

argue that 2 years is already plenty and we would have a hard time selling students on the idea of a longer program.

Actually, there is no shortage of curriculum. It already takes 3 years to earn a CCFP(EM) designation. Family medicine is at the forefront of emerging primary care fields in chronic disease management, collaborative and team care, community care, self-care, prevention, and health informatics. Hospital care and hospitalist work also come to mind.

In the end, the biggest challenge might be to convince ourselves. We have been undervalued for so long that we are starting to believe our work isn't important and doesn't need much skill or training.

That was never true. We will be even more important in the future, and specialty recognition is a step in the right direction.

—Dean Brown, MD, CCFP(EM)
Vancouver, BC
by e-mail

Reference

1. Gutkin C. The specialty of family medicine in Canada. *Can Fam Physician* 2006;52:403-4 [Eng], 402-3 [Fr].

It is a privilege

As a social worker in an academic department of family medicine, I have been teaching behavioural sciences since the early 1990s. Back then a snapshot of an incoming group of Canadian-trained residents reflected young men and women in their early 20s to mid-20s, single or perhaps newlywed, with homes throughout Canada. I remember one of my very first seminars on death and dying elicited several personal stories of losing a beloved family pet. I was somewhat surprised that so many of these new physicians had thus far been protected from the illness or death of a family member and had to remind myself of their youth.

My first recognition of the changing profile of residents came several years later when one resident emphatically tried to win me over to his perspective that developing rapport with patients was complicated by English being his second language. This was echoed by other internationally trained residents, and gradually I began to see the evolution of a theme. The next prominent memory was several years ago when a resident spoke of civil war in her homeland that resulted in the death of her oldest brother. Several peers nodded their heads in an understanding born from similar shocking experiences of loss. As our small group sat around the conference table sharing stories of bereavement and its effect on their roles as physicians, something very special began to happen to me. I would like to share my thoughts.

The cohort of residents in the Department of Family Medicine at the University of Saskatchewan in Regina has undergone a huge transformation. A dozen years ago most, if not all, of our residents were born and educated in Canada. Today's profile looks vastly different. More than

half of our residents come to us from around the world and have graduated from a United Nations of medical schools and systems. English is their second or third language. Many have immigrated to Canada in search of a dream, a safe landing spot, an opportunity to grow perhaps in ways not available at home. These amazing individuals frequently relinquish successful medical careers in hope of working in their chosen professions in a new country. The struggles of these courageous men and women to obtain a residency spot in a Canadian department of medicine are worthy of legend. Once the prized position is obtained, the arduous journey continues as international medical graduates learn the ins and outs of the Canadian system while simultaneously striving to meet program standards. Many of these remarkable individuals are in their 30s and, yes, even 40s, are often parents and partners in dual-career marriages, and frequently have elderly parents in a homeland on another continent. Residency is just one of many responsibilities that must be met simultaneously.

Yes, the profile of family medicine residents in Regina has gradually changed, and I am in the privileged position of teaching behavioural sciences to these magnificent people. It is an honour to participate in their journeys and to teach and learn from these courageous international medical graduates. Although I initially responded to the changing resident profile with some ambivalence, that has long since evaporated. Instead, I am humbled by our residents, am awed by their accomplishments, admire their flexibility and determination, and am deeply and genuinely proud to play even the smallest of roles in helping make some dreams come true. The world now seems smaller, the drama and foibles of the other side of the globe closer, and our responsibilities to one another more real. For all this, I have the international medical graduates to thank.

—Gail R. Greenberg, MSW
Regina, Sask
by e-mail

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Canadian Family Physician
College of Family Physicians of Canada
2630 Skymark Ave, Mississauga, ON L4W 5A4

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Le Médecin de famille canadien
Collège des médecins de famille du Canada
2630 avenue Skymark, Mississauga, ON L4W 5A4