

CARMS FAMILY MEDICINE – GENERAL NOTES & QUOTES

General interview advice from previous FM residents:

- There were generally no surprises in the interviews - they just want to get to know you, why you're choosing FM, why their school, anticipated challenges of FM, and the "tell us a time you exhibited X CanMED role" questions
- Do lots of practice (e.g. Zoom with friends or strangers)
- Focus on keeping answers concise

Useful terms:

- Care
 - Patient-centered
 - Comprehensive
 - Full-spectrum
 - Community-adaptive, community-level factors
- Traits
 - Confident
 - Competent
 - Humility
- Patients
 - Vulnerable sectors of the patient population
 - Marginalized populations (e.g. complex older adults, patients with mental illness, patients of lower SES)
 - Underserved/under-represented (rather than minority)

Powerful quotes:

- "Illness unfolds itself as a narrative" – Philip C. Hebert, *Doing Right*
- "Ask patients 'What would you like me to know about you?' " – Philip C. Hebert, *Doing Right*
- "I see patient non-compliance as a 'hidden story' " – Philip C. Hebert, *Doing Right*
- "A good person marries emotion with reason" – Philip C. Hebert, *Doing Right*
- "An action or behaviour being a cultural factor or norm doesn't necessarily mean that it is acceptable"... "The unacceptable cultural mores that tolerate X need to be addressed also" – Philip C. Hebert, *Doing Right*
- "It is more important to know what sort of person has a disease than to know what sort of disease a person has." – Hippocrates
- "We take a holistic approach to patient care, focusing on the medical, psychological, environment, functional and social factors to optimize patient outcome." – GRU orientation manual
- "I think being open-minded is important in family medicine. We see patients of all walks of life with varied life philosophies. It is important to recognize that while you as a physician have ideas of what may be best for your patients, family physicians must think of medicine as a means to help patients live their lives in the way that they choose. We educate, encourage healthy choices, and ultimately work with patients to help them



achieve their own health goals. An example of this would be using harm-reduction strategies with someone who engages in drug misuse.” – (🔗)

- Dealing with medical situations where there isn't much that can be offered:
 - “My greatest challenge during residency has been encounters with complex patients presenting with multiple issues, both chronic and acute. Initially, you want to be a great resident and address and remedy all of their concerns, but the challenge is realizing that often it is impossible to do so, and understanding that being a doctor is not simply about making your patients as healthy as possible, but is also helping your patients cope with those medical issues which cannot be fully resolved.” – (🔗)
 - “I have found my greatest challenge throughout residency is how to deal with medical situations where there isn't much that can be offered in terms of treatments. For example, patients with chronic pain who are continuously looking to be pain free; I always spend a lot of time on education and how this is a chronic condition and it is unlikely that we will be able to get rid of all their pain but our goal is to maintain function. I discuss the impact of mental health on pain and the importance of continuing to be active but unfortunately as their pain gets worse there is only so many treatments that can be offered. Another example would be the caregiver who is caring for their family member with dementia who is awaiting long-term care and is maxed out on home care support but is struggling to get through the day due to the functional and behavioral decline of the patient. I would love to have a magic pill to help these types of patients and I anticipate that this is something all physicians struggle with as it is in our nature to want to help people as much as possible.” – (🔗)

