What Affects Success in Family Medicine Maternity Care Education Programs? A Qualitative Exploration

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  • I will not be discussing any products
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The context

• Family Physicians providing intrapartum care declining
• Programs struggling to graduate residents competent and confident in maternity care
• CFPC requirements
• Triple C Competency Based Curriculum

Why did we do this study?

• To explore how success is understood in Family Medicine Maternity Care education programs
• What factors affect success?

Why are we presenting this study today?

• Teaching FM mat care is challenging as it is
• In addition, FM educators are now challenged to integrate triple C
  • Resident competency in intrapartum care = success
• It speaks to our common experience
• Supported by Slaight foundation
**Methods**

- Semi-structured, in-depth telephone interviews
- Purposive sample (N=18):
  - Departmental leads and site directors
  - 6 FM residency programs in 5 provinces
- Team: 4 FP mat care providers, 1 Qualitative Researcher
- Interpretive thematic analysis

**What Is Success?**

- Competence
- Commitment
- Sustainability

**What factors affect success?**

- Clinical exposure – quality and volume
- Presence of FM role models
- Educational program supported at multiple levels
- Family medicine friendly hospital
- Supportive Community of practice

**Clinical exposure – quality and volume**

- “I think you need to have been doing lots and lots of deliveries”  [P13, S4]
- “So, remove the number... and base it on demonstration of competency”  [P8, S3]

...“So I don’t think numbers are as important as the kinds of experiences they’re exposed to.”  [P7, S2]
Presence of FM Role Models

- Competence
  - Low risk ob – within scope of FM
- Passion and enjoyment of practice
- Sustainable practice
  - Models of care - call groups, shifts
- Work-life balance

Role Models

Modeling competence

“...the more exposure there is to family doctors doing obstetrics, the fact that they do a good job, and they know what they're talking about, then the more likely they (the residents) are to accept or at least consider that this is something that would be valuable”[P18,S6]

Modeling passion/enjoyment of FM maternity care

“...they have to be in an environment with people that love what they do”[P2,S1]

Modeling Sustainability

“...they'll meet people who do obstetrics in any kind of way you can possibly think of, which makes it very flexible for them to think about how they can incorporate it into their lives”[P17,S6]

Modeling Work-Life Balance

“It's about seeing someone at a more advanced stage of their career, who has managed to figure out how to do this, how to balance having kids, or having a spouse, or liking to travel......... And showing them how you can have those things and still practice obstetrics at the same time”[P12,S4]
Educational program supported at all levels

- Supportive Infrastructure
- Leaders and champions
- Support from FM colleagues

Supportive infrastructure

“Money is the lever that the Chairs and the Chiefs have to make things happen......By making sure that there is adequate financial allocations, that sends a signal about the priority of the program to everybody. And it also makes infrastructure support possible to run the program effectively.” [P12, S4]

Leaders and Champions

“You need peer support and you need your chief to get it. Even if the chief doesn’t do Ob, the chief has to make sure that he or she really understands the issues.” [P11, S4]

Support from within FM

- “So we often are a little bit less predictable people to have around and we run off, and our colleagues are fantastically supportive of helping us out and taking care of whatever mess we leave behind if we run off” [P17, S6]

Family Medicine Friendly Hospital
**Family Medicine Friendly Hospital**

- Acceptance by the multiprofessional team (clinical and educational)
- Presence of FM
- Low risk program
- Supportive hospital infrastructure

**Acceptance by the Multiprofessional Team (Clinical and educational)**

“The team, the whole team, needs to be supportive of the program and respectful of the relationships and understand the purpose of why the resident is there” [P4, S1]

**Presence of FM**

“We have two hospitals that are both very family practice-friendly...they do have obstetricians on call but, really, the obstetrics is run by the family doctors ... and so, when the resident goes, they feel, I'm going in here training to be one of these core people, this isn't peripheral.” [P3, S1]

**Low risk program**

“..... spending enough time around low risk, normal, healthy women having low risk, normal, healthy births, that they (residents) don't view all births as medical disasters waiting to happen and all obstetrics as risk management” [P12, S4]

**Supportive hospital infrastructure**

- Supportive CEO
- Separate division of FM credentials itself
- Generous allowance for FM obstetric volume
- FP’s practicing within their full scope (i.e. no mandatory consultations)
- Inclusive committee and educational structure

**Supportive Community of Practice**
Community of Practice

- For new grads - to develop competence
- For colleagues - the maternity care community

Support For New Grads

“...And lots of people do this, here’s my pager number, here’s how you reach me. I will help you. I will support you........ saying we’re here, we’re available, we’ll help you” [P17,56]

Support For Colleagues/the Maternity Care Community

“I was one of those people who really liked to delivery his own babies, but the reality is my life is quite a bit better when I do it this way. And the reason that motivated me was because the residents said they wouldn’t do what I was doing.” [P4,51]

Discussion

- General themes:
  - Clinical exposure - quality and volume
  - Presence of FM role models
  - Educational program supported at multiple levels
  - Family medicine friendly hospital
  - Supportive community of practice
- Able to explore more deeply

Maternity Care and the Triple C

- Evaluation of competence vs “numbers”
  How to do this?
  What is the reality?

Maternity Care and the Triple C

- Role modeling sustainable models of care
- Challenges our notions of continuity of care (part of triple C curriculum)
Maternity Care and the Triple C

- Supported educational program and family medicine friendly hospital
- Centred in family medicine

Maternity Care and the Triple C

- Developing competence and confidence
- Support for new grads
- Clinical support and community of practice

What is success?

- How can we use this information to inform how we teach?
- Different depending on your role
- How does this set up rest of forum?
  - Network re different programs
  - Teaching techniques
  - Definition of competence in FM maternity care
  - Evaluation of competence
  - Accreditation

What is success?

“I’m ecstatic that the residency program is contributing to the expansion of the number of people doing intrapartum obstetrics here.” [P4,S1]