“You wear many hats, you’re not just a doctor”: A Qualitative Study of Unique Training Needs for Rural Family Medicine Practice

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Outline

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Background

Limited research among FM physicians about competencies for rural practice

Mapping literature review – 24 articles

- Training for Rural Practice
- Training While in a Rural Location
- Training with Comparison of Rural vs. Other Locations

Longenecker et al. explored “dimensions of competence” in rural practice. No articles explored and/or systematically identified key competencies unique for rural practice.

Methods

Purposive and snowball sample of RTTC Annual Meeting 2023 attendees

2 focus groups, n=11

Questions focused on what is unique to rural practice, key competencies for rural practice, program preparation and assessment, learning experiences, and curricular adjustments

Focus groups led by a trained Qualitative Researcher and transcribed verbatim

Categories and themes developed via Inductive Content Analysis

Disagreements reconciled via discussion; codes achieved >90% agreement

Participants

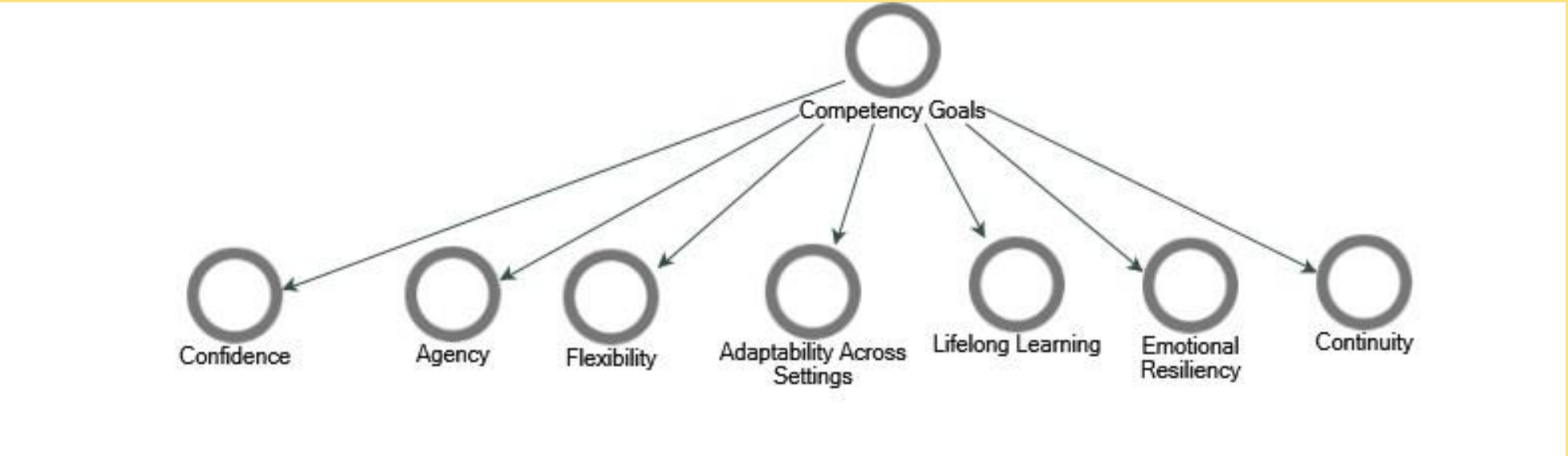
Focus Group 1: 6 participants; 5 Program Directors and 1 Resident (3rd year)

Focus Group 2: 5 participants; 3 Program Directors, 1 Program Faculty, and 1 Resident (1st year)

Results

Seven competency goals were identified, along with key features of curriculum and modes of education that could best meet these goals.

Results: Developing Competence

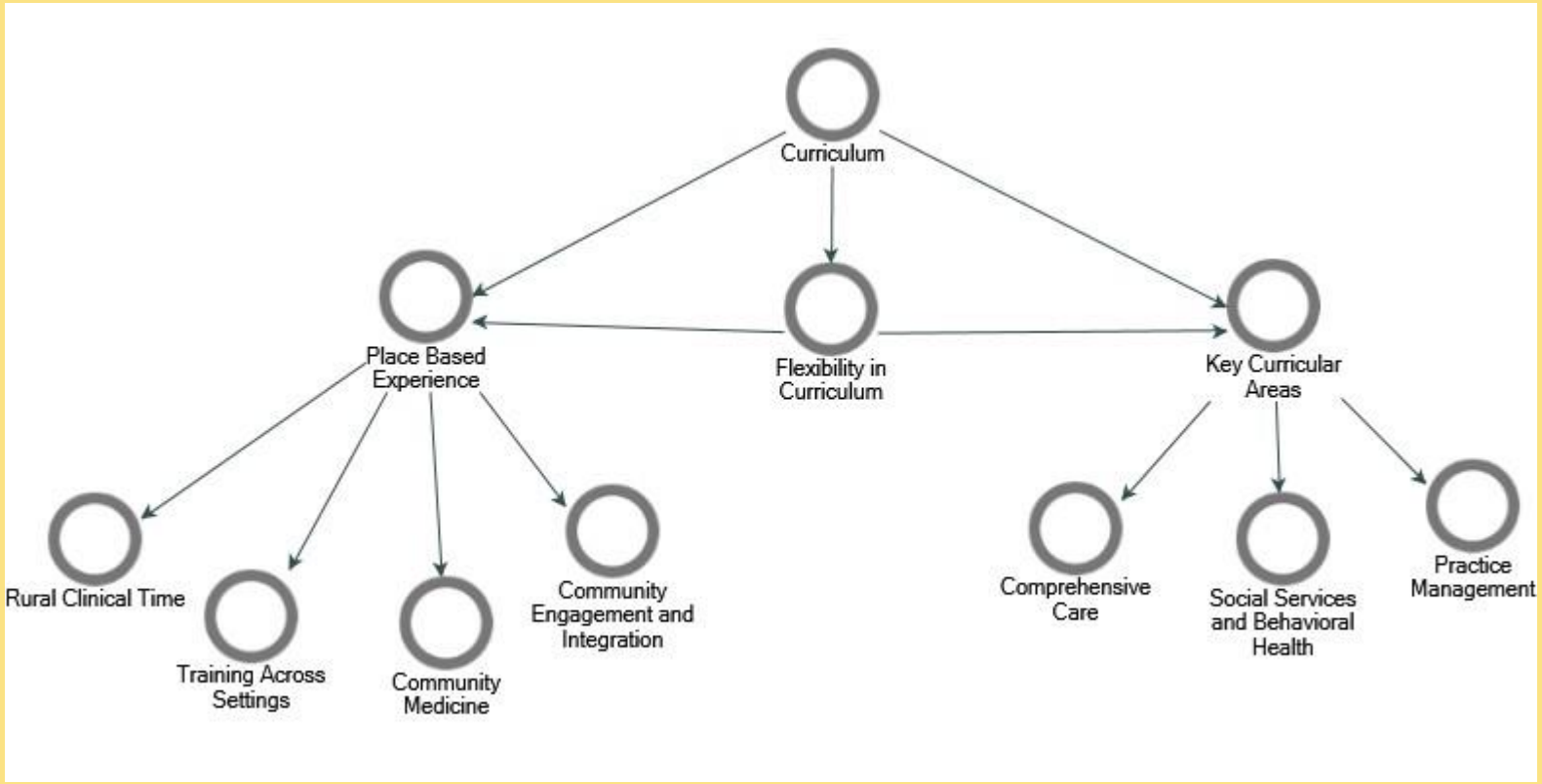


Results: Developing Competence

Competency goals were comprised of seven key components:

- Confidence
  - Application of the judgement about whether to execute an action; the courage to execute an action.
- Agency
  - Acting independently in situations that are typically handled by a team; power or responsibility placed on the physician.
- Flexibility
  - The choice to take certain actions over others, e.g. in response to limited resources or other reasons ‘prescribed’ actions are not available.
- Adaptability Across Settings
- Lifelong Learning
- Emotional Resiliency
- Continuity

Results: Curriculum



Results: Content and Context

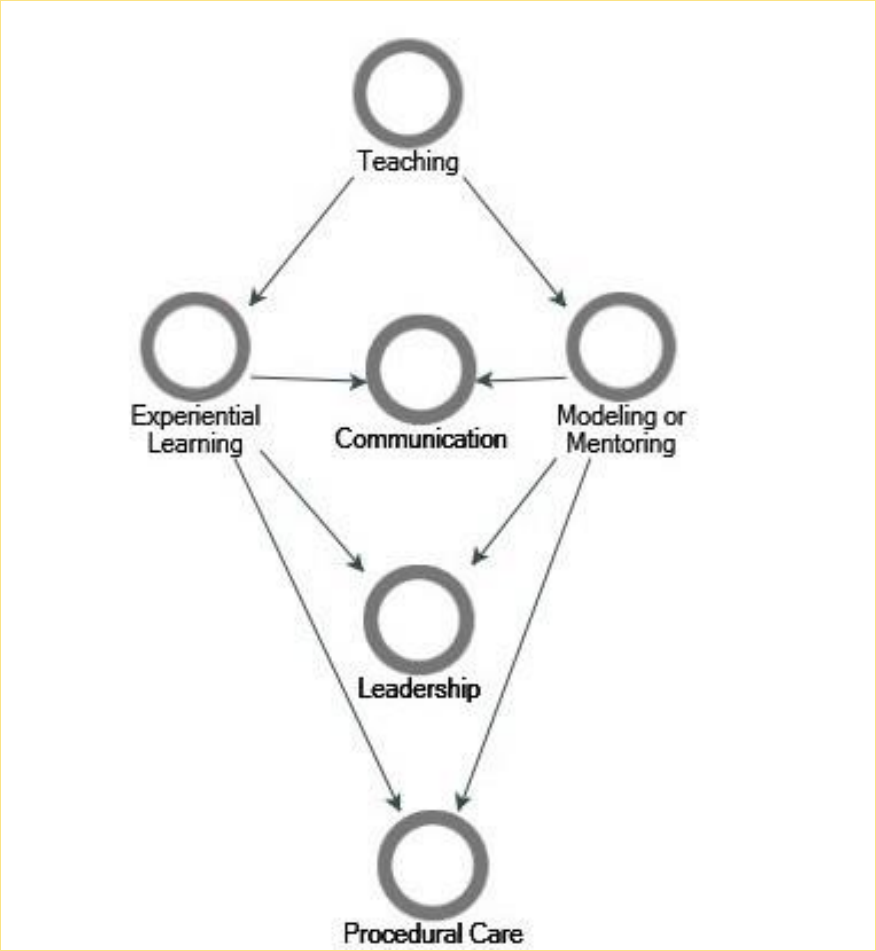
Place-based experiences, curricular flexibility, and fundamental practice topics reinforced and informed each other to form the foundations of rural-based curriculum.

- Place-based experiences emphasized the need for residents to spend time in rural communities and clinics, across a variety of settings.

- Fundamental practice topics included providing comprehensive care, understanding and integrating behavioral health services, and developing skills around practice management.

- Curricular flexibility was the central, tethering component.

Results: Modes of Education



Results: Modes of Education

Modes of education included teaching by experiential learning (e.g. supervised direct patient care), modeling and/or mentoring.

Areas identified in which both experiential and indirect teaching are utilized included:

- communication
- leadership
- procedural care

Discussion

Themes exist related to the education and training of family physicians in preparation for rural practice:

- Several areas of competency development were identified as uniquely important in rural practice settings
- Training is multi-modal: through direct patient care, modeling and mentoring
- Rural “place-based” experience was identified as a key aspect of preparation for rural practice while some knowledge and skills could be gained in a variety of geographic settings
- Curricular flexibility is necessary to achieve both curricular content and contextual learning objectives

Conclusions

Themes included:

- Competency goals focused on self-development of assets in relation to patient care and the experience of delivering patient care in a rural setting.
- Curriculum delivery requires flexibility allowing for both inclusion of key curricular areas as well as place-based experiential learning in a rural context.
- Modes of teaching require experiential learning (e.g. direct patient care) augmented by modeling and/or mentoring in areas ranging from communication to procedural care.

- Areas for further study: include research with Family Medicine physicians in rural practice to learn more about their preparation, practice and closing of gaps in training

Thank you

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