

# Residents' page

## Teaching family medicine

Lilia Malkin, MD

Over the past year, Residents' Pages have presented several articles devoted to career choice. As family medicine (FM) residents, we often interact with medical students. Many of us are likely to become clinical teachers in the near future.

Most of us are concerned with the recent Canadian Resident Matching Service (CaRMS) statistics and impending exacerbation of family physician shortages in Canada. Consequently, I and my colleagues have found ourselves spouting the virtues of family medicine: clinical variety, freedom to choose where and how one practises medicine, and many other joys and challenges.

It is difficult, however, to connect our experiences as residents to those we had as medical students. During 2 years of residency, we have time to establish relationships with "our" clinic patients to provide

continuity of care. As medical students, we were 4-week guests in another physician's practice, dependent on chart notes to provide an introduction, and not infrequently faced with patients who were resentful at seeing us before "their" doctors. Unfortunately, one of the most rewarding aspects of FM, continuity of care, disappeared from patient encounters in medical school. Is this loss avoidable? In this month's Residents' Page, Dr Wong offers his perspective on undergraduate medical education and the importance of physician-patient relationships in teaching FM, along with strategies to improve students' clinical encounters. ♦

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## Fostering interest in family medicine

### *Focusing on patient-physician relationships*

Eric Wong, MD

Shortages of family physicians in Canada are a well recognized problem. A recent national poll revealed that up to 15% of the Canadian population, or 4.5 million Canadians, had difficulty finding a family doctor.<sup>1,2</sup> In response to these staggering results, the College of Family Physicians of Canada (CFPC) has advocated for a comprehensive plan with specific directions to solve this problem. One approach suggested by the CFPC is to encourage medical graduates to select FM as a career.<sup>2</sup>

Fostering interest in FM among medical students is vital for maintaining a healthy number of family physicians in this

country, and undergraduate medical education plays a crucial role. As educators, we must take advantage of opportunities available throughout the undergraduate medical curriculum to nurture future family physicians. These opportunities amount to every encounter that we have with medical students, but clinical clerkship remains most important. Clerkship is a time when medical students' decisions about their future careers can be shaped and directed by the quality of their clinical experiences. It also offers medical students exposure and interaction with FM and its practitioners. Every medical student

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deserves a memorable experience in FM so that he or she can make an informed choice about whether to include it in career plans.

To stimulate student interest in FM successfully, we must provide an environment where medical students can have enjoyable and rewarding experiences. There are many ways to accomplish these goals, but the unique longitudinal patient-physician relationship is the most important tool available. This relationship characterizes our interactions with patients and is one aspect of our specialty that we enjoy immensely. Further, it defines the way we care for our patients. By holistically knowing our patients, we define and manage presenting medical problems, their context, and their effects on patients' lives. Most importantly, we are granted the privilege of being involved and connected to the lives of our patients.

Most students are, unfortunately, unable to experience the patient-physician relationship within the context of FM. The main reason is that FM clerkship rotations are generally short, typically 2 to 4 weeks at one family practice setting at a time. Students cannot develop any significant therapeutic relationships with patients, cannot see patients in follow up, and cannot appreciate the rewards of longitudinal patient care. The lack of patient-physician relationships can also turn students away from family medicine because so much of the efficiency of patient care relies on our knowledge of our patients. Without prior therapeutic relationships with patients, medical students might feel frustrated and inadequate about their medical assessments and allow these negative feelings to influence their understanding of FM.

How can we, as educators, expose medical students to patient-physician relationships during their clerkship rotations? A few suggestions can be easily implemented at private and academic family practices.

- Preview patients with medical students. This practice will reduce students' frustrations with complex patients who have multiple medical diagnoses. In most instances, a brief 1- to 2-minute discussion of the relevant medical history and the relation of the previous visit to the current one will suffice. Key contextual factors that will be important in patient assessment and management must be made known to medical students.
- Every effort should be made to ensure that medical students are able to see patients in follow up whom they had assessed previously. This can be achieved by keeping track of the names of patients that medical students have seen and looking out for return appointments for the same patients. If there is not enough time in a visit for a medical student to assess patients on follow-up visits, the student could accompany the staff physician or resident during assessment.
- If medical students were present, but were unable to see previously assessed patients in follow up, they should be notified about patients' progress. Comments and feedback on how they have contributed to the care of these patients should be given to students. ❖

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**References**

1. College of Family Physicians of Canada. *College of Family Physicians of Canada national poll backgrounder*. Nov 7, 2002. Mississauga, Ont: College of Family Physicians of Canada; 2002. Available from: <http://www.cfpc.ca/communications/newsreleases/nr06november2002bg.asp>. Accessed Jan 11, 2003.
2. College of Family Physicians of Canada. *4.5 million Canadians not able to get a family physician*. Nov 7, 2002. Mississauga, Ont: College of Family Physicians of Canada; 2002. Available from: <http://www.cfpc.ca/communications/newsreleases/nr06november2002.asp>. Accessed Jan 11, 2003.