

## IT WAS THE SUMMER OF 1976.

The nation was celebrating its bicentennial, and I was an internal medicine intern at Michigan. The wards of Old Main had no air conditioning; even at midnight it could be 80 degrees or higher. Often, 20 or more patients would occupy a single room, sharing their illnesses, their hopes, their deaths, with only a cloth curtain for privacy.

The rhythm of life as an intern was rooted in the schedules we kept: short call, long call, off. On short call, we admitted patients from early morning to 3 p.m., and, if everything went well, left the hospital by 8 or 9 that evening. Long call meant admitting patients all day and into the night, during which we provided cross-coverage, hoping to leave the following day by 6 or 7 p.m., as it was a day off. There were no on-call rooms; if the opportunity for sleep arose, we sought spare gurneys or empty patient beds. The next day, the cycle began again.

Internship — the first year of residency — was the most intensive of learning experiences: learning from my patients, my residents, my attendings. It seemed interminable, but before we knew it we were residents, and it was our turn to guide and to lead.

Many aspects of residency have changed since then, but the constant that continues is the absolute metamorphosis from student to practicing professional. While the means have changed, the imperative to prepare each group of resident physicians to be leaders and best remains.

Sincerely,



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# Medicine at Michigan

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