

FM REVIEW 2015 33 COMMENTS

COMMENTS TO EDITOR: This account of some of the highlights of an intern's first week has potential. One reviewer really related to the content. The other reviewer, whose views tend to reflect my own, criticizes it as too superficial, losing its train of thought, and not having the unity of a central theme. I recommend major revision giving the author a chance to address these major concerns.

COMMENTS TO AUTHOR: This essay captures the craziness of an intern's first week with a humorous twist. It is well-written, and clever, but comes across as somewhat superficial. While the second half of the essay tackles the more serious topic of the dangers of falling into cynicism and pessimism as an intern, I agree with reviewer 1 that the two parts of the essay are not well integrated.

Since I think you are going for something more than the easy laugh (cutting the tags off your new white coat), I don't necessarily think you should delete the section about disillusionment, which I see as your main point. Rather, consider crafting a better – and quicker - transition into the "meat" of the essay; and perhaps figure out ways that the earlier incidents in their own ways can lead to cynicism (i.e., feeling insecure, unprepared, and perhaps making inadequately informed medication decision can defensively lead to cynicism and burn-out). Reviewer 1 is completely correct that you need to have a clearer idea about what the main point of your essay is. Once you clarify that, the piece will have greater unity.

Also, if indeed your theme ends up being about warding off cynicism and pessimism, make sure that your argument is not a simplistic patient blame model - drug-seeking patients, know-it-all patients, suit-prone patients. Help the reader see that by the end of Week One you were aware of the flaws in the healthcare system that promote disillusion in practitioners - patients with no insurance to pay for drugs or healthcare; drug-addicted patients with inadequate referral/treatment options; insufficient time to spend with your patients (since none of your patients tried to sue you that first week, I'm not sure it is even relevant to bring up malpractice issues). You might add other systemic pressures such as being sleep-deprived, eating poorly, and overwhelmed by the latest EHR glitches that contribute to resentment, bitterness, and disappointment with clinical practice; as well as noting the natural personal and professional insecurities of a newly minted intern.

In line with reviewer 1's comments, be aware that humor, while cleverly employed in the essay, runs the risk of producing superficiality. I enjoyed your funny turns of phrase, but try to show more depth in these patient encounters. Show more of your own feelings (anxiety, fear, helplessness, lack of confidence?) and perhaps the patients' feelings as well.

Finally, be alert to an excessively didactic, preachy tone in the final couple of paragraphs. Remember, a good essay tries to "show, not tell." And although it is wonderful that you are "excited" about the opportunities that await you as a family doc, the last line is a bit weak in its execution (not in what you're trying to convey, which is lovely). Consider another stronger way to express your feelings as you look toward the future.

COMMENTS TO EDITOR II: This resident-author did a superb rewrite of his essay. He took to heart extensive feedback from reviewer 1 (and from me), as well as a positive review from reviewer 2 and went about crafting a significantly revised essay that retains its humor, but is much more cohesive. The revision conveys the chaos and confusion of an intern's first week, and also highlights some of the "not-learned-in-medical-school" lessons that real clinical medicine teaches. One problem was that some of the examples seemed to blame patients who were mentally ill, were drug abusers, or lacked insurance, and these examples have all either been reworked in a more respectful way or eliminated. It ends on a note of self-awareness and commitment to the specialty that I find quite lovely.

COMMENTS TO AUTHOR II: Well done! You received a lot of in-depth feedback, both positive and negative, and had the skill and non-defensiveness to take it all to heart. The result is a revised essay that retains its humor, but is much more cohesive. The revision conveys the chaos and confusion of an intern's first week, and also highlights some of the "not-learned-in-medical-school" lessons that real clinical medicine teaches. Despite retaining a rueful touch of cynicism, it ends on a note of self-awareness and commitment to the specialty that is quite lovely and hopeful. I am especially appreciative that you eliminated all of the easy "patient-blame" conclusions. Congratulations on an enjoyable and perceptive essay that will remind readers of the overwhelming nature of that first week; and how important it is that interns draw the right conclusions from these significant first days.