Medical Dreams and Academic Pressure: The Terror of Indecision

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About the Author
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The risk of a wrong decision is preferable to the terror of indecision.
– Maimonides

Nothing is so exhausting as indecision, and nothing is so futile.
– Bertrand Russell

As I write this, it is November, a time when PGY4 residents in general internal medicine (GIM) must make weighty decisions about whether to pursue additional clinical or research training before setting off into independent clinical practice. Such questions pre-suppose answers to deeper questions: What is our underlying personal medical mission? How can we launch ourselves into a program or career aligned with our sense of purpose? Too often the passion associated with initial medical career decisions can become dampened by the academic culture that defines residency training programs. Consideration of the next steps in our career paths and the consequences of our decisions can be associated with significant anxiety.

In the context of this “terror of indecision,” it is helpful to understand that the PGY4 resident in GIM is faced with three options: (1) complete a 5th year of residency in GIM (relevant for the 10 Canadian GIM programs without a mandatory or offered 5th year); (2) pursue a graduate degree, or (3) begin clinical practice. Clearly articulating the seemingly obvious can be reassuring: “a problem clearly stated is a problem half solved.”

The potential utility of a 5th year of GIM residency is resident specific (Table 1). Although additional experience as a resident could be useful in particular situations, the value of an additional “general” year might be called into question by the majority of non-community-bound residents. Despite this, there is mounting pressure from academia to complete a 5th year. Current trends in academic medicine – longer training, narrower and deeper sub-subspecialization, additional credentials, and “added value” – create substantial pressure to extend training, irrespective of tangible benefit.

Further, the recent decision by the Royal College of Physicians and Surgeons of Canada (RCPSC) to recognize the subspecialty status of GIM favours the completion of a 5th year, in that subspecialty certification necessitates the completion of an accredited two-year GIM training program. It can be argued, however, that the benefits of this new recognition itself are still unclear. Aside from the prestige associated with the new subspecialty designation, concrete benefits remain to be seen. It is altogether imaginable that such recognition may be a prelude to eventual increases in GIM-specific fee codes. But regardless of any future advantages offered by subspecialty recognition, the pursuit of a 5th year of clinical GIM training is difficult to justify for many residents.

Pursuit of a graduate degree offers GIM residents a second option, and in many cases is a necessary step for those who aspire to careers as researchers, administrators, and, increasingly, medical educators. An appropriately tailored program, conscientiously selected for the acquisition of specific skills or out of a genuine interest in a field, can prepare the incumbent to innovate and conduct high-quality research. Graduate work is a clear and logical choice for this subset of GIM residents. For others, however, academic pressure itself can be a powerful influence in deciding to pursue a graduate degree.

Graduate work has become a near-universal requirement for general internists who wish to practise in university settings. Indeed, pursuit of a master’s degree in medical education,
clinical epidemiology, public health, or public policy has effectively become the default pathway for many who aspire to an academic career. Consequently, residents may experience undue pressure to pursue advanced degrees. Many residents find this pressure overwhelming and ultimately might pursue programs by virtue of their novelty or perceived added value rather than from their own intrinsic interest.

In this context, many residents struggle with indecision when confronted with the trifurcation of the 5th postgraduate year. In many cases, this indecision stems from the fact that – as a consequence of the indoctrination that inevitably results from spending thousands of hours immersed in a culture as influential and pervasive as academia – residents may have lost sight of the dreams and inspirations that drove their career choices in the first place. Residents may come to perceive academic medicine not as one way of medical practice, but perhaps as the only way. The critical questions then become: How do we reconnect with our original medical dreams? and How can we best align our immediate training opportunities with them?

Answers may lie in a combination of targeted experience, mentorship, and reflection. Exposure to a wide range of medical subspecialties and practice settings is critical. Diverse experiences allow residents to appreciate the respective merits and drawbacks of various practice settings, and may help to reawaken dormant medical dreams. Because formal training is finite and practice opportunities can be time sensitive, residents need to be shrewd when deciding how to invest their valuable time and effort in these experiences. Careful reflection on innate strengths and interests will help to pare the surfeit of possible experiences into a manageable number. Once identified, electives, clinics, shadowing, and, depending on stage of training, locum opportunities, can be arranged to allow more in-depth appraisal of each area of interest.

Mentors can facilitate this process and empower residents to make better, more genuine decisions. Emotionally intelligent mentors will have the ability to elicit and clarify a trainee’s strengths and interests. By asking the right questions, they can guide residents to consider previously unexplored areas and develop new insights. Good mentors can help residents to identify the experiences that will enable them to draw comparisons among training and career opportunities. In addition, mentors often have the personal connections to facilitate these targeted, high-yield experiences.

Such targeted experiences, reflection, and mentoring can be useful strategies to assist us when we face these times of indecision. It is also important to recognize that this choice is but one in a long series of decisions that ultimately define careers and lives. When viewed in this light, the consequences of any one decision seem less momentous. The medical life cycle is, after all, long and dynamic, offering many opportunities to shift direction and reinvent.

The ultimate goal of these decisions is a meaningful, engaged, and enjoyable medical career. Making the decisions necessary to create such a career hinges on an understanding of one’s core values and medical dreams. Given the pressures and expectations of academia, it is easy to lose sight of these values and dreams. We must avoid the temptation to make decisions based on convenience and the appeasement of the system. We must acknowledge that success is unique to individuals and not to systems. Such realizations will help inform decisions that will keep us on the path to a more authentic and inspired career.

### Table 1. Considerations Regarding a 5th Postgraduate Year in General Internal Medicine

<table>
<thead>
<tr>
<th>Considerations</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Create a clinical niche and/or acquire a particular (e.g., procedural) skill</td>
<td>Useful in community setting May not practise acquired skills in academic centres where subspecialists traditionally monopolize procedures</td>
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<tr>
<td>Gain additional experience before independent practice</td>
<td>Relevant in an era of restricted resident duty hours Learning yield as a 1st-year attending physician likely outweighs that of an additional supervised postgraduate year</td>
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<tr>
<td>Financial implications</td>
<td>Individual: resident versus staff salary Society: 1 year delay in the “delivery” of a qualified physician Government: funding an additional postgraduate year</td>
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Defer career decisions if uncertain about future