

Choosing interns: an exercise in frustration

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I sit on Mount Sinai Hospital's Intern Selection Committee. It is an important job since I am one of those responsible for selecting the young men and women who will care for the hospital's patients. However, it is not a good job. The committee faces enormous difficulty choosing interns because the methods we use are so seriously flawed that they bring the whole endeavour into serious disrepute.

We used to interview applicants, but that proved unworkable; aside from determining the candidate's conversational skills and that he or she was not overtly psychotic we learned little about the applicant. I used to toy with the idea of asking candidates about medical management, but the ethos of the interview was not to test applicants but, rather, to offer an opportunity for mutual seduction, so to speak. After years of interviewing — and penalizing applicants from near and far who didn't come to our institution for a face-to-face encounter — we abandoned the process. Though many medical program directors consider the interview important¹ there is considerable support for the view that the interview is not a good predictor of house staff performance.²

Now we evaluate our applicants by referring to their documentation — letters of reference, transcripts and deans' letters. Each member of the Intern Selection Committee is given a week to review 50 applications, and each application is reviewed independently by two committee members. However, the information we are given is inadequate, occasionally incomprehensible, and by turns libellous and platitudinous. As a result most years we select a few interns who we later learn have personality disorders or are woefully ignorant, poorly motivated, antagonistic or anti-

intellectual. Occasionally we find one or more of our trainees to be in need of medical or psychiatric treatment, something we should have known before the trainee started to work. Why are the data so lousy?

Letters of reference

Each candidate supplies two or more letters of reference. Since the student selects the referees, one might assume that he or she is picking respected members of the profession who know the student well and who, having impeccable integrity and collegial spirit, write honest and accurate assessments of the student's character and performance, warts and all. This rarely happens.

Letters come from three sources: teachers, most of whom had contact with the student in small-group teaching sessions; scientists and clinicians with whom the student did an elective; and the student's friends in the profession.

Reference letters from teachers frequently are solicited from clinicians whose contact with the student was in small-group teaching sessions in courses such as physical diagnosis, which are usually taught in the second year of medical school. These letters reflect the student's extroversion, interpersonal skills and glibness. Shy, thoughtful students who might become superior interns a few years later are penalized. Though teachers of diagnosis may have frequent contact with their students they see the students at an early stage of learning, when it is difficult to predict what kind of interns they will be. Such teachers tend to write very bland letters of reference.

Not long ago I reviewed a letter from a respected teacher of physical diagnosis that described the student as being about average for his level of training and as having no glaring weaknesses. Yet the student's transcript showed him to have a perfect academic record. When I telephoned the referee he said that he writes the same letter of

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reference for all students unless they are terrible, in which case he refuses to write a letter.

Of greatest value are letters from clerkship supervisors who worked with the student daily for 1 or more months. Unfortunately only a few students have completed substantial portions of their clerkship when they solicit letters of reference.

All elective supervisors seem to write the same thing: "The student spent a few weeks in the laboratory [or office] and seemed enthusiastic."

Letters of reference from friends in the medical profession are always thoroughly uncritical, and the student is invariably described as nice.

There is yet another issue. Should we give more weight to a vapid letter written by an internationally renowned scientist than to a superlative, highly detailed reference from an obscure part-time lecturer? Finally, what about the honest referee? How do we interpret a letter from a colleague who claims to know the candidate well and thinks that he will make a good doctor but that a lot of attention should be paid to filling in the obvious gaps in the candidate's knowledge. This letter could prove catastrophic for the candidate even though the gaps in his knowledge may be neither larger nor smaller than those in any medical student's knowledge.

Letters of reference rarely tell an intern selection committee anything it needs to know. One looks very hard for key elements: Is the student described as highly motivated, diligent, curious, compassionate or teachable? If such terms are absent, is the absence by design or by carelessness?

Official documents

Since we can't pay too much attention to letters of reference we must focus on the official

documents — a transcript and a letter — produced by the medical school. Some schools combine the two items in a single document, others leave them separate. Either way, we expect them to contain some quantitative measure of the student's performance and some nonquantitative information about the student.

Table I summarizes the information we received from the 13 anglophone medical schools in Canada in response to five questions that I, as an applicant assessor, deem critical.

- Does the school give quantitative information such as grades or some equivalent thereof?
- Are we told where the student stands in the class?
- Are we told how the student performed in a clinical clerkship?
- Is the terminology understandable?
- What is the student like?

Five of the 13 schools provide an understandable set of grades for the candidate, 3 indicate only if the student passed or failed, and another adds a notation for honours to a pass/fail scheme. The four remaining schools provide no quantitative answer to the question How did the student do? There is support in the literature for the opinion that residents who attended schools that grade on a pass/fail basis perform less well than those who attended schools that give formal grades.³ What are we to make of graduates of schools that tell us nothing about how the student performed?

Four of the schools give class standing, one indicates in which half of the class the student stands, and one indicates only if the student is in the top 10% of the class. Thus, most Canadian medical schools appear to be telling us that all their students are equal.

Only five of the schools provide information on how the student performed in a clinical clerkship. These are the only schools in which a

Table I — Characteristics of official documents provided by Canada's 13 anglophone medical schools

School no.	Are grades given?	Is class standing given?	Is there an assessment of performance in a clinical clerkship?	Does the form contain jargon?	What is in the dean's letter?*
1	Yes	Yes	Yes	No	Extracurricular activities
2	No; satisfactory/unsatisfactory	No	No	Yes, much	Extracurricular activities
3	Yes	No	No	No	Theatrical experience, comments
4	No; undecipherable	Yes	No	No	Comments
5	Yes; numerical	Yes	Yes	No	Comments
6	No; undecipherable	No	No	Yes, much	Comments
7	Yes	Yes; only top 10%	Yes	Yes, a little	Comments
8	No	No	No	Yes, much	Comments
9	No; pass/fail	No	No	Yes, much	Comments
10	No; pass/fail	No	Partially	No	Comments
11	No; undecipherable	Yes	No	No	Comments
12	No; pass/fail, honours	No	Yes	No	Comments
13	Yes	Yes	Yes	No	Skill evaluation

*Comments are isolated, unattributed sentences.

substantial part of the clerkship is completed before the transcript is prepared. From the perspective of an intern selection committee this is a catastrophe. We already know that clerkship, not preclinical, performance correlates well with subsequent performance in internship and residency.^{4,5}

Three of the 13 schools provide information riddled with arcane jargon that, while transiently amusing, is incomprehensible. For example, one school sends a letter that refers to students' "horizontal electives". Of the four schools that provide neither grades nor ratings of their students two are the worst offenders in providing jargon-filled comments.

Deans' letters or comments run a tremendous gamut. One school focuses entirely on whether the student participated in theatrical productions, an activity of only marginal interest to an intern selection committee, and most of the others excerpt comments made by faculty members about the student. Most of these unattributed comments are reminiscent of advertisements for movies or books; others are frankly libellous. I saw one official document, presumably a distillate of reports received during 4 years of medical education, that stated "On one occasion the student seemed uninterested in what was going on." How dare the school include this statement! The nonquantitative aspects of the official documents fail even more miserably than the quantitative parts of the transcript in describing the candidates.

These are not documents in which the medical schools should take pride. One author has called the documentation provided in support of internship applications "fantasy land".⁶

Comments

There is an irony in all of this. Once the intern is selected the application is filed away and never referred to again, unless the intern experiences some sort of difficulty. Even during residency selection much more weight is given to assessments of clerkship and internship performance than to medical school transcripts. Most interns start their postgraduate education *tabula rasa*; we do not tailor the internship to the strengths or weaknesses of the intern, because the process of intern selection does not honestly identify such strengths or weaknesses.

Perhaps we could do a better job with better selection procedures. Letters of reference should be obtained only from medical school faculty members who have known the student well throughout his or her medical school training and who are capable of writing lucid, honest prose. Written reports should summarize in detail the student's performance during a clinical clerkship. Transcripts should not be submitted until most or all of the clerkship has been completed. Hence, either the clerkship should begin earlier in the student's medical school training or the application should be submitted later.

Medical schools must face several facts: People who evaluate transcripts really want to know how well the student performed and to be told this information in a readily understandable language. Transcript assessors don't care about students' theatrical performances or other irrelevant activities.

At the very least, after we have selected a candidate for an internship we should receive an absolutely honest, critical assessment of the student's total performance in his or her clinical clerkship that is by someone who really knows the student — in all likelihood not a medical school dean. Once the candidate is an intern we will then be aware of any special needs or weaknesses and can tailor the internship program accordingly.

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By the wayside

Health, like happiness, is to be found, if at all, by the wayside, and the more you pursue it, the more it flees from you.

— Sir Robert Hutchison (1871-1960)