

# \*\*\* PLEASE READ \*\*\*

I have left many of my answers in for you to read so that you can get you a sense of what I believe to be an example of a strong answer. However:

- These are **real** and **important** experiences to me.
- The intention is **not** for you to **copy** these answers or adapt my experiences for your own use.
- Please display integrity and honesty when using this document to prepare for your interviews.

# **Document Key:**

- Purple = my answer
  - I have left many of my answers in, however some have been removed as they are specific to my experiences and would not be relevant for you as the reader.
- Blue = space to fill in your answer
  - Click <u>File</u> → <u>Make a copy</u> to create a copy of this document in which you can write in and prepare your own answers.
  - I have also grouped potential questions together if my answer could be used for multiple prompts. Of course, your answer may not cover the same prompts, so on your own version of the document feel free to rearrange and cluster the prompts in a way that makes more sense for you.

# **₩hy FM?**

- "Why are you interested in family medicine?" /
- "What drives your passion for Family Medicine?" /
- "What was an experience or moment that confirmed that FM was for you" /
- "How have your experiences shaped your interest in family medicine?" /
- "Tell me about the experiences that led you to family medicine.

## Chris' answer:

- My interest in Family Medicine represents the cumulative total of many different positive experiences I've had working alongside various Family Medicine preceptors over the past 4 years of medical school.
- But I'd like to tell a brief story that best exemplifies why I am so passionate about FM
- On a 4th year FM elective, I remember one morning;
  - One of my first patients of the day was a young, first time mother, and I had the
    opportunity to provide prenatal counselling to her. During our conversation, I
    learned that she was actually a long-time patient of my preceptors, and
    remembers getting her childhood vaccines in that very clinic.
  - The next visit of the day was a medically complex gentleman with difficult to manage diabetes who we'd finally had a breakthrough on blood sugar management with since last visit.
  - The final patient of the morning had a skin lesion suspicious for skin cancer that we performed an excisional biopsy on.
  - Then, my preceptor and I took the afternoon off, because he was going on a
    weekend cottage trip with his kids, and it worked out well for me because it was a
    nice day for a long bike ride.
- I tell this story because it perfectly exemplifies the things about FM that I absolutely love:
  - 1. The longitudinal, therapeutic relationships following patients and their families over decades and even generations creates a special relationship that makes it very rewarding to share in their successes.
  - 2. The huge amount of **variety** that the speciality offers both in terms of patient presentation but also with regards to the flexibility of practice, which is engaging and intellectually stimulating.
  - 3. The opportunity to teach and empower patients, and promote health through preventative medicine, which is something I've found great joy in exploring both in the clinic and in my extracurriculars
  - 3. and of course the work-life balance that allows family physicians to thrive both clinically but also in their lives outside of medicine, recognizing that you need to take time for yourself in order to come to work each day feeling rejuvenated and dedicated to providing high quality care
- And so I see Family Medicine as the perfect career for me to integrate all these aspects that are so important to me in a career and in my life in general.

### Your answer:

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# "What inspires you in your work?"

### Chris' answer:

- The patients inspire my work.
- Family Physicians have the privilege of following patients over time, which allows them to see improvements in their health and to share in their successes, and also the trials and tribulations that they face.
- Although rotations in medical school are limited to 2-4 weeks at most in length, I found
  even in those short time spans there were plenty of occasions whereby I was able to
  appreciate and participate in continuity for the patients I saw:
  - I felt inspired when patients would come back having reached certain health goals, be that weight loss goals, improvement in blood sugar control, improvements in their mental health or function, etc.
  - I'd feel inspired even if patients hadn't reached their goals, but had started to implement the necessary changes or made progress towards their goal, e.g. buying healthy ingredients at the grocery store, walked for 10 minutes a day, etc.
- It was extremely rewarding and inspiring to learn the impacts of shared decisions made at previous visits and to see what patients have the capability of overcoming in their personal experience with illness.
  - Inspires me to continue to help patients reach their heal goals as a family physician, AND
  - Inspires me to continue to set my own personal health goals and set in motion the necessary steps to reach them

## Your answer:

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# **Strengths**

"What strengths do you have that would make you a good family physician?"

"How did you prepare for a residency in Family Medicine?"

## Your answer:

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# **Weaknesses**

"What is your greatest weakness?"

## Chris' answer:

- Intro:
  - Thought about this a lot because it's crucial to *identify* weaknesses before you can even begin to address them.
  - I like to self-evaluate on a regular basis and consider where I could use improvement.
- WHAT weakness:
  - Difficult switching off from work
  - Especially during times of stress, I have a difficult time 'switching off' my mind, and that even when I come home, I may be physically present but I am not necessarily mentally present in that moment
    - Perhaps thinking about how I managed patients that day, or my upcoming clinical duties, or content I've recently studied
  - I realized this was something that was starting to impact my sleep and my quality time with my family and friends
- WHY is that a weakness?
  - I view this as a weakness because I really value separation between my personal and professional lives, as I believe that time outside of medicine is essential to reset and rejuvenate ourselves before the next day, recognizing that this is important for longevity and preventing burnout as providers.
  - And that's why it was so important for me to find ways to improve or resolve this:
- Resolve:
  - Over the past few years of medical school, I have begun to implement strategies to have my mental presence match my physical presence.
  - o I've found success in strategies that applying my brain to a *different* task
    - e.g. mindfulness and meditation,
    - e.g. exercise



- e.g. learning the rules to a new board game
- e.g. reading a book for leisure
- These strategies help *reshift* my focus to the present moment.
- It continues to be a work in progress and I can't say it's perfect yet, but it is something that I will continue to reflect on and work on into my residency experience and ultimately future career as a family physician.

Your answer:	
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"Within family medicine, do you have a particular area of interest that you plan to pursue?"

#### Chris' answer:

- [Discuss specific interests you have here, e.g. marginalized populations and their intersection with mental illness and substance addiction, or Medical Education within family medicine, or other]
- GENERALIST FIRST → However, the diversity and variety in FM is one of the things
  that draws me to it, so I want to keep that great degree of variety as an important part of
  my practice and not specialize too much! I love the idea of being a strong, generalist
  family physician with competency and practice that spans all populations and chief
  complaints.
- OPEN MIND → However, I appreciate that there is still much of the scope of FM that I am yet to see, and I will indeed keep an open mind during residency and beyond, and seeing if my interests take me in one direction or another that's one of the wonderful things about FM is that you can really take any direction you want with it, keeping as general as you want or specializing as much as you want, and so if I am to develop any specific areas of interest during or after my residency training, I can easily find a way to gain extra experience in that area and integrate it into my career, which is an extremely exciting prospect because it means that I am not stuck on a fixed course

## Your answer:

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"Besides what is offered in the program, what sorts of medical interests would you like to pursue during your residency?"

## Chris' answer:

- Training in point-of-care ultrasound
  - What → In the past 10 years, POCUS has drastically changed the practice of medicine in the Emergency Room setting, and is an incredible, non-invasive, tool to provide real-time answers to yes/no questions.
  - Why → In an outpatient setting, the Canadian healthcare system already faces significant wait times for formal patient imaging. If we can answer some of these questions in the office, this would help contribute to improved patient access to care services while reducing healthcare costs and waitlist times for formal imaging.
  - $\circ$  Application  $\rightarrow$ 
    - I would love to gain extra training in point-of-care ultrasound and apply it in a family practice setting as a triage and diagnostic tool, be that assessing cardiac function and structure, aortic aneurysm, DVT, or any of the other myriad applications of point-of-care ultrasound.
    - There is a wonderful article in American Family Physician from 2018 that is well worth a full read, but just to cherry-pick one highlight from that article; it states that abdominal aortic aneurysm screening using POCUS has a sensitivity of 99-100% and takes less than 5 minutes.
    - Facts like this make you realize that POCUS is an incredible and underutilized tool in a family practice setting, and as such I would love to pursue extra training such that I can apply it in my future practice.

#### Your answer:

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# "What are you looking forward to in residency?"

### Chris' answer:

- <u>Developing new connections with my co-residents</u> I look forward to meeting new
  people in my program who have a shared passion for primary care, and contributing to
  the resident community, both in professional and personal settings.
- Establishing roots in my community. I also look forward to establishing roots by
  contributing as an active member of the community that I am practicing in, be that
  through community service or through my hobbies such as being a member of the
  cycling or running community.



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"For residency; Why rural / Why NOT rural?"

## Chris' answer:

• I think that both rural sites and the more urban or regional sites each have different perks to offer:

	Urban / Regional	Rural
Pros	More opportunity for horizontal opportunities with specialists to gain experiences/skills in focused areas of interest	High level of generalist competency and confidence developed because in rural areas, family physicians are often one of the only medical specialties present. End up being highly competent in
	<b>Larger cohort of co-residents</b> , so perhaps more opportunity for support and to expand your friendship groups compared to being the sole	a range of acute care, chronic care, OB medicine, inpatient medicine, procedures, etc.
	resident or one of just a handful of residents in rural sites	<b>Low learner/staff ratios</b> Offers trainees a great deal of opportunity to have their learning needs met and practice skills in environments that are less
	Different <b>patient population</b> , including more exposure to mental illness, addictions,	learner-saturated.
	marginalized populations, and the psychosocial aspects of medicine	Outdoors: outdoor activities, hikes, countryside!

[And then if they prompt on cons, can largely be spun as opposites to the other's pros]

From what I've learned from current and past residents of your program, your school
delivers extremely high quality training regardless of which site you pursue. I think for
me I will lean more towards the urban sites, given that urban areas typically have higher
volumes of marginalized populations, mental illness, substance addiction, which
are populations I am interested in being reflected in my future practice

# Your answer:

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# "For career; Why rural / Why NOT rural?"

## Chris' answer:

- I have considered practice in both urban and rural settings
  - I've lived in urban environments; Halifax, London, but also did the majority of my high school in rural setting; pop <1,000</li>
  - I believe either I would be able to fulfil my professional and personal goals in either setting
- Will also depends on my residency experience
  - I've experienced urban, regional, and rural family medicine in clerkship and electives, but I think to practice medicine as a resident and physician is a different experience
- And of course, it will depend on other life factors at that time, such as my family, my spouse's career, etc.
- Ultimately, I do envision a more urban site to settle in, given my interest in marginalized populations, mental illness, and substance addiction

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"How does your personality fit in with a rural learning style - i.e. are you able to function in a program that is 'chart your own adventure' as opposed to regimented and planned out for you"

### Your answer:

<b>Mentors</b>	
'Talk about a me	entor / role model in your life"
	octor will you be?"
Your answer:	
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	Experiences in FM
"What electives a	and experiences do you have in Family Medicine?"
Your answer:	
"So we see you h	have electives in x,y,z. Why did you choose them and how do they
relate to FM? Are	e you applying to these programs?"
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Medicine?"

# Chris' answer:

- Firstly, there are many similarities between the two specialities, hence why they are sometimes compared, and why GPs sometimes chose to practice inpatient or hospitalist medicine as part of their practice.
- List similarities. However, I believe that the main difference between FM and IM is... List main difference.

Similarities	Differences
PRESENTATION OVERLAP:  • Overlap in many of the presentations, disease processes, and psychosocial aspects of medicine	Main difference is that FM has a much larger role for <b>preventive medicine</b> . We as GPs focus very heavily on trying to <b>prevent</b> disease from occuring in the first place, or if present then we focus on <b>slowing</b> it and <b>preventing</b> it from requiring hospitalization. While IM I view as a much more 'reactive' rather than 'proactive' service.
MULTIPLE PROBLEMS/SYSTEMS:  • Often multiple, interlaced complaints contributing to the presentation, rather than a single problem, thus both require a comprehensive and multisystem approach	Use COPD as an example. GPs organizing PFTs when suspicious of COPD, start and optimize puffers when a diagnosis is made, and counsel patients on optimal management of their disease to prevent worsening, such as by encouraging smoking cessation. When exacerbations do occur, if they cannot be managed as an OP, they may be managed by the IM team, who will provide supplemental oxygen, antibiotic coverage, bronchodilators, or steroids as needed. Patients are then discharged back to their GP who will now consider changing their medications to optimize control, providing further counseling, etc., resuming the <i>proactive</i> role

• There are several other differences (e.g. longitudinal relationship, ages 0-100 patient population, etc.) but this idea of proactive vs. reactive is the biggest distinction that I see.

# Your answer:

# "What are the differences between family medicine and other specialties?"

## Chris' answer:

- Differences; same as above
- Similarities; all ultimately should have the patient's best interests in mind, engage in
  evidence-based practice that values shared-decision making, and strive to uphold
  honesty, integrity, altruism, compassion, or any of the other core values of our
  profession.

## Your answer:

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"Describe an experience while on an off-service rotation where you realized family medicine was definitely for you."

### Chris' answer:

# • 1 Longitudinal:

- I found that I would often reflect on patients that I had seen and wonder how they were making out. On speciality services for interesting cases that I was an active part of the care team for, even after our 'part' were done as it were, I found myself follow-up on ordered investigations and progress notes to see how things were working out for them.
- I found these experiences and habits I'd develop were very informative to me it showed me that a longitudinal relationship is extremely important for me in my practice. I remained curious about patients I'd seen, wanting to learn about the impact of decisions made at previous visits, the results of investigations, etc.
- Family practice offers these longitudinal relationships, as as the family physician even if you refer on to a speciality, you are always kept 'in the loop' about how patients are making out and the outcomes of their investigations and management.

## • 2 Variety:

- I generally enjoyed all of my clerkship rotations, but would frequently find myself yearning for more variety.
  - On Pediatrics I enjoyed seeing kids and their families and managing Pediatric ailments, but found myself missing the management of chronic adult disease.

- Or on Surgery, I enjoyed watching the intricacies of the surgical process and appreciating the anatomy involved, but found myself missing the counseling and preventive healthcare aspects of medicine.
- Family Medicine offers a variety that is intellectually stimulating and engaging, and every day or even every hour is so different that it keeps me very engaged and passionate about the work that I do in the role of a family physician.

# Your answer:

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# "What other speciality did you consider?

### Chris' answer:

- Considered EM
- Had an FM+1 mentor in 1st year, shadowed a few shifts
- Found myself interested, in particular to the nature of the **undifferentiated problem** and need for a generalist approach, and great variety in presentation.
- However, realized that FM can offer me all that I like about EM, but more:
  - (1) Still get the above, but also with a longitudinal relationship and more opportunities for preventative medicine and counselling, which are essential for me
  - (2) Can always pursue EM through FM as part of a mixed practice, if so desire down the road

### Your answer:

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