Greetings Fellow Students!

We are writing as some of the future Family Medicine Physicians in the Class of 2021 to share our experiences and encourage you to consider Family Medicine as your future specialty! Our state and country need more primary care physicians, and we are honored and excited to take this path.

We hope this letter will address some misconceptions about FM and reinforce the endless potential of the specialty. Collectively, we came to recognize the unrivaled breadth and versatility of FM, the ability to practice holistic medical care, the platform to advocate for changes that promote equity in medicine & society, and the consistently kind-hearted, justice-oriented, & compassionate physicians and culture of the specialty.

Throughout medical school, we were socially minded and considered almost every specialty—OBGYN, Internal Med, Pediatrics, Psychiatry, General Surgery, Emergency Med, Med-Peds, and PM&R. In the end, we chose Family Medicine so that we can be physicians trained for anything and everything and part of a specialty that empowers us to do more for our patients than just diagnose and treat.

> *"When I first came into medical school and was asked at orientation to imagine the doctor I wanted to be, I pictured the type of physician that the field of Family Medicine offers to patients." –MS4*

Throughout medical school, we worked with FM-trained medical directors and academicians on local, state & nationwide initiatives like the N-648 Refugee Clinic, the Farmworker Health Project, Planned Parenthood, Formerly Incarcerated Transition program, Orange Co. Health Departments, Medicare for All, and innovative models of healthcare delivery.

> *"In one morning, my FM preceptor had a newborn exam, an IUD insertion, follow-up on A-fib, an injection for arthritis, a wellness visit for a man there with his wife (also a patient at that clinic), and a vasectomy."- MS4*

These are just some examples of the practices you can build for yourself in Family Medicine, and there are countless other fellowship opportunities following residency that allow for subspecialties in a variety of inpatient and outpatient settings, including geriatrics, EM/critical care, behavioral health, and women's health.

Deep, longitudinal relationship building and addressing disparities & barriers to care are critical to Family Medicine and are some of our most commonly shared motivations for entering FM.

> *"Patients trusted and confided in their family doctors more than [other preceptors I had], leading to more important conversations around safety, health education, mental wellbeing, food insecurity, access barriers, finance, and legal status." – MS4*

Family medicine not only recognizes the limitations of medicine, but also instills a duty to act to address these limitations and expand our impact beyond clinic walls. It is one of the specialties best suited to address social determinants of health using a health equity lens and population health principles, and it does so by prioritizing prevention, multi-disciplinary guidelines, and clinician advocacy both inside and outside of clinical settings. In residency and beyond, Family Medicine is dedicated to community needs, especially the underserved, and allows the space to be as flexible and multifaceted or as focused as you would like.

Do not hesitate to reach out to any of us or the faculty advisors, Dawn Morriston and Kelly Brossenbroek Fedoriw, if you need guidance on pursuing Family Medicine. We would genuinely love to connect and support you through your time in medical school and beyond!

Sincerely,

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MYTH #1: Those going into FM have low STEP 1 scores and don't qualify for other specialties

11 out of 12 of us said that our STEP 1 score had no bearing on choosing Family Medicine, in other words, we did not feel pressured or like our options were limited to FM because of our score—it is NOT a catch all for those with lower scores and **attracts both above and below average scores**. Members of our cohort are in student government leadership roles, have Master's degrees, are inductees in the Gold Humanism Honors Society, have been published in national journals, and have been recognized with statewide awards from the NCAFP.

MYTH #2: If you have a lot of debt, don't even think about FM because you could never pay it back!

We are graduating with various amounts of debt—some with $0 and some with over $150,000. Therefore, debt is not necessarily a determining factor and should not scare you away from the specialty. In reality, the average Family Medicine physician earns over $230,000 a year, and thus, still receives ample compensation to pay off debt. Additionally, one of us specifically said, "I will be graduating without debt because and only because I got so **many scholarships for my commitment to rural primary care and am guaranteed extra financial support in the future for continuing with this passion**." If debt feels limiting to you, we want you to know there are tons of ways to get scholarships, stipends, loan repayment programs, and work placement that specifically help primary care doctors pay off debt.

MYTH #3: Family Medicine is unexciting because you do the same thing over and over (colds, wellness exams)

Family medicine has the **broadest scope of practice of any other specialty**. You are prepared to take care of individuals at **the beginning of life, the end, and for all the chaos in between**. It is prevention, acute care, wellness, multi-morbidity management, and more**.** It is immersive, and **allows us room for adaptation to a community's needs**. In addition, Family Medicine is the only specialty where you can go on to care for and develop expertise in ANY population through Fellowships and other training programs including **geriatrics, pediatrics, maternal and child health, adolescent medicine, addiction, palliative care, sports medicine, emergency and critical care, procedures and some surgeries.** There is very little we cannot do with our breadth of training, especially with all the new fellowship opportunities available to develop expertise in specific areas

MYTH #4: You can only do outpatient medicine and most of it is wellness exams

This is simply not the case and as mentioned before, Family Med docs end up in just about every setting—from **hospitalist work to emergency/critical care to labor and delivery; other settings also include the health department/public health, prisons, free clinics, urgent care, and policy/leadership roles**.

MYTH #5: People in FM probably are not very competitive applicants and do not match up to other classmates in clinical performance

Importantly, we were competitive in every single one of our rotations and could have chosen other specialties. In past and present classes, we have **consistently received honors in hospital and surgical rotations, been eligible for or inducted into AOA**, and were never forced into Family Medicine because of academic or clinical inferiority.

MYTH #6: You cannot go into academic medicine or research as a Family Medicine doctor

Again, this is simply not the case and is shown by the fact **that Family Medicine specialists fill many faculty and leadership positions** at the UNC School of Medicine. However, UNC SOM is certainly not the only medical school program that employs FM on its faculty and leadership teams. Like other specialties, some FM doctors do research and/or obtain Master's degrees to bolster their credentials before becoming an academician physician. Not to mention all of the **opportunities that exist to teach at the 500+ FM residencies across the country**.

MYTH #7: The scope of practice in Family Medicine is just too challenging, there is no way I could know EVERYTHING

While the scope of practice is broad and FM is not for the faint of heart, the challenge this presents is actually one of the main things that attracts us! We want to **be life-long learners, want to push our professional and interpersonal limits, and want the flexibility that a full-spectrum specialty allows**. In the end, you can continue to be a full-spectrum generalist out of residency or you can subspecialize with fellowship and other training programs.