

Tips for Family Medicine

Eddie Guo

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1. *Pre-chart the night before:* This saved me a lot of mental effort when patients came in. Low effort, high reward tasks such as Alberta Screening and Prevention (ASaP) screening got me a lot of brownie points. It would take me 1-1.5 h a night to pre-chart. I would do the following in order:
 - a. *Look at previous charts:* Was there anything you needed to follow up on from previously? Are there dose recommendations?
 - b. *Look at the medical profile:* What is the patient's history? Does the med list match up with the issues? Is the patient due for regular screening? If you can't find the last pap/mammo/FIT/etc., make a note to access NetCare when you arrive at the clinic (Alberta-specific tip).
 - c. *Look at recent/new consult notes:* Are there recommendations? What were the primary findings? When is the appointment scheduled with the patient? Is the patient post-op?
 - d. *Look at the meds list:* Are there any drugs you don't know? Are there any long-term use of drugs? Are there any opioids? Are there any interactions?
 - e. *Look at tasks:* Are there any tasks scheduled for this meeting?
2. *Problem-based charting:* Instead of having a disorganized word salad SOAP note, try to organize problems. This way, you can have an organized approach when talking with the patient and breaking down complex patient issues into manageable chunks.
3. *Use electronic resources:* There's no way I could remember everything, so I used the following resources:
 - a. *Use UpToDate:* It literally has everything you could possibly need as a med student for dosing, drug interactions, diagnostic pathways, prognosis, follow up timelines, etc.
 - b. *Use ChatGPT:* I used this for relevant questions to ask patients if I was unfamiliar with the condition or if I was just too lazy to think about the relevant questions.
 - c. *Use what the residents and attendings mention:* I saved all the calculators, e.g., FRAX, Osteoporosis Canada calcium calculator, etc., which I used with patients to help them better understand their conditions and counsel them.
4. *Always create a plan:* This may involve investigations, screening tests, dose changes, med requisition, new drugs, referrals, lifestyle modification, follow-up, etc. I would print out medications, requisitions, and referral letters even if I wasn't sure whether it was the right plan. My plan was modified ~50% of the time, but my preceptors expressed appreciation of the effort, and when my plans were correct it sped things along.
5. *Ask for feedback regularly:* Before the rotation, I created a week-by-week set of goals for myself. Throughout the rotation, I would check in with my preceptors,

inform them of goals I wanted to focus on, and ask them about specific points of feedback to improve my clinical skills. Towards the end of my rotation, I decreased the frequency of feedback seeking from daily to once every other day, to once every other few days as I became more familiar with what my preceptors preferred and what their feedback was during the day. I would make sure to ask questions relevant to a patient I saw that day after each day.

6. *Read around patients and common conditions:* I would try to do a UWorld block (20-40 questions), finish ~600-700 Anki cards with 50-100 new a day, and read Toronto Notes when I wasn't feeling too exhausted from the day. Here are some things I saw and did:
 - a. *Common conditions/presentations I saw:* T1DM, T2DM, lower back pain, asthma, cough, hypothyroidism, contraceptive counselling, menopause, hypertension, hyperlipidemia, osteoporosis and osteopenia, arthritis (RA, OA, psoriatic, etc.), obesity, GERD, chest pain, angina, headache, skin conditions, BPH, constipation, erectile dysfunction, kidney stones, UTI, fibroids, well child screening, pediatric primary and secondary enuresis, depression, anxiety, chronic pain, and substance addictions.
 - b. *Common PE I did:* HEENT, CV, resp, abdo, MSK, peripheral vascular, bp, lymph node, skin, and neuro.
 - c. *Common procedures I did:* Pap smear, IM injections, cryotherapy for dermatitis, and joint injection.
 - d. *Less common stuff I saw:* SAPHO, Henoch-Schoenlein purpura, VACTERL, illness anxiety disorder.
 - e. *New diagnoses I made:* Hypertension, T2DM, prediabetes, hypothyroidism, food protein-induced allergic proctocolitis, illness anxiety disorder, pediatric dysfunctional elimination syndrome, and greater trochanteric pain syndrome.
 - f. *Patient counselling:* Lifestyle, exercise, diet (hypertension-specific diet (DASH), diabetes), vitamin intake (food and supplement), etc.
7. *Learn common drug brand names and their associated generic name:* The vast majority of patients had drugs with only their brand name and referred to them as such.
8. *Be nice to everyone:* Everyone talks to everyone in the office. Being nice to everyone goes a long way, and it's a nice thing to do 😊
9. *Resources:*
 - a. ASaP screening (Alberta only):
<https://actt.albertadoctors.org/media/lpclttkx/asap-maneuvers-menu.pdf>
 - b. 10-year risk of CV disease: <https://decisionaid.ca/cvd/>
 - c. FRAX tool for 10-year fracture risk:
<https://frax.shef.ac.uk/FRAX/tool.aspx?country=19>
 - d. eGFR calculator: https://www.kidney.org/professionals/kdoqi/gfr_calculator
 - e. Canadian Menopause Society guides: <https://www.sigmamenopause.com/>
 - f. Canadian osteoporosis clinical guidelines:
<https://www.cmaj.ca/content/195/39/E1333>

- g. Canadian hypertension clinical guidelines:
<https://onlinecjc.ca/action/showPdf?pii=S0828-282X%2820%2930191-4>
- h. Canadian dyslipidemia clinical guidelines:
<https://ccs.ca/app/uploads/2022/07/2022-Lipids-Gui-PG-EN.pdf>
- i. Headache guide: <https://actt.albertadoctors.org/media/5f5duzs2/headache-summary.pdf>
- j. Exercise guide: <https://www.exerciseismedicine.org/eim-in-action/health-care/resources/rx-for-health-series/>