What it’s like in family medicine: Shadowing Dr. Lambert

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Staff News Writer

As a medical student, do you ever wonder what it’s like to specialize in family medicine? Meet Carl Lambert, MD, a family physician and a featured doctor in the AMA’s “Shadow Me” Specialty Series, which offers advice directly from physicians about life in their specialties. Check out his insights to help determine whether a career in family medicine might be a good fit for you.

The AMA’s Specialty Guide simplifies medical students’ specialty selection process, highlight major specialties, detail training information, and provide access to related association information. It is produced by FREIDA™, the AMA Residency & Fellowship Database®.

Learn more with the AMA about the medical specialty of family medicine.

“Shadowing” Dr. Lambert

Carl Lambert, MD

Specialty: Family medicine.

Practice setting: Outpatient clinic at academic center.
Employment type: Employed by Rush Medical Center in Chicago.

Years in practice: Seven.

A typical day and week in my practice: No day is the same, but in a usual week, Monday and Wednesday I am in the clinic and I have a medical student with me because they're doing their primary care clerkship or my clinic mentee in our Family Medicine Leadership Program. We're seeing patients back to back. Then Tuesdays and Thursdays, and some Fridays too, are classroom teaching. I do small group sessions with our first- and second-year students and we go over cases together and break them down. It's pretty a cool flip-classroom approach. Then on Wednesday mornings I have my admissions committee day, where I interview medical school candidates and spend time voting, screening them and all that good stuff.

Then, Fridays are also a mixture of things. It could be administrative work, emails, working on charts, lesson planning, meeting with student advisees and then other self-care things like going to the gym, doing laundry, grocery, stuff like that. If I'm on call, I work 40 hours or more, but standard is like 36 to 40 hours a week. But it's all split up and not just clinical. It's education, administrative and clinical stuff, too.

The most challenging and rewarding aspects of family medicine: The best thing is journeying and seeing patients and my students through challenging situations. You really get to see the ups and celebrate with them, but also feel the lows. When a patient passes away or if someone in their family passes away, as their family doctor, I get to know everyone in the context of the family unit. So you feel very deeply for what's going on with your patients, which is kind of like a double-edged sword.

Being a family physician can be awesome, but it can also be very painful. It's very exciting because no day is the same. As a family doctor, I like that you can see a 90-year-old patient in one room and then the newborn in the next room. It's just a very cool experience that you have to constantly pivot and be comprehensive in your approach to seeing patients.

Another challenge is really just balancing the many needs that patients come in with. As a family doctor, you're the one-stop shop, so they come to you for pretty much everything. Even if they see a specialist, you're the translator. They often say, “Well, I saw my cardiologist, but I don't even know what the heck they said.” So, what does that mean? It's about that coordinated care. Then sometimes the administrative stuff like prior authorizations, fighting with insurance companies to get patients what they need, and fighting social determinants of health can be challenging. For example, sometimes my patients want to exercise, but they don't feel safe in their communities or they are in a food desert or don't have reliable transportation. Those things add up to make our jobs harder than we would like them to be.
How life in family medicine has been affected by the global pandemic: You're managing chronic diseases. You're assessing patients who are under investigation. You're sending patients to the hospital. You're losing patients who have COVID-19 and then you're also dealing with the social and emotional strain that patients come in with too. Patients—sometimes they come in because they're depressed or anxious or they lost their job, they lost their business. And all of that's put upon you as the family doctor to sort through. Also, as an academic family physician, I have had challenges with supporting and pivoting with the many needs of our medical students where the majority of learning and community-building are occurring virtually.

Sometimes that can lead you to have a sense of powerlessness or hopelessness. That can be tough. It's like, “OK, I can't fix what's going on right now because it's going to be a process, but I promise to walk with you through it.” That's a challenging part for our specialty—giving out to other people but making sure that you take time to replenish yourself and practice the self-care that we tell other people to do. We have to practice what we preach.

The long-term impact the pandemic will have on family medicine: Primary care is still as relevant as ever. Even more so, the pandemic ravaged vulnerable Black and brown populations because those populations historically have a lot of chronic conditions like diabetes, hypertension and asthma. Those are conditions that we as family doctors deal with all the time. We're very comfortable with managing them.

We understand the societal structures and systems that even cause this in the first place. That makes our work very relevant. In many ways, we are a solution to that because we have a strong voice to help things to be better. Our work is very important as far as keeping people out of the hospital and preventing problems before they become actual problems.

Three adjectives to describe the typical family physician: Compassionate. Comprehensive. Creative.

How my lifestyle matches, or differs from, what I had envisioned: It's about the same. But I would caution anyone who's trying to go into medicine: If you're trying to make bank, don't go to medicine. There are probably easier ways to do it than to go into medicine.

Coming in, I kind of knew I would be a very frugal guy and that I wouldn't need a big mansion, all these crazy things. I just needed to make sure I could pay off my loans, provide for my family and live somewhat comfortably. I don't ask for much. Family medicine very much so speaks to my natural demeanor because I'm a fairly low-key person and I just need a car to get me from A to B. I just need a roof over my head, make sure I'm in good health and that those who are with me are OK. That is typical of family doctors—we humbly just want to make sure everyone else is OK and we make the most with what we have.
Skills every physician in training should have for family medicine but won’t be tested for on the board exam: You have to be flexible. What I learned in medicine 10 years ago, some of that stuff has changed. I have to continue to be a lifelong learner and your patients depend on you for that. You also have to have the ability to go and look for answers or ask for help when you need it. That's something that you can't really teach. It's not going to be on a test, but it's the quality you have to have.

You have to have humility because, again, you're going to come across situations that you don't fully know. You might meet a patient from a different culture or background, and you have to be able to meet them where they are, and you can't make assumptions. You have to have humility to be in the position of letting the patient teach you how to help them—how to merge your medical knowledge with their background and then figuring out a plan.

You also have to be socially conscious because you can't practice from a place of privilege. Now we're in a very crystallizing moment where a lot of stuff is being talked about such as gender inequality, racial justice, social justice, all these things. As doctors, we're part of the larger public, so we have to be aware and we have to care about things because they were affecting our patients. The pandemic has shown that. There's a sector of people that are being damaged and ravaged. And as doctors, we care about people, we treat people. We have to understand that and, again, be compassionate and aware to use those things to actually promote change in individuals and in populations.

One question physicians in training should ask themselves before pursuing family medicine: Be sure that you are sure. You should be comfortable not knowing everything and knowing where to find solutions. We're jacks of all trades, so we know a lot of things, but we still end up having to look up things from time to time. As long as you're comfortable being able to provide comprehensive care for a large amount of people and handling that, then you'll be a good family doctor.

Books every medical student interested in family medicine should be reading: One is something that my chair gave me, StrengthsFinder, by Tom Rath. It's a book about leadership. It's important to know what type of leader you are. Are you a collaborative leader? Are you a dictator or you're authoritative? Are you more data-driven? It's important to know how you're wired so that you can capitalize on your strengths and then also work on your weaknesses too.

The online resource students interested in family medicine should follow: If you're interested in family medicine, the American Academy of Family Physicians' website is awesome. It's so comprehensive. I wish I would have used that sooner. It has the resources for wherever you are in the process: If you're pre-med, if you're in medical school, if you are a leader in your medical school and you're in a family medicine interest group, if you're applying for residency, if you're a resident.

As a practicing physician, if you're trying to just buff up your skills and you're looking for continuing medical education opportunities, it's a wonderful one-stop shop. They also have a wonderful journal, the American Family Physician. That's something I give to my students. I make them read it every time
they rotate with me because it is just a wonderful journal that a lot of different specialties will use to bump up on things from time to time in clinic.

**Quick insights I would give students who are considering family medicine:** Family medicine is great. If that is truly how you feel in your heart, then follow that. Unfortunately, sometimes in medical school there is still this hidden curriculum where students can sometimes be steered consciously or subconsciously to pick things that are more lucrative or more prestigious. But don’t let the culture make you feel that picking something like primary care is somewhat less than. It’s a noble profession and you can do a lot of good. You don’t necessarily see all of the good right up front. The rewards are probably 10 years down the line, but you’re adding years to people’s lives. It’s different from being in the emergency department, saving the gunshot victim. But you’re saving lives just the same.

Just believe in yourself. Medical school is hard—it was hard for me. It’s supposed to be hard. I was just telling students the other day to believe in yourself, have community, be discerning of who you choose to be your mentors and who speaks life into you. Make sure you’re selective of who that is and make sure that they mean you well and care about you just as much as they care about themselves. If you have those building blocks, you can go far.