Reflections on internal medicine

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I belong to the generation of cardiologists who during their medical education had to specialize first in internal medicine (two-step program) in order to become a specialist in cardiology. In the 1990s, the only way to undergo specialty training in cardiology and finally be granted the title was after successfully completing the specialty training in internal medicine, which was obligatory.

I do not have an unequivocal answer as to whether the present one-step cardiology training program solely with an internal medicine module is better or worse in comparison to the previous curriculum (with an obligatory specialty in internal medicine). There are various opinions on this matter and everyone has the right to his or her own point of view. However, I strongly believe that what is important is not the way the curriculum is planned (with internal medicine as a module or separate specialty) but how it is executed and how well the trainee doctors are taught. The question is whether trainings in internal medicine (divided into subspecialties) are conducted in an accurate way and according to appropriate regulations, as well as whether trainees are paid enough time and attention, and, finally, whether they are really being educated. Or maybe the problem is that, in reality, such trainings concentrate mainly on filling in medical documentation instead of acquiring practical medical skills (as assumed)? In fact, how these trainings are performed in real life depends largely on us, that is, all those who run medical departments and specialty programs.

Nowadays, nobody could deny the importance of internal medicine. Undoubtedly, it is still "the queen of medical sciences". However, with constant progress in all medical sciences, it has become such a wide field that, in my opinion, nobody can become an expert in all its subspecialties. This is the major reason for implementation of one-step training, for example, in cardiology. Yet, in my opinion, it is not feasible without thorough education in the fundamentals of internal medicine. Nobody can become a good cardiologist without proper knowledge of at least the basics of internal medicine. In recent years, cardiology departments have admitted more and more complex patients, who are older, have multiple comorbidities, and thus are even more challenging to treat. For example, based on the clinical data from my cardiology department, in the population of patients with myocardial infarction treated

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invasively, approximately 30% have diabetes while another 20% will have it diagnosed based on oral glucose tolerance test results. In practice, it means that every second patient in this population suffers from diabetes. Another example in the era of significant progress in interventional cardiology is renal impairment that occurs in several percent of patients due to contrast media used during interventional procedures. These examples show the scale of the problem as well as the practical meaning of the general knowledge of internal medicine in modern cardiology.

Therefore, I think that the main actions to be taken should focus on the quality of education in general medicine in case of doctors directly subspecializing in the fields related to internal medicine such as cardiology, gastroenterology, hematology, nephrology, and others. The question as to how to achieve this goal optimally is still an open issue.

At this point, I would like to share my observations from Denmark, where I had an opportunity to spend several months in one of the university hospitals in the past. In those days in Denmark, there was a one-step training program in cardiology. However, an obligatory training in internal medicine had to be done for at least a year, not only in a different hospital, but also in a different city. The answer to my question why it was solved this way was simple and unequivocal: because in a different hospital in another city, the trainee doctor will have a proper and thorough practical training in internal medicine and will not be regularly called on to return to his or her own department. On the other hand, it was also very interesting to observe how the internal medicine departments were run. Various specialists in, for example, cardiology, hematology, nephrology, and gastroenterology had to be employed in each of these departments. However, appropriate training in each of these specialties could only be accomplished in academic referral centers, thus providing a real opportunity to complete the whole training program in practice. Maybe such solutions could be more favorable to our junior doctors in training. However, this issue is still open to discussion.

Note The opinions expressed by the author are not necessarily those of the journal editors, Polish Society of Internal Medicine, or publisher.