



BY HELPING TO EDUCATE THE NEXT GENERATION OF DOCTORS, YOU ARE SHAPING THE FUTURE OF HEALTH CARE FOR NEWFOUNDLAND AND LABRADOR.

If you have any questions or concerns about a family medicine resident, please talk to your office's receptionist or your family doctor. From time to time, you may be asked to complete a form which helps to track how well the resident did while they were seeing you. Your help is very much appreciated.



DOES MY FAMILY DOCTOR TEACH?

YES! Your family physician is one of more than 275 family doctors at Memorial University who teach in their practice.

WHAT IS A FAMILY MEDICINE RESIDENT?

A family medicine resident from Memorial University has completed their medical degree (MD) and is taking a two-year training program (called a residency) to prepare them to be family doctors.

During their family medicine training, residents go out into family doctors' offices for extended periods of time to learn what family doctors do and how to run a family practice.

We need more well trained family doctors and we thank you and your family physician for helping us place family medicine residents in strong and supportive learning environments.

Thank you for helping to make this happen!

[FOR MORE INFORMATION CONTACT...](#)

YOUR DOCTOR...



IS A TEACHER

Answers to your questions about Family Medicine Residents



Discipline of Family Medicine

WHAT IS THE ROLE OF A FAMILY MEDICINE RESIDENT IN MY DOCTOR'S OFFICE?

How much a family medicine resident does is dependent on how far along they are in their training. A first-year resident at the start of the residency will still require supervision and will discuss your care with your family doctor often before you leave the office. Your family doctor may also come in and see you but will not repeat the whole visit. You, the resident and your family doctor will have a shared view on what is needed and the resident can help with any referrals or prescriptions you need.

A second-year resident who is at the end of their training will be seeing patients on their own and may only discuss your care at the end of the day with your family doctor. Your family doctor will read over all the notes of your visit done by the resident.

Family medicine residents are learning what it is like to have a family practice. It is very important for them that they have follow up visits with you and learn about you over time. This is called continuity and it is an important part of their training. They will work with your family physician to ensure they are providing you with the best possible care, but during the time they are working in the practice they will oversee as much of your care as possible.

WHAT IS THE LEVEL OF CARE THAT A RESIDENT CAN PROVIDE?

Family medicine residents have finished medical school. They have their medical degrees but they are not yet ready to practice. They have to be supervised by their preceptor who is your physician. They talk to your family doctor and ask questions when they need to. Your doctor teaches them all aspects of your care and how to look after the whole practice which often includes work outside the office. Family medicine residents need to have their work supervised but this is graded depending on their experience and knowledge. By the time a resident is finishing their two years they should be able to work on their own with very little oversight. By this point in their training, your family doctor is acting like a coach or mentor and the resident is often seen as a colleague and is an important member of your health care team.

WHEN SHOULD MY FAMILY DOCTOR BE IN THE ROOM?

Family medicine residents learn best if they get to see you and complete your entire visit. Early on, they may want your family doctor to come in too. They need to learn how to manage all the types of concerns that come in to a doctor's office. Having done their MD, residents can take a history, perform a physical exam, diagnose and manage health problems. They can also perform many procedures. Often, your family doctor will ask residents to manage your care within the limits of what the resident is comfortable or capable of doing. For some problems, you may only see your family doctor briefly if needed, or they may come in for most of the visit.

A nurse, or your family doctor, should be present for any breast exam, pap test, rectal or testicular exam. This is for your comfort. You may ask to see your family doctor at any time or for any visit.

WHAT IS DIRECT OBSERVATION AND WHY WOULD A RESIDENT ASK IF THEY COULD 'RECORD' YOUR CLINIC VISIT?

Viewing a resident-patient visit by a preceptor is a key teaching tool. During your clinic visit, a resident may ask to have their preceptor observe their history and physical exam skills either in person or by recording the encounter on a tape or a computer.

The goal in recording and direct observation for teaching is to have the most accurate account of the resident's visit with you. Residents and preceptors will only record or view a patient encounter with your permission, or parent/guardian in the case of a child. Research tells us this is an important way new doctors learn. If you agree to this, your visit recording is not kept and once it is reviewed, it is erased. We want all your care kept private and confidential and follow rules to protect this.

CAN I REFUSE TO SEE A FAMILY MEDICINE RESIDENT?

Yes, you can refuse to see any learner in the practice.

All residents think it is a privilege to work with your family doctor. They know there will be times that you may have problems you wish only to discuss with your family doctor. The resident will always respect your choice, and treat your problems with care and respect. This is very important – their visit with you is confidential, the same as when you see your doctor.

WHAT IF I DO NOT WANT TO SEE A RESIDENT OF THE OPPOSITE GENDER?

All physicians need to learn to show respect and be sensitive to all patients, so we try very hard not to limit the learning students receive. We do respect that you, as a person, may not want to see a resident of the opposite gender and would encourage you to let your receptionist or family doctor know if this is the case. We are, however, trying to train all of our students to be caring and sensitive, so seeing patients for all types of problems is needed. Your help with this is very much appreciated.

WHAT DOES A FAMILY MEDICINE RESIDENT ADD TO MY DOCTOR'S PRACTICE?

A resident is, in many ways, a partner in your family doctor's office. They are there to learn but also to share in the work of the practice and can be a wonderful asset to your family doctor's office.

- Some residents do research or undertake projects that benefit the practice as a whole.
- Sometimes residents do audits that look at how well the care in the practice meets guidelines or standards set for family practice in Canada. These projects can be very useful to your family doctor and can help them identify areas of the practice that can be improved.
- Residents help with immunizations, pap tests, counseling and procedures. They can take an active role in health promotion and disease prevention and managing population health issues in your area.
- Residents bring questions and resources to your family doctor's office. Physicians who teach often enjoy their practices more than doctors who do not teach.
- Your doctor may be trying to recruit new doctors to your area. Teaching can be one way to keep doctors in an area. Learning in a practice can help a new physician decide about where they want to practice in the future. Your doctor may also feel a strong sense of duty to return some teaching to the medical school as a way of thanking the school for all their training.
- Teaching is also a great way to learn. This helps family doctors stay up to date too.
- By helping to educate the next generation of doctors, you are shaping the future of health care for Newfoundland and Labrador.