

Corresponding Author: Address correspondence to Dr Grad, McGill University, Herzl Family Practice Centre, 3755 Cote Ste Catherine Road, Montreal, Quebec H3T 1E2. 514-340-8222 ext. 5851. Fax: 514-340-8300. roland.grad@mcgill.ca.

REFERENCE

1. Wetmore SJ, Rivet C, Tepper J, Tatemichi S, Donoff M, Rainsberry P. Defining core procedure skills for Canadian family medicine training. *Can Fam Physician* 2005; 51:1364-5.

Comment

“Going Home” Strikes a Chord

To the Editor:

A recent heartfelt essay written by Seehusen, titled “Going Home”¹ resonated with me. Our connection to our past is an important issue to recognize among first-generation medical professionals and medical professionals at large. After hearing my classmates’ experiences over the holidays, I often feel like I am the only one in this unique situation—many of my classmates have a parent or two who are physicians, and it seems all of them have parents who have received higher education.

I differ from many of them because I grew up in a small town—technically speaking it is a village due to its size and governance—it has no stop lights or fast food, and the largest employer in town is the public school, K-12 in one building. It’s a farming community, and consequently I grew up watching milk

prices and working at an implement dealership for seven summers. My folks and family knew I would never be able to stay, and most of my older siblings encouraged me to move away when I got the chance. So when the time came to leave and go to college, despite my folks having never left their small village—except for a brief period when my father was in the army—I did. My mom told me, with tears in her eyes, the day I left for school, “I knew this day would come, and I will never hold you back.”

I worked hard in college, believing I had a special opportunity because I was able “to leave.” I encountered a tremendous growth in experience, knowledge, and wisdom and made good grades, being a well rounded small-town guy. I was fortunate enough to get into medical school knowing full well my family was proud of my accomplishments. Yet in all of the wonderful and grueling experiences I have had thus far—the remarkable personal and academic growth—I too find that these wonderful things have caused an impasse between my family and me. I want so badly to share my victories with them and equally often share my grievances. Yet the explanation necessary to appreciate the situation is often the limiting factor. I have had innumerable conversations with my wife discussing the exact same issues that Dr Seehusen discussed in his essay. The typical conversations I have with my father

are about the weather, the tractors, the farm, or work (ie, selling farm machinery)—the resemblance of my situation and Dr Seehusen’s is uncanny.

I think this predicament is common for first-generation professionals. It should be discussed more often in medical school curricula before one finds themselves in a situation wondering why he or she can no longer relate to family members despite having wonderful and meaningful interactions with patients behind the façade of being a great physician. I feel it is important to keep my small-town roots viable since they shape who I am and the interactions I have with patients in a positive manner. I keep a copy of Dr Seehusen’s essay in my white coat on the wards as a reminder to follow the “milk prices.” I have even had the opportunity to discuss with several patients, who probably assumed the medical team could never relate to their lives, about custom field work and the future of the small family dairy farmer. Being able to nurture this side of my interpersonal communication skill set keeps me close to my family and narrows the chasm when I come home and share these stories and topics in conversation.

Zachary J. Baeseman
University of Wisconsin

REFERENCE

1. Seehusen DA. Going home. *Fam Med* 2008;40(10):700-1.