

# Academic sub-specialisation in general practice: How do we choose?

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The pathway to a special interest in academic general practice has not been nicely packaged or tidy for me. In fact, I am not convinced that career choices and pathways ever resemble the neat and tidy. How then does one get all grown up and feel at peace with the myriad decisions and pathways chosen? The fantastic innocence of early decisions or

choices is remarkable and little do we know that they grow, embed, entwine and lead us deeper into the layers of our life. Career choices for many just simply do not follow the coloured brochures.

Trained at one time in systems theory, I am increasingly aware that developmental stages and life decisions are sometimes out of sync for

people – the status quo is increasingly in jeopardy. Family responsibilities, gender, political climates and social movements have been strong forces exerting influence and creating the complexity of lifestyle trajectories. Add layers of relationships, conflicts, disappointments, and challenges to the fabric. Also include the happy moments, successes and self

esteem that kindly permeate the system. All of this, and we are still trying to make sense of our decisions or choices. The coloured brochures are great for fantasy and create an element of hope!

The pathway that I started, approximately three years prior to medical school, required that I endure the humiliation of sitting in a classroom with 17-year-olds studying algebra and calculus. Humiliation became such a close relative, I continued with physics, biochemistry, histology, physiology and others – all required for medical school entry in the United States. Many students were the age of my daughter: fast, facile and easily distracted by the weekend activities. The non-traditional students, those were the ones! Look out! They were smart, goal-directed, savvy and driven. They had held impressive positions in a stunning array of professional disciplines before embarking on the pursuit of medicine. A small elite group, having been selected from a national application process; all 12 focused on achieving marks for medical school admission. Choosing classes with 17-year-olds or classes with 'non-trationals' was a little like choosing hard labour in Siberia or the Marine Corp boot camp. Either choice maximised anxiety and discomfort.

On reflection, one hundred and seventy students in a tiered classroom with a single professor barking information at you continues to be utilised around the world – now that is a worrying environment for learning! We know from the research that scare tactics don't work for smoking cessation or alcohol reduction; why would scare tactics be utilised for education, especially medical education? Anxiety disorders, relationship discord and inebriated weekends characterised my medical school student population. What was I doing in this environment when my friends were focusing on their pension plans and travel plans?

This barking and intimidation blanketed my sensibilities. One utilises survival techniques and I developed a mantra – 'hunker down and stay focused'. It was difficult to get perspective when perspective has a tendency towards the abstract. The environment in which I was ensconced was about memorisation and instant recall – oh yes, and critical thinking. Now thinking – how does one do that with those thousands of enzymes, cascades, insertion points and cell types lapping at your heels. Is this really necessary?

Now having spent most of my adult life in multiple learning situations, it was only when I was shoulder tapped during medical school to sit on the curriculum committee that I realised I was an expert of sorts on learning. Or, at least, I had spent more time in learning. I had already exceeded more education or training opportunities than most medical students. Two university degrees, post-graduate training in psychology, training on Wall Street, business training and business ownership, not to mention the hundreds of conferences and workshops and, I might add, no one during that period mentioned learning environments. It was, however, a pivotal moment for me and guided my future career choices. That was a powerful tap. I often wonder about the 'tapper' – did she suspect hidden talents or was she desperate to fill the required position? It was probably just serendipity as choices and pathways are sometimes informed but also just as often occur by chance.

This unique role in academic medicine created opportunity that was previously hidden from me as a medical student. I had stepped into a world that in some ways I did not know existed. Thoughtful, busy, well-intentioned professionals were making important decisions around teaching and learning in medicine. They were also just regular people, opinionated and sometimes narrow in their thinking. I happily remained on the curriculum committee

throughout my medical school years and I assumed a similar role during my family medicine residency. It focused my energies and at times directed my creativity. Righteous indignation was the *modus operandi*. While being an experienced learner with 'attitude', it became apparent that more formal education was required (words of an addicted learner). With my residency/training completed and happily entrenched in my first clinical job with academic responsibilities, an application landed on my desk – Primary Care Fellowship in Medical Education and Research, a one-year intensive Fellowship to be trained in the full scope of medical education and primary care research. For a seasoned professional learner such as myself, this seemed perfect. Twenty primary care physicians from different disciplines were selected for this Fellowship.

Finishing the Fellowship with the required research and presentation at the Kellogg Institute in Michigan, I was absolutely and finally on a career pathway – sub-specialisation or special interest in primary care. A child of the 60s and 70s grows up with the strong desire to change the world. We rarely make a dent but we intend big things. Thousands of hours spent in toxic learning environments and I now have the legitimacy to challenge the system. That is delicious.

Reflecting on my career choices, I am amused and comforted. Recently I bumped into a former employee on a street in the small town where I grew up in the United States. She asked me if I was still in the glass business. She reminded me of the time I organised a high school English teacher to tutor all of the employees in English. She thanked me for the learning opportunity, 30 years ago! My interest in teaching and learning was bouncing around even then; a pathway found me.

### Competing interests

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