Resident Doctors of Canada | Médecins résidents du Canada

Family Medicine Resident Profile
Melini Gupta

December 2015

About me

Hi, my name is Mel Gupta. I'm a PGY-1 in family medicine at Toronto East General Hospital (TEGH), University of Toronto. I'm originally from Montreal and moved to Toronto for medical school after completing my bachelor degree in neuroscience at McGill University.

Why I chose family medicine

My decision to do family medicine evolved during med school, when a family member became ill. I had time away from studying medicine to contemplate what was important to me, as I suddenly found myself on the receiving end of health care. During that period my time was divided between doctors' appointments and work at a non-governmental cancer control agency. I came to see the immense value and influence of the family physician not only from a public health standpoint, but also to individual patients and families.

Family medicine fit best with my values. The approach is to make recommendations that respect the patient's own goals and lifestyle. Following patients over time creates a special relationship that makes a physician feel protective of his or her patients and makes it very satisfying to see improvements in their health.

Clinical Life

What does a typical day of clinical duties involve?

Each family medicine site at University of Toronto does things differently, but this is a typical schedule at TEGH.

Family Medicine (Hospital Clinic) – A Typical Day	
09:00–11:30	**Scheduled patients.** 30 min (PGY-1) or 15 min (PGY-2) appointments
11:30–12:00;	**Catch-up time.** We may be running behind seeing patients or need the time to finish notes, complete forms for patients (e.g., Ontario Disability Support Program forms or referrals), make phone calls to patients (follow-up results of tests) and answer messages within the EMR system.
12:00–13:00	**Lunch**
13:00–15:30	**Scheduled patients**
15:30–16:00	**Catch-up time**
16:00–16:30	**Review and teaching with staff**

The weekly schedule includes several different components:

- **Clinical Half Day**: Regardless of rotation, family medicine (FM) residents return to their FM clinic one half-day each week.
- **Selective**: When on a FM block, we have several half-days in different areas like dermatology, sports medicine, ENT, or ophthalmology.
- **Academic Half Day**: Teaching on FM-related topics, every Wednesday morning, even when on different rotations. (We also get to see our co-residents and get free food!)
- **Family Practice OB**: On-call for labor and delivery of patients enrolled in the FM obstetrics program. Residents who are called and end up being at the hospital past midnight get a post-call day.
- **PGCorEd**: Postgraduate core education is a required foundational curriculum for all PGY-1 and PGY-2 resident physicians at the University of Toronto. These mandatory, self-directed web-based learning modules can be done at any time.

Family Medicine (Hospital Clinic) – Weekly Schedule at a Glance							
	Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
06:00					Family Practice OB Call		
07:00							
08:00				Academic Half Day (teaching) & lunch			
09:00		Clinical Half Day	FM Clinic		FM clinic/ Post-call	FM clinic	
10:00							
11:00							
12:00		Lunch	Lunch		Lunch	Lunch	
13:00		FM clinic	Selective	FM clinic & Family Practice OB call*	Time off/ PGCorED	FM clinic	
14:00							
15:00							
16:00							
17:00							
18:00				Family Practice OB call			
19:00							
20:00							
21:00							
22:00							
23:00							
00:00							

What kinds of clinical rotations are required in your program?

Nationally, the College of Family Physicians of Canada (CFPC) and CanMeds-Family Medicine requirements for postgraduate education do not require certain clinical rotations, nor is it specified how much time needs to be spent in a family medicine setting. Programs across the country vary widely in structure *(e.g., horizontal vs. traditional block-based curricula)* and content *(e.g., some programs require surgical rotations while others do not)*.

In Toronto each site is different; some sites are horizontal and others are block-based, each with their own unique curriculum. At TEGH, PGY-1 includes many hospital-based rotations including pediatrics, surgery, medicine, hospitalist, obstetrics and gynecology, psychiatry, and emergency medicine, as well as four blocks of family medicine and our weekly half-day back in clinic. In PGY-2 residents revisit many of the rotations completed in first year but spend more time in an outpatient setting. We also do palliative care, geriatrics, and have elective time.

Which of your personality characteristics have been particularly helpful in your field?

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.

What are the best aspects of your residency?

Flexibility. Family medicine is incredibly broad. We can choose to do whatever we want, whether that's a certain type of medicine or a certain population. Inpatient or outpatient, rural or urban, affluent or disadvantaged populations – the possibilities go on and on.

Culture/environment. The culture of the program is great – staff are generally incredibly supportive. As we progress in our training, there is increasing autonomy with a safety net when needed. Often residents get to a first-name basis with staff midway through residency. While we commonly encounter challenges in residency, whether at home or at work, the residents feel very supported by the site director and the head of medical education at TEGH. I have seen the administration rearrange schedules, or allow residents to work part-time or take time off as necessary for our success.

What are the most challenging aspects of your residency?

Many (but not all) family medicine residencies now have resident practices. This means that residents have their own roster of patients for whom they are the primary physician. This is a substantial responsibility, which is an adjustment when transitioning into residency. Having one's own practice means being responsible for following up on things like lab results, specialist consultations, emergency department visits, and prescription refills for patients. It means organizing referrals and filling out paperwork for insurance companies, disability/social assistance, work-related compensation forms, etc. All of a sudden the "manager" piece becomes a big focus of day-to-day work. Resident practitioners manage their appointment schedules and try to stay on time, fill out paperwork, make phone calls, and do a lot of practice management – all of which we are largely shielded from in medical school.

What is one question you're often asked about your residency?

"Do residents feel ready to practise at the end of their two years?" As I'm not finished yet, I'm not sure I can answer this question! That being said, it really surprises me how much I have learned and how my comfort level with clinical autonomy and responsibility has increased over my first six months of residency. All transitions are tough and I anticipate the transition to practice will be another challenging time.

Can you describe the transition from clerkship into residency?

It is jarring to be a doctor on July 1. I would say that by my third rotation I started to believe it when I introduced myself as a physician. I remember getting messages asking what I wanted to do for my patient (whom I had never met) about the incidental finding on his ultrasound. It took me a while to get over the fact that I was listed as this patient's family doctor and that I should really be the one making that decision. In hindsight, I know that all anyone expects from us at the beginning is to commit to an answer – the staff will challenge us on why, and get us to the most reasonable, justifiable plan for the patient.

> *"Family medicine fit best with my values. The approach is to make recommendations that respect the patient's own goals and lifestyle. Following patients over time creates a special relationship that makes a physician feel protective of his or her patients and makes it very satisfying to see improvements in their health.*

What are your future practice plans?

I want to work in global health and primary care. At this point I am still considering the best way to do this. I am considering pursuing a master's degree in public health with a focus on global health, or applying for the global health PGY-3 at U of T.

What are your fellow residents like and how do you interact with each other?

My co-residents are pretty easy-going and friendly people. Our group has about 18 residents in PGY-1 and 18 in PGY-2. We get along really well and everyone ends up working with each other, seeing each other's patients, and getting to know each other personally. We laugh a lot and vent when we need to. Academic Half Day every week gives us the opportunity to catch up if we haven't seen each other much during the week. At my site, family medicine residents are the only permanent group of residents at the hospital, so we often consult each other on different services and see each other around the hospital or in the student lunch room. We have gotten together outside work a few times, although it is challenging to get everyone at once because of call schedules.

Non-Clinical Life

What are your academic interests (e.g. leadership activities, research)?

My co-residents and staff have a range of interests, with some being more involved in academic extracurriculars and others pursuing interests outside of medicine or taking more time for themselves. As I'm interested in global health, I am doing my research project on refugee health and helping to plan and implement Syrian refugee clinics in Toronto in response to the current migration. U of T offers a two-year certificate program, that I'm enrolled in, called the Global Health Education Initiative (GHEI), which really broadened my view and understanding of our social responsibility as doctors. Within my program, I am a representative for the Family Residency Association Toronto (FRAT). The Teaching Residents to Teach course is popular among family medicine residents and provides opportunities to practise our skills teaching medical students.

On a national level, I am involved with RDoC. I also represent RDoC on a committee that aims to improve the transition from residency to practice through Future of Medical Education in Canada (FMEC).

What is your work-life balance like, and how do you achieve this?

Work-life balance is challenging and the ability to manage time is very individual. That being said, family medicine is one of the specialties that allows more time outside work. I have many interests in and outside medicine. I made a conscious decision to use my two-year residency to its fullest and to take advantage of the learning opportunities from extracurriculars to build my skills in leadership, teamwork, and committee work, and for career exploration.

Residency is stressful. Personal and work-related challenges arise. Having people with whom you are close – whether family, a friend, or a partner – is very important.

For further information

The Canadian Medical Association website features physician specialty profiles for more than 35 specialties. Each contains information about training requirements, demographic trends within the specialty, information about specialists' practices, levels of satisfaction, and more. Available online at https://www.cma.ca/En/Pages/specialty-profiles.aspx

Another useful resource is the Canadian Medical Residency Guide, available online at http://medicine.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/student-affairs/RBC-2011-Canadian-Medical-Residency-Guide.pdf

Disclaimer: These specialty profiles illustrate some aspects of the lives of individual residents, and convey their personal perspectives on the challenges, opportunities, and rewards of their chosen fields. These views may not be shared by all residents, as there is tremendous diversity in lifestyle, experience, and interest among the residents in each specialty.