



BACKGROUND

The Undergraduate Education Committee (UGEC) of the College of Family Physicians of Canada (CFPC) has been exploring medical students' perceptions of family medicine and the messages they receive about our discipline. A striking trend that has been noticed is that medical students ask questions about "plus one" years of enhanced skills training even before they have been exposed to family medicine.

UGEC worked with the Section of Medical Students (SOMS), Section of Residents (SoR), and First Five Years in Family Practice (FFYP) Committee to disseminate surveys to students in 2016 and to residents and physicians in their first five years of practice in 2017. UGEC members also conducted two focus group-style workshops at Family Medicine Forum in 2016 and 2017 to inform their understanding of the issue and to generate solutions. Next steps include collaborating with the CFPC's Marketing and Membership Services Department to inform its branding strategy directed toward medical students.

While the strategy is being developed, this document outlines what family medicine educators and preceptors may want to consider when discussing a career in family medicine with a medical student. The College's Family Medicine Professional Profile (available at www.cfpc.ca/fmprofile) provides additional information that can be used to supplement these discussions.

The bottom line: We want to highlight the benefits of family medicine, dispel the myths, be honest about the challenges, and encourage medical students to reflect on whether family medicine is a good fit for them.

ACKNOWLEDGEMENTS

Dr. Kathleen Horrey and Dr. Amy Tan led this project on behalf of UGEC.

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QUESTIONS?

Contact us at education@cfpc.ca.

Twelve Points to Consider When Talking to a Medical Student About a Career in Family Medicine





ABOUT A CAREER IN FAMILY MEDICINE

• 1 •

Emphasize that family medicine is a specialty.

In particular, explain that family physicians are skilled clinicians with generalist expertise. Family medicine is a career that is intellectually stimulating, challenging, and very rewarding. Talk about what a privilege it is to serve our patients and families. These meaningful longitudinal relationships enhance our own resiliency and well-being as physicians. It may be helpful to highlight the Four Principles of Family Medicine (www.cfpc.ca/Principles) as take-home points:

- » The family physician is a skilled clinician.
- » Family medicine is a community-based discipline.
- » The family physician is a resource to a defined practice population.
- » The patient-physician relationship is central to the role of the family physician.

• 2 •

Examine the notion of comprehensiveness with them and ask whether this seems overwhelming.

Explore embracing the mystery of the patient presentation and reject the perception of “knowing a little about a lot,” which devalues the intellectual rigour required for family medicine.

• 3 •

Discuss how we are trained to provide care that is community adaptive to meet local and emerging needs.

Medical students have a strong interest in social accountability. Build on this predisposition by exploring how family physicians working in comprehensive practices, practices with special interests, and focused practices all collectively meet the needs of our communities.

• 4 •

Point out that we do this work in teams, not in isolation.

We collaborate in teams with other family physicians and other health care providers, supporting each other in caring for patients.

• 5 •

Celebrate how family medicine offers variety and is never boring; each day brings new experiences.

Our work includes the comprehensive, continuous medical care of all people, ages, life stages, and presentations. It includes leadership, advocacy, scholarship, research, and quality improvement. As an example, if you are giving a lecture, teaching a small group session for medical students, or participating on a medical school committee (admissions, curriculum, etc.) alongside medical students, please be explicit that you are a family physician who has incorporated these roles as part of your work.

• 6 •

Describe how family medicine is the only medical specialty with such a diverse range of practice opportunities.

Emphasize **versatility** rather than the notion of flexibility, as the latter is interpreted by some as being centred on personal interests rather than community needs.

• 7 •

Highlight that family medicine is a career that adapts and grows with us.

We can tailor it to our stage of life and stage of practice, finding the best fit for us as individuals and the communities we serve.

• 8 •

Explain how this versatility allows us to strive to achieve work-life integration.

Avoid terms such as work-life balance, as medical students mistakenly perceive family medicine to be the “lifestyle” choice of specialties.

• 9 •

Dispel myths about “plus one” years of enhanced skills training.

Explore why students are asking about this. Some students have been misinformed and believe they require enhanced skills training to be able to provide palliative care, maternity care, urgent care, etc. to their patients as a family physician, even before they have been exposed to family medicine training. Other students find the thought of comprehensive practice overwhelming and want to be more focused; in this case, explore whether family medicine is the right fit/route for them. We want to encourage students to select enhanced skills programs to meet community needs and to fulfill an interest to result in the best fit, not solely to fulfill personal interests. If they are selecting a specific area of medicine, is there a better route to that goal through the Royal College?

• 10 •

Ask whether they see family medicine as a “back-up” plan.

For some students it may be appropriate to select family medicine as one of their choices in CaRMS, but family medicine should not be considered a back-up for everyone. Encourage students to choose disciplines that they truly think would be a good fit for them and to rank them accordingly.

• 11 •

Address any fears they may have about the uncertainty of future practice conditions.

Talk openly about perceptions. The political climate and support for family medicine shift from time to time. If things look uncertain today, they will likely be better in the future. Acknowledge that there is uncertainty in all medical professions. However, there remains much more certainty regarding job opportunities in family medicine than in many other specialties.

• 12 •

Share stories about how patients appreciate your work.

Against the backdrop of systemic pressures on family physicians and the impression that that our profession is not valued, we may forget how much our patients appreciate our work and the importance patients place on the trusting relationship they have with us. Tell students how patients have demonstrated this to you.