Family Medicine training during COVID-19: What was the impact on practice choice?

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Study Purpose

To explore and more fully understand early career family physicians' decision-making process in their choice to practice or not practice comprehensive care

The focus of this presentation is the Impact of COVID-19 on Family Medicine training and early career choices







Methods

Recruitment

Criteria: Family physicians practicing Family Medicine in Ontario, who completed their post-graduate (residency) training within the last 5 years.

Multiple methods of recruiting:

We reached out directly via email, fax, phone, used CPSO and other public lists; advertising, social media posts and posters – Facebook, Twitter







Methods

Study Design – Qualitative

Grounded Theory methodology

Participants

- •38 interviewed
- Female = 29; Male = 9
- Some variation in ethnicity
- Reflect all 6 residency programs in Ontario
- Practice in Urban and Rural locations







Methods

Data Collection and Analysis

- Individual in-depth interviews via Zoom
- Semi-structured interview guide
- Audio-recorded and transcribed verbatim
- Data analysis is concurrent with data collection







Findings

Overview

Two main themes reflected the impact of COVID-19 on Family Medicine training and early career choices

- Training context
- Transition into workforce







Training Context

Varying levels of COVID-19-related disruptions in training context

- Virtual care
- Fewer in-person, community and clinic opportunities
- Feeling isolated
- Mixed experiences related to building confidence







Virtual Care

'But even our preceptors had a hard time kind of supervising our phone visits because, you know, in our offices at [academic location] they have cameras in the room that would listen in to me and my patients...And now when we were doing these phone-calls, and we were told to do them from home, **they couldn't do the same supervision.**' P28

'Lots more imaging tests because **I couldn't see them inperson**...it was harder to learn and harder to get feedback from your preceptor because they weren't with you. I felt like I lost a lot of my physical exam skills because I wasn't doing them as much.' P30







Fewer In-Person, Community and Clinic Opportunities

'It (Family Medicine) became the least important thing... my whole class of Family Medicine clinics got pushed to be redeployed, got pushed to Emerge, to hospital, to inpatient care, which really just told us Family Medicine doesn't matter. And when things are rough, you guys are disposable and we're going to put you to where the actual help is needed.' P13







Fewer In-Person, Community, and Clinic Opportunities

'The pandemic did also impact the learning opportunities that were available to us ... we didn't get to do any clinicbased OB work ... I felt that had an effect ... now I'm not as comfortable with prenatal care as I might have been otherwise.' P05







Feeling Isolated

'Finishing my residency during the pandemic it was harder because our academic days went to virtual and so we weren't meeting in-person and so didn't have the ability to exam prep with my peers, my residency cohort.' P30







Feeling Isolated

'But *it [training] was isolating*, I don't feel that over the two years I got to know my core residents as well as I would have in normal circumstances. We really couldn't get together for any social events so we didn't have those outlets... It was really sad that we didn't get to have convocation or grad formal or anything to mark that transition ... I think I needed that celebration to acknowledge everything that had happened and what we had achieved and take that moment to pause and take a breath before jumping into the next thing.' P05







Mixed Experiences Related to Building Confidence

'So I could rattle off the red flags in basically any condition because I would have to ask. But I felt **a lack of confidence** about some medical skills and my procedural skills.' P21

'[I] did a lot of virtual care and so there were certain challenges in terms of practical skills, hands on physical exams and stuff like that ... at first I felt like I'm worried that I'm going to be behind the eight ball.' P6







Mixed Experiences Related to Building Confidence

' The uncertainty of training [during COVID] prepared me for being just rolling with things, both in my second year of residency, in Fellowship, as well as now in practice. You know I'm really not bothered by the things that change on a weekly basis because that was most of my residency.' P29







Transition into Workforce

 Exposed to focussed Family Medicine opportunities that were part of a larger call to action such as Vaccine Clinics and Assessment Centres

-Highly remunerated, lower stress, and often a positive environment

- -Socialization with colleagues and appreciative patients
- COVID-19 era challenges e.g. a heavy reliance on virtual care, less on-site support, adapting to a disrupted health care system







Focussed FM Opportunities

 Vaccine Clinics and COVID-19 Assessment Centres were highly remunerated, lower stress, and often a positive environment.

'It was pretty mundane work actually – very repetitive ... I didn't need to work through diagnostics, or differentials, or what are we going to do about this and that? It was very algorithmic, **very straightforward** and it was actually **quite refreshing.'** P19







Focussed FM Opportunities

 Vaccine Clinics and COVID-19 Assessment Centres: highly remunerated, lower stress, and often a positive environment

'And **no In-box time**. You left [the clinic], you wiped your hands and you said, "Good-bye," and you billed for every single hour that you worked... Being **able to make more** than double what I make in a month, over the course of a weekend...And doing the vaccine work was such **lowstress work**, but such **rewarding work** getting people vaccinated.' P16







Focussed FM Opportunities

 Vaccine Clinics and COVID-19 Assessment Centres: Socialization with Colleagues and Appreciative Patients

'I have to say that the Vaccine Clinics especially, were really lovely because I felt like you had this **feeling of everyone coming together**. You got to meet a lot of other providers from the community. You felt like you were all supporting a common goal. And the community was so **grateful and responsive and really recognized** the efforts that were being made. So I felt that was – it was quite a **rewarding experience**.' P19







COVID-19 Era Challenges

e.g. A heavy reliance on virtual care, less on-site support

'In practice-So when I started off I was almost doing **50-50 virtual care** and in-person care... **we lost a lot of staff** and so we couldn't support all of our doctors coming back in person ... all the extra work that comes with cleaning the rooms because you start seeing sick patients with the precautions.' P28







COVID-19 Era Challenges

e.g. A heavy reliance on virtual care

'So when I started my own practice it was actually all virtual. So that was quite difficult because then I was starting a practice from zero, and it was over COVID so I was meeting everybody virtually, and most of these people it was just like phone calls. So I was taking them under my care and actually hadn't seen them face-to-face.'P37







COVID-19 Era Challenges

e.g. Adapting to a disrupted health care system

'COVID really threw a wrench in everything – in the sense that I was practicing a lot more comprehensively before and then we really shut down in-person and then we were doing a lot more to just damage control and slow burn - just trying to put out fires, I guess I'm trying to say – instead of being more proactive. I think we're still even now trying to catch up.' P20







Conclusions

- Findings reveal the impact of COVID-19 on trainees and new graduates at a critical point in professional identity formation.
- Disruptions in both training context and the health system presented challenges to comprehensive Family Medicine care and offered alternative practice choices.
- The findings have implications for educators and health workforce planning and need further exploration to ensure comprehensive Family Medicine remains a viable choice going forward.







Questions / Comments?





