

Twelve points to consider when talking to a medical student about a career in family medicine

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Case 1

As you enter your office, your 2 first-year medical students are waiting for you. You welcome them, sit down at your desk, and open up your electronic medical record. There is time before your next patient arrives, so you suggest to your medical students that they take a break and have a coffee. As you are sitting in your office you overhear them discussing family medicine in the break room across the hall. "I'm not sure I could be a family physician. I can't see myself staying in an office, doing paperwork, and seeing the same patients all of the time."

Case 2

The medical school has organized a career day for medical students. You are 1 of 4 family physicians asked to participate in a question-and-answer period with a group of students interested in family medicine. One of the students asks, "I thought I liked the idea of family medicine, but I think I'm now leaning toward emergency medicine. How hard is it to get into the 'plus 1' emergency medicine program?"

Do these situations sound familiar? If you are a family medicine teacher, it is likely that you have heard questions and statements like these, and many others, from medical students.

Background

The Undergraduate Education Committee (UGEC) of the College of Family Physicians of Canada (CFPC) has been exploring medical students' perceptions of family medicine, as well as the messages they receive about our discipline. To help gather this insight, UGEC sought input from a diverse group of members.

First we developed a survey for medical students shared through the Section of Medical Students to learn about their views on the rewards and challenges of a career in family medicine. These data were presented at a focus group-style workshop at a past Family Medicine Forum.¹ The workshop attendees represented a broad group of family physicians, from new graduates to those with 40-plus years of practice experience, including a large mix of urban and rural comprehensive practices. Following a rich discussion on medical students' perceptions, we came to realize we needed to hear more from residents and recent graduates.

Additional surveys were disseminated through the Section of Residents and the First Five Years in Family

Practice Committee to determine their perceptions of the rewards and challenges of their chosen career. We developed conceptual themes that captured the responses from all who had provided input. These conceptual ideas about the perceptions of the rewards and challenges associated with family medicine were presented at another focus group-style workshop at a subsequent Family Medicine Forum,² and attendees worked to further fine-tune the concepts that had emerged iteratively. The members of UGEC and our colleagues in the CFPC's Academic Family Medicine department then further refined these messages. The messages created through this work complement the CFPC's Family Medicine Professional Profile.³

Talking points

The culminating "12 talking points about a career in family medicine" have emerged from the gathering of a large number of divergent opinions and experiences, and can be used by family physicians—in their daily practice and during encounters with medical students—to help focus their discussions with medical students on the rewards and challenges of a career in family medicine. These 12 talking points, presented below, are from the document *Twelve Points to Consider When Talking to a Medical Student About a Career in Family Medicine*,⁴ which can be downloaded from www.cfpc.ca/uploadedFiles/Education/Twelve-Talking-Tips-ENG.pdf and www.cfpc.ca/uploadedFiles/Education/Twelve-Talking-Tips-FRE.pdf in English and French, respectively.

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 their families. These meaningful longitudinal relationships enhance our own resiliency and well-being as physicians. It might be helpful to highlight the 4 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 in 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 1” years of enhanced skills training. Explore why students are asking about this. Some students have been misinformed and believe they require enhanced 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 or route for them. We want to encourage students to select enhanced skills programs to meet


community needs and to fulfil an interest to result in the best fit, not solely to fulfil personal interests. If they are selecting a specific area of medicine, is there a better route to that goal through the Royal College of Physicians and Surgeons of Canada?

10. Ask whether they see family medicine as a “backup” plan. For some students it might be appropriate to select family medicine as one of their choices in the Canadian Resident Matching Service match, but family medicine should not be considered a backup 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 might 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 our profession is not valued, we might forget how much our patients value our work and the importance patients place on the trusting relationship they have with us. Tell students how patients have demonstrated this to you.

Conclusion

After exploring medical students’ perceptions of family medicine, as well as the messages they receive about our discipline, we found that the messages we intend to relay to medical students are not always the messages they hear. The “12 talking points” emerged as recommendations to improve the messaging about a career in family medicine, helping to highlight the benefits, dispel the myths, be honest about the challenges, and encourage medical students to reflect on whether family medicine is a good fit for them. 

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Competing interests

None declared

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La traduction en français de cet article se trouve à www.cfp.ca dans la table des matières du numéro de janvier 2020 à la page e41.

Teaching tips

- ▶ As family medicine teachers, we are familiar with hearing statements and questions from medical students such as “I’m not sure I could be a family physician” and “How hard is it to get into the ‘plus 1’ emergency medicine program?” The “12 talking points” (eg, emphasize that family medicine is a specialty, examine the notion of comprehensiveness) can help family physicians focus their discussions with medical students on the rewards and challenges of a career in family medicine.
- ▶ When talking to medical students about a career in family medicine, it is important to highlight the benefits of practising 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.
- ▶ For easy access to the 12 points, download the document *Twelve Points to Consider When Talking to a Medical Student About a Career in Family Medicine* from www.cfpc.ca/uploadedFiles/Education/Twelve-Talking-Tips-ENG.pdf and www.cfpc.ca/uploadedFiles/Education/Twelve-Talking-Tips-FRE.pdf in English and French, respectively.

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