



What is residency?

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One definition of residency is the period of formal medical education designed to facilitate the transition from medical doctor to practising physician, but I suspect there are a considerable number of others.

For example, a mature family doctor who is preparing to retire might have a nostalgic view of residency, while a first-year postgraduate on his or her first day of service who has just been handed the code pager might have another. Which of these two is correct in his or her assessment of medical residency? Obviously, they both are.

Residency is a dynamic process of education as well as of professional and personal growth that is experienced differently from person to person and across time. It is a complex beast surrounded by great uncertainty much like our discipline of family medicine. I find it only appropriate, then, that this issue of *Canadian Family Physician* focuses on family medicine residency and explores some of the issues around it.

The Reflections article by Dr Armand Aalamian (page 1080) recounts the experiences of an academic family doctor and postgraduate education coordinator who throws his lot in with a group of residents for a 1-month obstetrics adventure. The article strikes a fine balance between being sincere and humorous and reminds readers of the logistic challenges of residency.

Before you can have family practice residents, you need medical students who are interested in and motivated toward a career in family medicine. These students need to receive support for their choice throughout their undergraduate medical education (a fact that has been crystallized in the minds of every program director across Canada by the steady

decline of applicants to family medicine residency positions). The article by Jordan et al (page 1131) is required reading for anyone looking for more insight and suggestions on what can be done at the level of undergraduate medical education to arrest and reverse this unfortunate trend.

The final article on residency is a survey of the personal health practices of medical residents at Queen's University by Campbell (no relation) and Delva (page 1121). This paper provides evidence to support what many of us have long suspected and is appropriately titled "Physician do *not* heal thyself." I cannot help but think that all residents should have to have their own family physicians. All residency programs, in cooperation with provincial residency organizations, should lobby hard for this contribution to residents' health and well-being.

I hope that you find the articles in this issue both enlightening and practical and that they stimulate personal reflection. As always, your comments are welcome. I invite you to share your thoughts through Letters to the Editor. ❖

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