Ready or not, internship was quickly drawing to a close when I sent out my last email to fellow interns across the country. At this point it appeared that most interns who were looking for a job had found one. A few more had defended their dissertation but others were facing the continued balancing act of clinical work during the day and dissertation in the evenings.

The handful of interns who had not found work appeared to have taken a different approach. They mentioned the general motivation that they needed to ‘gear down’ and focus predominantly on the dissertation for the months following internship. So as they were heading in their new directions, armed with the wisdom of hindsight, I decided to ask this group of interns for survival tips.

BEFORE YOU GO

There were a few simple hints that were forwarded that had to do with the pre-internship time. One intern wrote in that she wished she had not relied on word-of-mouth from former interns to find her place to live. She brought up that only you can truly judge what is acceptable and what is not. Another quick pre-internship tip is to contact current interns before you pick your rotations. Even though you may have asked their opinions during the interview process, you may get a very different answer now that they know you are definitely coming to the site!

JUST SAY NO

Keep in mind that you will be transitioning from a few supervisors in graduate school to potentially over eight supervisors (research and clinical) while on internship. If you are a person with problems using the word “no”, practice before you get to your internship site. That means saying things like “no, I can’t pick up that very interesting patient” and “no, I won’t be able to quickly analyze that dataset you have been sitting on”. Be prepared to recognize that some supervisors will not be superimpressed when you say this. The reality is you may not be able to impress all your supervisors but you will be way better off impressing two or three than disappointing all of them because you were overloaded.

FRIEND OR FOE?

Speaking of supervisors, it is important to accept that you may not get along with all your supervisors. Some relationships will be wonderful experiences- ones where you grow both as a person and a professional. You could be building a collaborative relationship that will last beyond internship. However, you may find other supervisors do not match your personality and/or clinical style. Getting a breadth of experiences
means a breadth of supervisory styles. Expect that some supervisors will “throw you in” and force you to swim while others may never let you get your hair wet. Try and glean what you can from both these types of experiences. Advice that was offered: keep your head down, try your best and don’t sweat it. For most bad supervisory experiences, you will only be working with that person for 4 to 6 months!

FEELING LOW?

Aside from supervisors, the importance of peer support was also highlighted. These are the people who understand best what you are going through because they are going through it too. Don’t just limit yourself to the interns at your site, make time to keep in regular touch with friends from your program who are on internship or who have recently been on internship. These people are a valuable resource in terms of intern-specific situations such as job opportunities, supervisor debacles and worry-free debriefing after a difficult patient.

TAKE IT SLOW!

The last piece of advice that came up (most frequently I might add) was the subject of the dissertation – plan to have it done (or most of it done) or do not apply! Most interns think they will at least be ‘almost done’ before internship. After all, you apply for internship almost a year before you start. It is important to keep in mind that a lot can happen in that year. It seems that many students’ “realistic” timelines are often clouded by the strong desire to just get the heck out of graduate school. A realistic timeline must incorporate the actual time demands of your research, your internship and yourself. First, a good predictor of future stamina is past stamina. Have you ever been the type of student who worked on research 12 hours a day, 6 days a week for a prolonged period of time? If so, it may be more likely that you are one of the students who will muster post-dusk resources to finish the dissertation. If you are not one of those types, think of how realistic it is to suddenly transform into the type of person who can work 8-9 hours (minimum) and then go home to crack open the dissertation for another few hours. Moreover, internship is not like other years of graduate school. Be cognizant of the potential emotional drain that can occur. Not only can the clinical work on internship be more emotionally draining (both in terms of quantity and quality), your coping resources may be more tapped than usual because you are living away from your support network. Internship demands are often larger than anticipated. Most interns find themselves needing to prepare outside of the 9-5 day because they are seeing new patient populations. You will also need time for job searching. Most clinical graduate students don’t even factor this in when scheduling time on internship. Furthermore, not getting your dissertation done early in internship can put money earning on hold post-internship. If you do not get your dissertation done on internship, you will have to finish it afterwards. It seems to be rare to secure doctoral research fellowships for the post-internship year, and working full-time will put you in the same position as internship –tired in the evenings and dreading every minute of it. You may not even be as competitive an applicant for faculty positions, post-docs or clinical jobs. Remember over 100 students finish internship in Canada every year. While most people seem to find something, getting a job that you want, rather than settle for is even better. Finally not anticipating research setbacks is a big mistake. Double the amount of time you have estimated for data collection. Ask any grad student who was dependent on hospital based data collection
in the Toronto area during the SARS scare and they’ll tell you I’ve underestimated the potential setback. However barring plagues, locusts, etc., there are almost always standard delays during a dissertation such as not being able to get your committee together, recruitment issues, having inaccurate power analyses, or...well you get the picture. Delays can and will happen to you. Of the non-random sample of interns that I know, only about 50% will have defended their dissertation by the end of internship in August. Last September, I think 90% had believed they would get it done. Bottom line: Internship is a fantastic clinical opportunity to gain experience in different patient populations and the less that pulls you away from that the better!

CLOSING NOTES:

Internship marks the end of graduate school for me and I will be moving on to an Assistant Professorship of Psychology at York University in Toronto. I have really enjoyed being on the CPA Student Section Executive and writing these articles through that position. It has been a pleasure to become acquainted with Psychology students and faculty from all over the country. I must also thank the crew that I have been pestering with pleas during our internship year. From coast-to-coast they were Joanne Gillespie & Shelley Goodwin (IWK Health Centre; Halifax), Vaishali Raval (The Children’s Hospital; Denver, CO), Candice Murray (Alberta Children’s Hospital; Calgary), Carmen Caelian & Tina Wang (BC Children’s Hospital; Vancouver), Melanie Badali (University of Washington Medical School; Seattle, WA) and the other intern respondents who asked to remain anonymous. I would like to specially thank my colleagues at London Health Sciences Centre (Karen Bax, Trish Doris, Melanie Edwards, Jennifer Nachshen, Erin Warriner, Nancy Wilde, and Drs. Tony Iezzi and Ian Nicholson), as it was my conversations with them that provided much of the fodder for this series.