

## Besrouer Center for Global Family Medicine

### Poster Presentation Besrouer/FMF 2020

#### **Title: Family Medicine residency remediation program: perspective of former remediated residents**

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**Background:** The development of evidence based and effective remediation programs in post graduate medical education is an increasing area of research interest by educators, programs directors, programs and licensers. There is however, a dearth of research from the perspective of remediated residents about their experience. This study intends to contribute to remediation programs knowledge and evaluation in medical residencies.

**Methods:** Qualitative study of 6 semi-structured interviews of practicing family physicians who underwent successful remediation. Super themes related to the historical flow of pre-residency, residency and post-residency periods were defined and submitted to intra and cross-case interpretative phenomenological analysis.

**Results:** Desire for achievement and geographical life movements characterized the lived pre-residency period. Pre-existing isolation, disclosure and mental and serious health issues impacted the lived experience of remediation. Among various influencing factors, strong professionalism and identity issues were at play during residency and remediation lived experience. Resident-centered and supportive attitude of staff with contribution of wellness, psychological and external peer-support groups, were part of a positive remediation lived experience. Negative lived experience led to unproductivity in the utilization of the program aids and to an overall negative rating after residency. Positive post-remediation and residency period were characterized by sense of gaining control over life, of compassion for those in need, of gratefulness for having been helped and respect for the standards of profession. Unanticipated negative impacts were lived on licensing, early career trajectory orientation and financial gains and on access to academic career.

**Discussion:** Remediation lived experience seems to align with findings of existing literature. Factors that interfere in the process of remediation have impact on deep personal levels, making it a challenging and potentially life transforming experience or profoundly negative and unresolved one, on the personal level. Unexpected consequences of the lived experience of the remediated were found, as the need for external supports to complement the internal existing programs supports and the debriefing positive effect of interviews. However, there was an observed lack of structured peer-support, related to a perceived faculty concern with confidentiality and a perceived understanding of the use of stretched resources. Factors related to personality and family of origin dynamics seems to be implicated in the likelihood of being indicated to remediation while doing residency in family medicine.

**Conclusion:** Insights of former trainees can be useful in designing and evaluating residencies and remediation programs. This study orients to the need of further studying the place deserved to structured peer-support, as oriented by existing literature; the licensing, early and long-term effect of remediation on financial and career orientation issues, as well as the factors related to personality and family of origin risk factors that may be implicated in the indication of remediation during post-graduate medical education studies.