

# Maybe July 1<sup>st</sup> Isn't so Dangerous After All

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However, what made it possible was that I came to residency already in possession of an enormous amount of knowledge and experience, gained over four years of intense medical education.



Every year it's the same joke. 'Watch out on July 1<sup>st</sup>! It's dangerous out there! The new residents are starting!' Or this one: 'It's the job of nurses to save you from the new residents.'

Fair enough. Young appearing, freshly graduated physicians, medical degrees and stethoscopes in their trembling hands, have been unleashed in hospitals and clinics across the land. That sounds a little scary given the enormous weight of their responsibilities.

Those new residents are indeed 'new' to the world of medicine; but only in the sense that they are, at last, physicians. In order to reassure everyone, it might be good to review what those students did to get their degrees and make it to those residencies on July 1.

They finished four years of university and scored very, very well. They dedicated themselves to schoolwork, to other learning experiences like shadowing or part-time jobs in the medical universe. They were tested and tried over and over. They worked hard to earn shining letters of reference. They endured numerous interviews. They had resumes that would make many people weep at their own inadequacies. Some of them did it while doing other ridiculously impressive things, like running marathons or climbing mountains, or volunteering for international relief organizations.

Many of them had other lives before medical school. Perhaps as nurses, paramedics, firefighters, soldiers, marines, sailors, airmen, engineers, teachers, musicians; almost anything imaginable.

They then embarked on four years of medical school. But let's briefly break down the medical school experience.

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The first two years of medical school involve 'basic sciences' and amount to about 22-30 credit hours per semester. Per semester, in case you didn't get that. It's a crushing academic load during which learning has been compared to 'drinking from a fire hose.' After those two years, their 'fund of knowledge' is incredible. I still remember things that rise from the depths of my aging brain for no obvious reason except that I was told, decades ago, that they were important. And out of seemingly nowhere, for a single case years later, they are crucial.

The process is intellectually, physically and emotionally exhausting. Medical education during the academic years involves a lot of tests; and then tests afterward to enter into the second two years of clinical training and another test to go on to residency. (More tests will follow after that.)

What about those clinical years during medical school? Well, according to a comparison chart at [www.midlevelu.com/blog](http://www.midlevelu.com/blog), the average medical student logs about 6,000 hours of patient contact time. For comparison, a nurse practitioner (during his or her education) has about 500-1,500 hours (in part depending on whether or not that education was online or in person). A physician assistant student gets about 2,000 clinical hours during his or her one year of clinical rotations.

Now, this is not to denigrate the education of NP or PA students. But only to say that when we suggest that July 1 is a time of terror, a time of remarkable danger because the new residents are starting, we might want to step back and realize the amount of education and experience that they have already logged.

We don't tend to say the same thing about new NPs or PAs when they are working in new jobs alongside emergency medicine residents,

providing primary care (often independently), rounding with surgeons, working as night-time hospitalists or anything else they do. This is interesting, since their educational experience before starting their jobs is significantly less than that of the graduating medical student (and drastically less than that of an attending).

Yes, residents are still learning and need the guidance and mentoring of seasoned physician educators. When I embarked on my emergency medicine residency, I was green as grass. And I was challenged for three years. From mundane colds and lacerations to transporting trauma victims from accidents by air, my residency instructors shaped me into a solid, qualified emergency physician and labored to fill the gaps in my knowledge and experience.

However, what made it possible was that I came to residency already in possession of an enormous amount of knowledge and experience, gained over four years of intense medical education.

When I finished residency, I still felt frightened. If I'm honest, I'll tell you that 27 years into my emergency medicine practice (after residency) there are still days I wish I could have my old faculty members nearby.

But let's give credit where credit is due. The new residents, God bless 'em, have endured a lot, know a lot and care a lot. Maybe, by reflecting on how they got there, we'll realize that July 1 isn't as dangerous as we thought it was.

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