



IMAGINE

THE POSSIBILITIES

An Overview of Careers in Internal Medicine

IMAGINE THE POSSIBILITIES
CAREERS IN INTERNAL MEDICINE



During medical school, students are exposed to a variety of new and exciting areas of medicine. Sometime during those years, they will be expected to choose which area to pursue—their specialty.

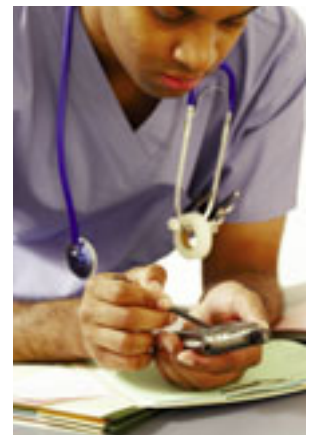
This brochure is intended to provide medical students, primarily those in their first or second year, with a high-level overview of internal medicine. Read and discover what an internist does, how internal medicine differs from other specialties, and the many professional opportunities available to physicians who select the exciting field of internal medicine as their career choice.

Internal medicine is a specialty that relies on the basic sciences and a diverse breadth of knowledge to form the foundation for a successful career in a variety of fields. General internists are crucial in filling a vital need in our health care system, serving as the primary or principal providers of care in outpatient (ambulatory) and/or inpatient (hospital) settings.

Internists can also subspecialize in such fields as cardiology, gastroenterology, rheumatology, nephrology, infectious disease, and many others, after completing training in internal medicine. Subspecialists typically continue to care for patients with serious or complex chronic diseases in their particular subspecialty, and they may also perform specialized procedures.

“INTERNAL MEDICINE IS ALWAYS CHALLENGING BECAUSE THERE IS SO MUCH INFORMATION AND KNOWLEDGE WE NEED TO KNOW IN ORDER TO DO OUR JOBS. WE LOOK AT A BUNCH OF CLUES AND TRY TO MAKE A DIAGNOSIS FROM THE CLUES. IT’S NEVER BORING, BECAUSE EVERY PATIENT IS DIFFERENT.”

**JAMES MCCALLUM, MD
GENERAL INTERNAL MEDICINE
SOUTH CAROLINA**



GENERAL INTERNIST AND SUBSPECIALISTS

CAREERS IN INTERNAL MEDICINE



An **internist** is a specialist in *internal medicine*, the largest and most popular of all the medical specialties. Internists diagnose and treat a wide variety of medical problems in adults (adolescents through seniors), and have particular expertise in solving puzzling diagnostic problems and managing complex and complicated diseases. There are two broad categories of internists — *general internists* and *subspecialists*.

- General internists handle the broad and comprehensive spectrum of illnesses that affect adults and are recognized as experts in diagnosis, treatment of chronic illness, and health promotion and disease prevention—they are not limited to one type of medical problem or organ system. General internists often care for patients over the duration of their adult lives, which provides the physician an opportunity to establish long and rewarding personal relationships with their patients.

Most general internists provide care for their patients in an ambulatory (office or outpatient) setting and in an inpatient setting when their patients become hospitalized. Other general internists choose to care for patients either exclusively in the inpatient setting (often called hospitalists) or exclusively in an outpatient setting.

- Subspecialists in internal medicine have chosen to receive additional, more in-depth training and board certification in the diagnosis and management of diseases of a specific type (e.g., infectious diseases) or diseases affecting a single organ system (e.g., the cardiovascular system). Although subspecialists often see patients for a limited basis in consultation from a general internist or another medical specialist, they too may develop long and rewarding relationships with patients who have ongoing or chronic illnesses that demand continued care.



“INTERNAL MEDICINE IS THE ESSENCE OF MEDICINE AND THE EPITOME OF WHY ONE GOES TO MEDICAL SCHOOL, WITH ITS EMPHASIS ON BASIC SCIENCE, PROBLEM-SOLVING APTITUDE, COMMUNICATION SKILLS, AND BECOMING SOMEONE’S DOCTOR.”

ANDREW R. HOELLEIN, MD
GENERAL INTERNAL MEDICINE
KENTUCKY

TYPES OF CAREERS

CAREERS IN INTERNAL MEDICINE



What types of careers are available for internists?

For most general internists and subspecialists, caring for patients is their primary daily activity. Nonetheless, many other activities are available in the field of internal medicine that may suit the needs of physicians who have additional interests. These other activities include:

- Teaching medical students, residents, and/or subspecialty fellows. Teaching responsibilities can be an important component of a career that is based in a teaching hospital or medical school setting. Internists make up the largest proportion of medical school faculty of any clinical field. Physicians who practice in private settings may also provide teaching on a voluntary basis while still providing direct patient care. As medical students know from their own school experiences, internal medicine specialists and subspecialists not only provide most clinical education but also the majority of preclinical education in organ system physiology and pathophysiology.



- Medical research, ranging from bench research (i.e. basic science) to applied translational or clinical research. Again, these research responsibilities can be a primary component of an internist's professional activities or can complement other activities in patient care and/or teaching. If interested, internists can pursue research opportunities not only in a traditional academic setting but also through employment in industry (such as with a pharmaceutical or biotechnology company), in a national research institution (such as the National Institutes of Health), or even in a practice setting (through participation in large, cooperative clinical studies).
- Administration, meaning activities related to managing the business side of health care. Work in this area provides opportunities for developing managerial and leadership skills. No matter the setting, there is a need for administrative expertise. Therefore, internists who wish to develop their management skills may pursue administrative activities in a variety of settings, including a multi-physician practice or hospital, an academic medical center or medical school, or a variety of other health care-related settings.
- Health care delivery and public health, or activities related to the overall health and wellness of a community or population. Internists

who wish to affect populations of people rather than provide direct patient care may pursue a career working in such settings as public health departments, public health schools, or a variety of governmental or other nonprofit organizations.

What types of services do internists provide?

- provide personal, comprehensive, continuing care to adults
- treat acute and chronic medical conditions
- care for patients in the hospital and/or the office
- arrange consultations with other physicians as appropriate
- conduct preoperative evaluations for surgical colleagues
- treat episodic, urgent, and emergent conditions
- provide comprehensive care in women's health
- perform a variety of procedures

"WORKING IN INTERNAL MEDICINE GIVES YOU THE MOST OPTIONS AND FRANKLY, THE MOST INTERESTING OPTIONS. YOU HAVE MUCH MORE FLEXIBILITY BECAUSE YOUR SKILLS ARE TRANSFERABLE. IT PROVIDES YOU WITH AN ENVIABLE QUALITY OF LIFE, MORE EXPOSURE TO A WIDE RANGE OF DISEASES AND DISORDERS, AND CAMARADERIE WITH A BROADER RANGE OF PEOPLE."

*NIRAV SHAH, MD, FACP
GENERAL INTERNAL MEDICINE
NEW YORK*



Becoming an internist

Following successful completion of a four-year, accredited medical school curriculum, those interested in becoming an internist will enter a training program called “residency.” Residency in internal medicine usually lasts three years, and residents work in a variety of settings, including university hospitals, community teaching hospitals, hospital outpatient clinics, and community physicians’ offices. Residents in internal medicine assume progressive responsibility as they acquire various skills in treating hospitalized patients (handling acute illness, intensive care, and cardiac care) and gain competency in ambulatory care.

Residency training provides experiences in:

Ambulatory Patient Care—For developing skills in handling the typical types of illnesses and issues that internists confront daily in their practice. Practice settings include hospital-based general medicine clinics, general internists’ offices, and subspecialty clinics or practices.

Hospitalized Patient Care—For developing skills in handling the types of illnesses and clinical problems that internists confront in hospital settings. Builds experience following patients through a hospitalization and during the transition related to follow-up care after discharge.

Critical Care—For developing skills in handling the unique activities and issues related to care for patients who are hospitalized in intensive care, cardiac care, and respiratory care units. Provides needed experience and skills in caring for seriously ill patients.

Medical Subspecialties—For developing skills and understanding about the specific competencies needed for each of the major internal medicine subspecialty categories.

Emergency Medicine—For developing skills in the emergency care of patients and the necessary judgment to determine which patients require hospitalization.

Procedures—For developing skills to perform procedures such as lumbar puncture, joint aspiration, central venous line placement, paracentesis, and thoracentesis.

Residency training in internal medicine provides students with a variety of educational opportunities after completion of a “core curriculum” that includes inpatient and outpatient general medicine, subspecialty medicine, critical care medicine, geriatric medicine, and emergency medicine. Elective rotations can include subspecialty rotations, primary care rotations (such as in dermatology, neurology, palliative care, office gynecology, and office orthopedics), and international rotations. At least one third of residency training will occur in an ambulatory care setting.

Combined residency programs, such as medicine-pediatrics, medicine-psychiatry, or medicine-emergency medicine, are attractive to individuals with a strong interest in a career embracing more than one specialty. Selecting a combined residency will add additional time to training, and will not be available at all training hospitals.

“DECIDING ON INTERNAL MEDICINE IS NOT LIMITING, BUT INSTEAD OPENS A WIDE ARRAY OF POSSIBILITIES. IT IS IMPOSSIBLE NOT TO FIND A NICHE OR AREA WITHIN INTERNAL MEDICINE THAT YOU WILL FIND CHALLENGING AND SATISFYING ENOUGH TO MAKE IT YOUR LIFE’S WORK. FROM INTERNAL MEDICINE, PEOPLE HAVE GONE ON TO BE CLINICIANS, RESEARCHERS, PUBLIC OFFICIALS, EDUCATORS, ETHICISTS, WRITERS, ETC.”

*R. DOBBIN CHOW, MD, FACP
GENERAL INTERNAL MEDICINE
MARYLAND*



SUBSPECIALTY

CAREERS IN INTERNAL MEDICINE



What is an internal medicine subspecialty?

Once general internal medicine residency training has been completed, a physician may begin to practice internal medicine. Alternatively, many physicians wish to obtain further subspecialty training in a more limited

area with a plan to focus their future activities on diseases of one type of organ system. Subspecialty training, called fellowship, usually adds two to three years after medical residency. Applications for fellowship are generally submitted during the second year of the internal medicine residency. Subspecialties of internal medicine include:

Adolescent medicine • Allergy and Immunology • Cardiology • Critical Care³ • Endocrinology • Gastroenterology • Geriatrics¹ • Hematology² • Infectious Disease • Nephrology • Oncology² • Pulmonary Disease³ • Rheumatology • Sleep Medicine¹

¹One-year fellowship after three years of residency.

²Hematology is usually combined with oncology for a combined hematology-oncology fellowship.

³Pulmonary disease is usually combined with critical care for a combined pulmonary disease and critical care fellowship.

Further specialization after subspecialty fellowship training is also available through one-year additional fellowships in:

- Clinical Cardiac Electrophysiology
- Interventional Cardiology
- Transplant Hepatology

“INTERNISTS ARE NEEDED EVERYWHERE—CITIES, SUBURBS, AND RURAL AREAS.”

*JACQUELINE W. FINCHER, MD, FACP
GENERAL INTERNAL MEDICINE
GEORGIA*

PLEASE COMPLETE THE FORM BELOW AND RETURN TO ACP.

You may also apply for Medical Student Membership on the ACP Web site at www.acponline.org. Applicants affirm that all information provided on this application is true and complete, which is subject to verification. College members are expected to uphold the ethical standards of medicine, including those in the ACP *Ethics Manual* located at www.acponline.org/ethics/ethics_man.htm.

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How did you hear about membership in ACP?

- Word of Mouth ACP Flyer/Poster
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The following will help provide ACP with accurate membership statistical information but will not be considered in connection with your application for Medical Student Membership. Completion is optional.

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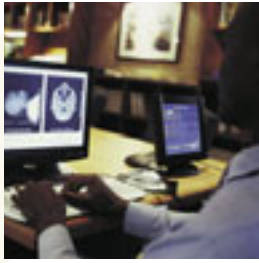
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You may also apply for Medical Student Membership on the ACP Web site at www.acponline.org

Please enter priority code IMIG09 when applying online.



What professional arrangements are available for an internist?

Internists can either be in private practice or employed by a group, organization, or hospital. They may practice alone (solo practice), as a member of a single specialty or multi-specialty group, as a hospitalist, or as an academician in a medical school. Some will work in research for an academic medical center, government, or industry. Some will hold administrative positions in industry or government or in public health settings or academic institutions.

So—What is an internist?

An internist is what most patients view as “a real doctor,” someone who is there for them to prevent disease, who is highly skilled and dedicated to diagnosing and treating disease, and who will stay with them and see them through an illness.

So—Why be an internist?

Many internists feel they have the most intellectually rewarding and personally satisfying job in the world. They can touch one life at a time and make it better, or touch many lives and improve health for many.

“WHAT I LOVE ABOUT INTERNAL MEDICINE IS THE OPPORTUNITY TO MAKE AN IMPACT. YOU REALLY GET TO EDUCATE YOUR PATIENTS AND MAKE A DIFFERENCE IN SOMEONE’S LIFE.”

Pamela Zee, MD
General Internal Medicine
New Jersey

A Final Note

Dr. Marsh is a distinguished professor, cardiologist, and educator whose career spans more than 30 years. Below he explains how internal medicine provides physicians with many different opportunities for a successful and rewarding career that balances work with personal fulfillment.

For a physician, a rewarding life requires both professional and personal fulfillment, and as one completes medical school, projecting how one can achieve those goals over the next 50 years or so is daunting. During years three and four of medical school often much is in flux—personal relationships, perhaps marriage, starting and raising a family, where in the world one will live—not small questions. This is combined with what kind of doctor to be and what kind of lifestyle to seek in the near and distant term.

A career in internal medicine opens many doors, and closes very few. Moreover, internal medicine and its subspecialties often afford the chance to make adjustments to the balance of life and work over time. What is just right at the age of 30 may need adjustment at the age of 50. The flexibility afforded in internal medicine is often greater than in many other specialties. For example, one can pursue general internal medicine training and head toward an office-based practice in a large group or HMO with little or no night and weekend calls—an almost 8–5 job. This might be ideal for early stages of family development outside of work. As years go by, the work intensity

might be turned up, or not, as one’s circumstances dictate.

Another route might be to pursue training as a general internal medicine hospitalist. One might work intensively in the hospital in four 12-hour shifts per week, sometimes nights or weekends. But when the shift is over, there are no on-call responsibilities, and there is considerable personal time. In future years, this role could be modulated as appropriate.

The traditional subspecialty route is also possible, with two to four years of additional subspecialty training after internal medicine residency. The professional aspect of the additional training years may be moderate, or intense, depending on the specialty and program. One might then work 40–50 hours per week in some specialties or 75 hours per week in some intense and financially rewarding subspecialties like interventional cardiology or gastroenterology.

As our years increase, in almost all internal medicine specialties there is the opportunity to “rebalance” life and work, and to keep working in the specialty that is one’s passion. In choosing internal medicine, one decides in the fourth year of medical school, “who will I be,” but can keep redefining “how will I be” as one’s career progresses.

James D. Marsh, MD, FACP

ABOUT THE AMERICAN COLLEGE OF PHYSICIANS

The American College of Physicians (ACP) is the nation's largest medical specialty society. Its mission is to enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine.

ACP membership includes more than 120,000 members, including medical students. Members are physicians in general internal medicine and related subspecialties, including cardiology, gastroenterology, nephrology, endocrinology, hematology, oncology, rheumatology, pulmonary disease, critical care, infectious diseases, allergy and immunology, and geriatrics.

Medical Student Members receive *IMPact*, ACP's medical student e-newsletter. They also have access to special "members only" sections of ACP Online, the College's Web site. ACP Online features a Medical Knowledge Self-Assessment Program® (MKSAP®) Quiz, sample case questions, an online medical student mentoring program, and much more.

ABOUT THE ALLIANCE FOR ACADEMIC INTERNAL MEDICINE

The Alliance for Academic Internal Medicine (AAIM) is the consortium of five academically focused specialty organizations representing departments of internal medicine at medical schools and teaching hospitals in the United States and Canada.

AAIM consists of the Association of Professors of Medicine, the Association of Program Directors in Internal Medicine, the Association of Specialty Professors, the Clerkship Directors in Internal Medicine, and the Administrators of Internal Medicine. Through these organizations, AAIM represents department chairs and chiefs; clerkship, residency, and fellowship program directors; division chiefs; and academic and business administrators as well as other faculty and staff in departments of internal medicine and their divisions.

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