



THE PATH TO FAMILY MEDICINE

BY: SARAH MARILYN

For Dr. Faith Palmer, the road to primary care began with an early interest in women’s health—and grew into a love for the variety and continuity that family medicine offers. A Detroit-area residency cemented her choice to practice in a private, community setting where relationships can thrive. “I set up my own rotations to ask questions, study different care models, and ask hard questions about what truly works for patients,” Dr. Faith Palmer explains. Those early choices drove her to private practice—“because private practice seemed to know their patients better and had a better work-life balance.” That foundation still shapes how she and the team approach care today.

INDUSTRY INNOVATION >



LEARNING, GUIDELINE UPDATES, AND COORDINATION

Staying current matters to the practice. “Conferences routinely get us updates from specialists, and we bring those updates to provider meetings — newest guidelines, vaccination updates, policy changes,” Dr. Palmer explains. Primary care at West Michigan Family Medicine is also the hub: “Patients come to us for a workup, but we rely on specialists too — our goal is to coordinate care and fill gaps between specialists.”

They focus on ordering the right labs and creating clear plans so referrals move quickly and efficiently.

TEAMWORK, TRUST, AND TRULY KNOWING PATIENTS

Team culture is as much a part of Dr. Palmer’s approach as clinical care itself. “Hollie, our Practice Manager, has brought in a lot of good new energy,” she says, crediting the positive atmosphere to both strong leadership and shared experiences — spirit weeks, monthly potlucks, an open-door leadership style, and even team outings to the Whitecaps. That camaraderie pays off in the exam room. “Every time you walk in the room it’s a new patient — you’re there to listen and problem-solve,” Dr. Palmer explains, and a supportive, energized staff makes it easier to do just that.



Her philosophy blends modern medicine with a deeply personal touch, focusing on “meeting the patient where they are at,” weighing treatment options while considering real-life barriers. “We bring the compassionate side,” she says. For Dr. Palmer, follow-up is more than a box to check — it’s an opportunity to change outcomes.

She recalls one patient whose care manager not only called about medication management but coached him on tracking his blood pressure; when he came back, “he had much more clarity on what was and wasn’t working medication-wise.” She’s seen similar success in complex cases, like the patient whose chronic pain plan improved when osteopathic work was added. These results, she believes, come from knowing patients deeply: “We seem to know our patients really well. The MAs know if the issue is urgent,” she says — a familiarity that lets the team act quickly, communicate clearly, and ensure every patient feels safe and understood.