.\*

In the next edition of *Aiming High*, later this month, we will feature stories about “when I was an intern” from three faculty members, and a recounting of experiences from three LSUHS PGY-2 residents who have just completed their internships. Stay tuned!

A handwritten signature in blue ink that reads "David S. Guzick". The signature is fluid and cursive, with the first name "David" and last name "Guzick" clearly legible.

David S. Guzick, MD, PhD  
Chancellor

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\*In 2014, at age 103, Dr. Howard published *In Vitro Fertilization Comes to America: Memoir of a Medical Breakthrough*. In 2013, he published *Personhood Revisited: Reproductive Technology, Religion and the Law*. In 2010, he published *Legal Conceptions: The Evolving Law and Policy of Assisted Reproductive Technologies*. In 2005, he self-published “*War and Love*” about his WW II experience as a surgeon and his correspondence with Dr. Georgianna (actually, their love letters).