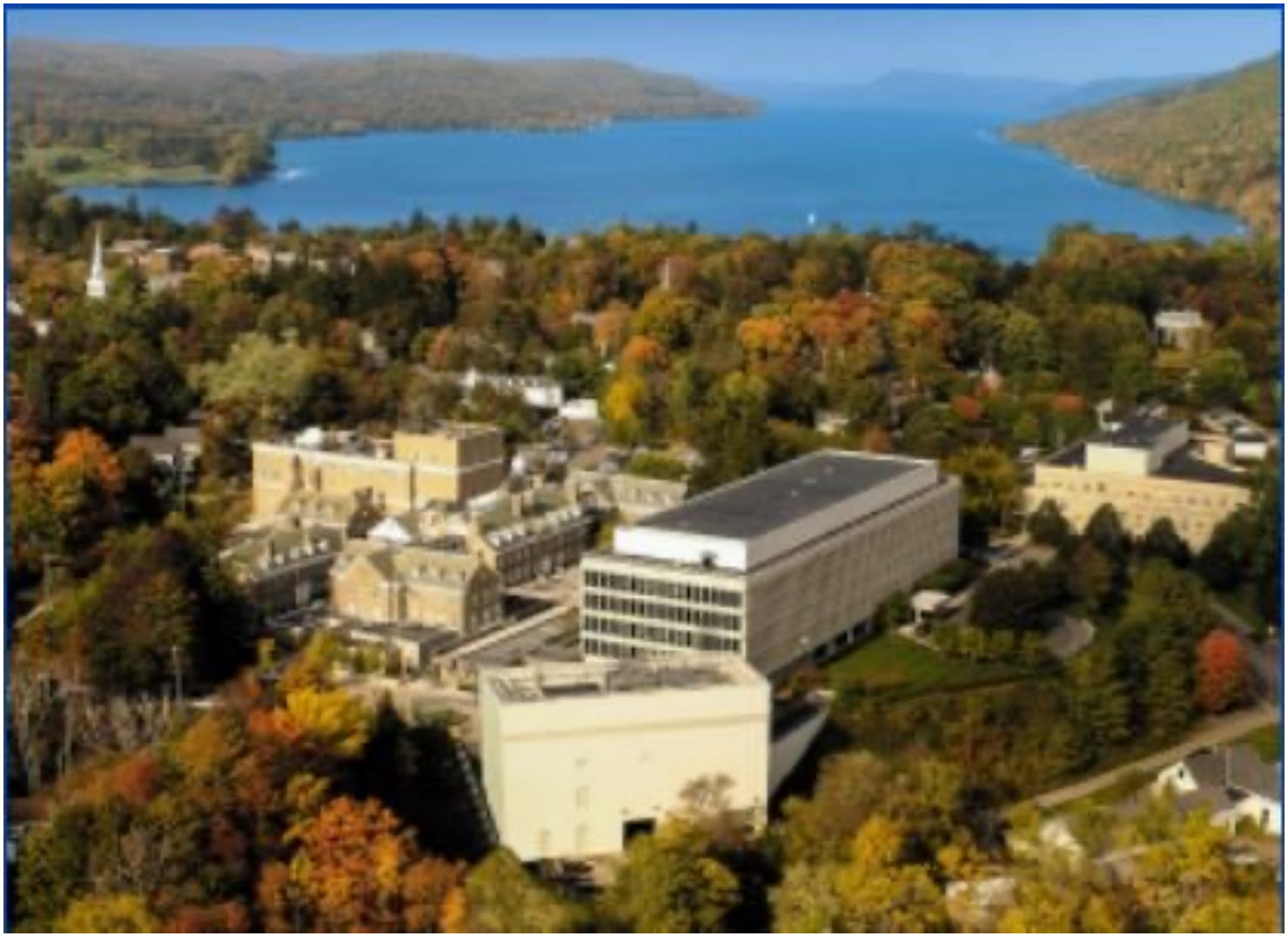
The Case for a Combined Family Practice/General Surgery Residency: The interaction and collision of training and culture

Dave Kermode, D.O., F.A.C.O.S.



Disclosure

- No financial disclosures
- R1 Family Practice Resident NAS, Jacksonville, FL
- Winter over Medical Officer, McMurdo Station, Antarctica 1987-1988

Objectives

- Know the availability of general surgery residents for rural practice.
- Acknowledge the differences in culture of an academic medical center and a rural community hospital.
- Consider combining cultures of an academic medical center and a rural community hospital.

Acknowledge

Ted Epperly, MD, FAAFP

Assumptions

- POOs (Patient Orientated Outcomes) vs. DOOs (Doctor Orientated Outcomes)
- Patients want/need to be treated in the place that they live as much as possible
- Where you train, is more than about the transfer of knowledge
- Place matters

Caitlin Lund, D.O.

Supply of General Surgeons

- Approximately 1500 “general surgery” residents graduate from residency each year
- 80-85% of these graduates go on to fellowship training
- Approximately 5% of these graduated residents would consider practicing in a town with a population of 50,000 or less
- Quick math: The pool of potential general surgery graduates to populate a rural hospital is approximately 10 individuals/year

Culture

Academic Medical Center

- Specialization
- Quality measured by numbers and data
- Large contract workforce
- Process and protocol driven

Rural/Frontier Hospital

- Generalism
- Quality measured by words and messages in the local paper
- Small, organic workforce
- Improvisation and customized solutions

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Daren Relph, CEO
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Solutions

- Combine the cultures of both institutions
- Dominant culture FP/RTT/Generalism
- Secondary culture Surgery
- Design/Build
  - Actions are required immediately to address a crisis in surgical healthcare in rural settings but as solutions will evolve from experimentation and study

Model Frontier Hospital Surgical Practice

- 2 FP/ESS Physicians
- 1 FP/General Surgery Physician
- 1 APP

Asks

- Need people to develop a proposal
  - Rural patients
  - Rural FPs
  - Surgeons (Rural and Urban)
  - ACGME

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Surgical Task-Sharing in the Western Canadian Arctic: A Networked Model Between Family Physicians with Enhanced Surgical Skills and Specialist Surgeons

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Abstract

Background With the loss of generalism in the surgical specialties, there has been a move in Canada to train family physicians in enhanced surgical skills (FP-ESS) to address the surgical needs of rural and remote populations. This research project sought to describe one network integrating FP-ESS and specialist surgeons, focusing on the role of FP-ESS and their relationship with specialist surgeons, in the surgical care of the Beaufort Delta Region of the Northwest Territories of Canada.

Methods Using a participatory approach, semi-structured interviews were conducted with 22 stakeholders within the surgical system. Interviews were transcribed and reviewed, then imported into NVivo 12 for analysis. First-level coding was performed based on both deductive and inductive reasoning in an iterative fashion during interview collection to develop and refine the codebook. This was followed by second-level categorizing.

Results The FP-ESS physicians provide cesarean section services to maintain a local obstetrics program, to provide gastrointestinal endoscopy, and to provide emergency on-call support, as described by one stakeholder. FP-ESS work together with specialist surgeons through an informal network keeping surgical care as close to home as possible. FP-ESS within this health regions were seen as "a really big gain to the system."

Conclusions This study deepens our understanding of rural surgical service delivery, in particular where FP-ESS and specialist surgeons function collaboratively. It also contributes to strengthening rural surgical systems in Canada and therefore to addressing the health gap between rural/remote/indigenous and urban populations.

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Joint position paper on rural surgery and operative delivery

This joint position paper has been endorsed by The College of Family Physicians of Canada, The Society of Obstetricians and Gynaecologists of Canada, the Canadian Association of General Surgeons and the Society of Rural Physicians of Canada

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Our professional organizations have prepared this paper as part of an integrated, multidisciplinary plan to ensure the availability of well-trained practitioner teams to sustain safe, effective and high-quality rural surgical and operative delivery services. Without these robust local (or nearby) surgical services, sustaining rural maternity care is much more difficult. This paper describes the "network model" as a health human resources solution to meet the surgical needs, including operative delivery, of rural residents; outlines necessary policy directions for achieving this solution; and poses a series of enabling recommendations.

Nos organisations professionnelles ont préparé cet article dans le cadre d'un plan multidisciplinaire intégré visant à assurer la disponibilité d'équipes soignantes bien formées pour offrir des services obstétricaux interventionnels et chirurgicaux sécuritaires, efficaces et de grande qualité en milieu rural. Sans de tels solides services chirurgicaux locaux (ou de proximité), il est beaucoup plus difficile d'assurer les soins obstétricaux en milieu rural. Cet article décrit le « modèle en réseau » comme une solution au chapitre des ressources humaines en santé pour répondre aux besoins chirurgicaux des populations rurales, y compris pour les services obstétricaux interventionnels. On y décrit aussi les orientations politiques nécessaires à l'application de cette solution et on formule une série de recommandations préparatoires.

OVERVIEW

The precipitous attrition of small-volume surgical programs in rural Canada over the past 2 decades has led to the need for rural residents to travel for even the most basic procedural care.[1–3] Simultaneously with local program loss, the increasing subspecialization of general surgery and the narrowing of the generalist platform of rural general surgery have further diminished surgical services to rural Canadians.[4] Although poorer health outcomes have been shown to be proportionate to distance to services in maternity care,[5,7] the effects of distance on the health outcomes of other procedural care is largely unknown.

There is an urgent need for a solution to the downgrading and loss of surgical services in rural Canada: these service populations, including the large majority of Canada's First Nations population, represent some of Canada's poorest, sickest and most vulnerable people.[8,9] Beyond equity in access, the intrinsic local benefits to local surgical programs include increasing community capacity to recruit and retain family physicians and other health care providers in rural settings; maintaining a high level of medical competence in the community, particularly in regard to serious illness and emergency services; and providing the context for rural education and research.

At a community level, this translates into ensuring the availability of a surgical first responder, trained to handle a variety of scenarios that require immediate intervention, such as trauma. The professional team of anesthetic and operating room personnel supports both

Editor's key points

- Anesthesia, surgery, and operative delivery programs provided locally sustain rural maternity care close to home. The development of networks of specialist and non-specialist providers is the recommended policy option to sustain these local programs.
- Safety and quality must be demonstrated to be equivalent across similar patients and procedures, regardless of network site. Clinical coaching between rural and regional centres can be helpful in building and sustaining high-functioning networks.
- Maintenance of quality and the provision of continuing professional development in low-volume settings represent a mutual value proposition. Because they are both foundational and challenging, they deserve to be addressed collaboratively by the organizations that developed this consensus statement.

Consensus statement on networks for high-quality rural anesthesia, surgery, and obstetric care in Canada

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Abstract

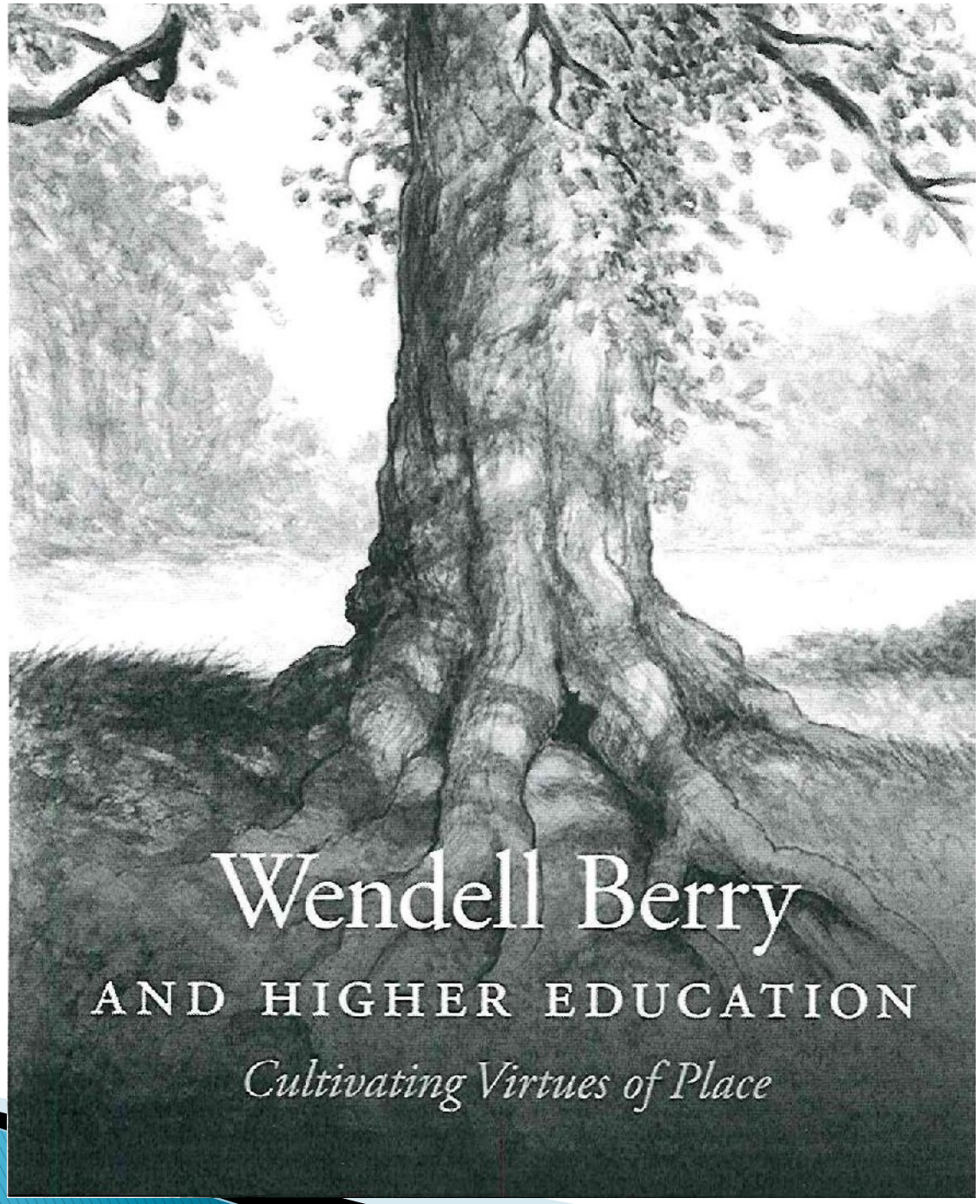
Objective To describe the essential components of well-resourced and high-functioning multidisciplinary networks that support high-quality anesthesia, surgery, and maternity care for rural Canadians, delivered as close to home as possible.

Composition of the committee A volunteer Writers' Group was drawn from the Society of Obstetricians and Gynaecologists of Canada, the Society of Rural Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, the Canadian Association of General Surgeons, the College of Family Physicians of Canada, and the Association of Canadian University Departments of Anesthesia.

Methods A collaborative effort over the past several years among the professional stakeholders has culminated in this consensus statement on networked care designed to integrate and support a specialist and non-specialist, urban and rural, anesthesia, surgery, and maternity work force into high-functioning networks based on the best available evidence.

Report Surgical and maternity triage needs to be embedded within networks to address the tensions between sustainable regional programs and local access to care. Safety and quality must be demonstrated to be equivalent across similar patients and procedures, regardless of network site. Triage of patients across multiple sites is a quality outcome metric requiring continuous iterative scrutiny. Clinical coaching between rural and regional centres can be helpful in building and sustaining high-functioning networks. Maintenance of quality and the provision of continuing professional development in low-volume settings represent a mutual value proposition.

Conclusion The trusting relationships that are foundational to successful networks are built through clinical coaching, continuing professional development, and quality improvement. Currently, a collaborative effort in British Columbia is delivering a provincial program—Rural Surgical Obstetrical Networks—built on the principles and supporting evidence described in this consensus statement.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