

# What it's like in academic family medicine: Shadowing Dr. Rouhbakhsh

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As a medical student, do you ever wonder what it's like to specialize in academic family medicine? Meet AMA member Rambod A. Rouhbakhsh, MD, a featured academic family physician 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 academic family medicine and preventive 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 family medicine and preventive medicine.



Rambod Rouhbakhsh, MD

**“Shadowing” Dr. Rouhbakhsh**

**Specialty:** Family medicine; occupational and environmental medicine.

**Practice setting:** Academic family medicine residency; clinical research.

**Years in practice:** 17.

**A typical day and week in my practice:** My days are split into discreet roles. Mondays are my teaching days. Tuesdays are recruitment and admin days. Wednesdays are program and institutional development days. Thursdays and Fridays are my clinical research days.

My day typically starts with a morning report at 7:30 a.m. and formally ends at 5 p.m. Informally, I find most of my meaningful work is done after hours. Now that I am in a leadership position, I rarely find quiet time to actually create a work product. As such, I tend to be most productive during my boys' soccer practice when I can sit in my car and work on the computer.

**How the year unfolds in my practice:** When I began my career in academic family medicine, I started as clinical faculty, so my work revolved primarily around teaching residents in clinic. Now, as the program director, I spend more time doing administrative work, which translates to meetings, recruiting new residents, and developing faculty.

The year for us begins in July when we welcome our new residents. The interns spend much of July in orientation, during which we help them transition from medical student to resident physician. We organize orientation activities, compose introductory didactics, and help ease our interns into their new jobs. Also in July, we transition our new PGY-2 residents to senior residents who take on teaching and supervisory responsibilities for our new interns.

In August, we start prepping for recruitment season, which officially kicks off when we receive ERAS applications in September. We also tend to do outreach talks to our local medical schools in August and September. From early October through December, we interview prospective students and find matches for our residency program. We receive thousands of applications from medical students, but we only offer interviews to 60 applicants. To arrive at that point, we spend a significant portion of September reading applications.

October through December is dominated by the actual interviews. In pre-COVID times, these were more festive events with dinners and lunches. Now that they are virtual, it is less time-consuming, but also less fun. Throughout the fall and winter, we focus on our graduating PGY-3 residents to make sure they have met their requirements and assist them in finding jobs.

In January, faculty have more time to meet, and this is when we do cumulative evaluations of our residents and engage in program enhancement activities. We typically elect a chief resident for the

upcoming year during this time. January through March is also when we spend extra time on research and academic projects.

Then in March we get our Match list. We welcome our incoming residents and start prepping them for orientation in July. Most of our focus in the spring is on our graduating senior residents. We organize wellness activities and plan for graduation. We also do our year-end cumulative evaluations for residents, faculty, and the program itself in late spring.

Interspersed throughout the academic year, we teach in clinic, in hospital, and during didactics. There are also myriad committee meetings and ad-hoc opportunities and issues that arise. For instance, new research collaborations frequently occur since we are literally across the street from the University of Southern Mississippi and across town from William Carey University. These opportunities are exciting, but sometimes they stretch our bandwidth.

**The most challenging and rewarding aspects of academic family medicine:** Teaching is fantastic, especially teaching residents. These young doctors are on the top tier of the education hierarchy. They are typically the smartest people I know, and I feel privileged to help them attain their post-graduate training. These are intelligent, motivated people who approach education with vigor and enthusiasm.

They are also inquisitive enough to challenge and grow my personal fund of knowledge. If there is something that we don't know collectively, residents will research it and come back to teach the entire group. These are high-powered education machines who can accomplish seemingly anything they put their minds to.

Academic family medicine is exceedingly rewarding, not just because it involves teaching, but because academic family medicine can be situated in community-based hospitals, allowing you greater flexibility to live where you wish. For example, if I had wanted to do academic neurosurgery or cardiology, I would have to be in the one medical school in Mississippi which is in Jackson.

Community-based family medicine residency programs are the bulk of academic family medicine. I am truly grateful for that because it allows me to live in a great place like Hattiesburg and not necessarily in a metropolitan area. Teaching is a remarkable joy, and I would encourage anyone who enjoys that to consider academic family medicine.

**How life in academic family medicine has been affected by the global pandemic:** Some of the societal effects of the pandemic have actually helped us. Being able to conduct virtual interviews with our program applicants has allowed us to draw more people and has provided us the opportunity to

do more interviews in a less time-intensive and less costly way.

For example, we interviewed a woman from Ohio last year, and I'm quite certain she wouldn't have flown to Mississippi for the interview. And she ended up being a match for our program, which has been fantastic for us. Also, we are now telemedicine-savvy practitioners, which is here to stay. Lastly, it has forced us to become better epidemiologists, virologists, and occupational hygienists.

**How my lifestyle matches, or differs from, what I had envisioned:** My life today is very different than my days as a clinical doctor. The hours are about the same, but the pace is different. My work is cognitively more challenging in academics, but it is less intense. When I was in clinic every day, I felt a rush of intensity that for me was requisite to be an efficient clinician. I don't feel that as often now. As a clinic doctor, I felt like a sprinter. Now, I feel a bit more like a marathon runner—especially during meeting-heavy days.

Additionally, I do clinical research and run clinical trials for three half-days per week. As the principal investigator, I supervise sub-investigators, review charts, and see our trial patients. We have several ongoing trials, including COVID-19 vaccine trials, a meningococcal vaccine trial, a hypertension medication trial, a diabetes medication trial, and a pediatric migraine trial. Keeping all the protocols straight can be challenging, but it is not as intensive as a typical family medicine clinic day.

**Books every medical student interested in family medicine should be reading:**

- | *The Checklist Manifesto* and *Being Mortal: Medicine and What Matters in the End*, both written by Atul Gawande, MD, MPH. *The Checklist Manifesto* is a well-researched and practical guide to reducing medical mistakes and improving quality. *Being Mortal* is also a well-researched chronicle of how we die in the U.S. and how people actually want to die when they encounter it. I found it insightful and moving.
- | *Cutting for Stone* by Abraham Verghese, MD, is just a lovely piece of fiction. There are many works of fiction I love, but I recommend this book to underscore how you can be an accomplished physician and still produce lovely creative work in a completely unrelated field.

**The online resource students interested in family medicine should follow:** My number one recommendation is UpToDate. It is the most comprehensive reference source I know of. I also suggest students sign up for recurring news that is delivered to their inbox regularly. My favorites are the *New England Journal of Medicine's* "Journal Watch," the AMA's "Morning Rounds Daily," and the American Academy of Family Physicians' "Family Medicine Smart Brief."

**Quick insights I would give students who are considering family medicine:** The gift of family medicine—and the curse to a degree—is its flexibility and its breadth. It can be daunting to feel like you haven't mastered one aspect of the specialty. However, it is an evergreen challenge and provides enormous opportunities. It led me to preventive and occupational medicine and ultimately to

academic family medicine. Family medicine is like a pluripotent stem cell—it has limitless potential.

In family medicine, you can become whatever you want to become. It gives you sufficient background to discover your passions, which sometimes may be being a true generalist and having your hand in everything all the time. In that way, this specialty is extremely rewarding because it gives you the most tools to take care of the largest group of people in the most practical way.

When the pandemic broke out, my background in family medicine allowed me to dig deep into studying COVID-19. Again, it's this type of training that allows you to go down these pathways with relative ease because you are so broadly trained.

**Mantra or song to describe life in family medicine:** At the beginning of my career, I would have to say “Hustlin’,” by Rick Ross. Now, in midcareer, I can’t think of a song. But I do have a mantra. I try to remind myself of the wisdom of impermanence: Everything changes.