

THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA

Proceedings from

The College of Family Physicians of Canada

Undergraduate Education Retreat on Advancing Generalism



GENERALISM EDUCATORS
ADVANCING GENERALISM SPECIALIST
SOCIAL ACCOUNTABILITY FAMILY MEDICINE CARE
GENERALIST LEADERSHIP COMMUNITIES
UNDERGRADUATE FAMILY PHYSICIANS SPECIALTIES
LEADER CONTEXT **TEACHING**
LEARNING

January 15, 2020



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Executive Summary

The College of Family Physicians of Canada (CFPC)'s Undergraduate Education Committee (UGEC) invited undergraduate educators and leaders from Canada's 17 medical schools to attend the Undergraduate Education Retreat focused on advancing generalism in undergraduate medical education (UGME).

The retreat marked the first time in history that thought leaders in Canadian undergraduate medical education came together to engage in a conversation about advancing generalism. Participants are commended and thanked for their inspiring contributions, active engagement, and palpable enthusiasm. It was clear that the right people were in the room.

A wealth of information was shared through presentations by students, medical school deans, undergraduate family medicine leaders and educators, and medical education leaders from the CFPC, the Association of Faculties of Medicine of Canada (AFMC), and the Committee on Accreditation of Medical Schools (CACMS). Facilitated table discussions enabled participants to share challenges, identify innovations, and highlight tangible opportunities to advance teaching and learning generalism in medical schools.

As evidenced in the report proceedings, participants clearly recognize the value of family medicine and other generalist specialties in advancing generalism in UGME. Many ideas and themes recur numerous times through the activities of the day. The retreat provided evidence of the current national thinking on advancing generalism and calls to action locally and collectively.

This report highlights best practices for generalism: outcomes, structures, processes, content, and context considerations in the areas of social accountability, admissions, curriculum, faculty and community engagement, and accreditation (see Appendix B for a summary of these best practices).

Participants also suggested the possible roles of undergraduate deans, chairs of departments of family medicine, and the UGEC in advancing generalism (see page 15).

Finally, summaries of the retreat from various stakeholder representatives left participants with clear calls to action:

- Highlight the importance of teaching generalism in classrooms and offering teaching opportunities by both generalists and specialists, explicitly valuing the contribution of both
- Recognize and provide additional and ongoing support for distributed learning with distributed medical education campuses and teaching sites as ways to enable teaching generalism and provision of generalist care across disciplines
- Develop, and carefully implement over time, strategic engagement with deans, government leaders, medical school leaders, students, and others to shift the culture of medical school to support and value generalism
- Address the hidden curriculum that devalues family medicine
- Advocate for generalism in medical schools and the necessity of changing admission criteria, creating a new curriculum that is consistent with generalism and generalist practice to produce physicians able to provide comprehensive medical care

The UGEC commits to doing its part to pursue excellence in generalism in Canadian undergraduate medical education. We call on the participants of this retreat as the national thought leaders on generalism to join us in this commitment.

About the College of Family Physicians of Canada

The CFPC represents more than 38,000 members across the country. It is the professional organization responsible for establishing standards for the training and certification of family physicians. The CFPC accredits postgraduate family medicine training in Canada's 17 medical schools and makes decisions related to certification in family medicine. It also reviews and accredits continuing professional development programs and materials that enable family physicians to meet and maintain certification and licensing requirements. As the largest generalist specialty in Canada, it has a significant role in supporting the development of generalist family physicians, leveraging their participation in the delivery of medical education and provision of health care.

About the Undergraduate Education Committee

In addition to its accrediting and certifying roles, the CFPC is the voice of family physicians in Canada, providing advocacy and support for family physicians to carry out their roles in Canada's health care system. One key community within the CFPC is the Section of Teachers (SOT). The UGEC reports to the SOT with the following mandate:

1. To provide the CFPC with an expert group to provide strategic guidance on MD education and medical student matters, and champion undergraduate education initiatives, including the promotion of family medicine as a top choice for medical students;
2. To advocate for the expansion of an MD curriculum in generalism, and social accountability towards underserved populations;
3. To develop initiatives that position local undergraduate family medicine educators as leading generalist consultants for MD program governance and curriculum design; and
4. To generate support for local undergraduate family medicine educators in developing and delivering dynamic formal and informal curricula to prepare students for any discipline they choose to enter, particularly in family medicine.



Dr. Francine Lemire, Executive Director and Chief Executive Officer of the CFPC, welcomed participants to the Retreat and reminded them of the need to enhance collaboration at all levels to improve generalism in the undergraduate curriculum.

The Undergraduate Education Retreat

The UGEC hosted an undergraduate education retreat on January 15, 2020 to explore how family medicine teachers could help support medical schools in their quest to advance generalism and social accountability in their curricula. Ninety-eight medical educators and medical education leaders representing the 17 medical schools in Canada were invited to the Retreat (see Appendix A for a list of participants). Through plenaries and table discussions, all in attendance engaged in energetic dialogue. The UGEC shared its desire to be a key partner, leader, and active participant with medical schools to advance generalism in undergraduate medical education.

After an acknowledgement to recognize the Indigenous Lands where this retreat was held, Dr. Maria Hubinette, the UGEC chair, welcomed attendees to the retreat and shared the objectives and the day's agenda.

Undergraduate Education Retreat Objectives

- To describe a collective vision for teaching and learning generalism in UGME
- To describe current innovations, opportunities, and challenges around teaching and learning generalism in UGME
- To discuss how family medicine (the UGEC) can support teaching and learning generalism in UGME
- To consider the CACMS accreditation standards for generalism
- To prioritize solutions and next steps in advancing generalism

Why Generalism, Why Now?

Opening statements

Dr. Hubinette opened the day's discussion with working definitions of generalism and generalists. It is important to note that while family medicine exemplifies generalism, other specialties also embrace generalism.

- "Generalism is a philosophy of care that is distinguished by a commitment to the breadth of practice within each discipline and collaboration with the larger health care team in order to respond to patient and community needs."¹
- "Generalists are a specific set of physicians and surgeons whose core abilities are characterized by a broad-based practice. They diagnose and manage diverse, undifferentiated, and often complex clinical problems, and provide a comprehensive range of services. Generalists also have an essential role in coordinating patient care and advocating for patients."¹

She then reviewed the social accountability mandate of Canadian medical schools, which is to educate physicians prepared to meet the current and future health needs of people living in Canada. This mandate aligns with CACMS Standard 1.1.1² Social Accountability defining the commitment of medical schools to address the priority health concerns of the populations it has a responsibility to serve; and CACMS Standard 6.4.1 Context of Clinical Learning Experiences, which indicates that each medical student must have broad exposure to and experience in generalist care, including comprehensive family medicine. Clinical learning experiences for medical students occur in more than one setting, ranging from small rural or underserved communities to tertiary care health centres.

Why address generalism now?

Medical education in Canada has been focusing on the importance of supporting teaching generalism, not only in UGME, but also in postgraduate education. For example, the Postgraduate Medical Education (PGME) Collaborative Governance Council developed a *Report on generalism in postgraduate medical education*, released in 2018.³ The CFPC and the Society of Rural Physicians of Canada (SRPC) developed the *Rural Road Map for Action*, which included recommendations about the need to support extended competency-based generalist training in rural communities.⁴ And the *Future of Medical Education in Canada (FMEC): A Collective Vision for MD Education (FMEC-MD)* report—first released in 2010 and updated in 2015—highlighted the need for generalist training and progress made in incorporating it into medical schools.^{5,6} An opportunity to further consider progress made advancing generalism will be led by the Association of Faculties of Medicine of Canada (AFMC) in its updated review of FMEC-MD in spring 2020.

As the UGEC begins developing its new strategic work plan, a retreat was a timely way to bring together medical school educators and leaders to determine gaps and identify opportunities for the UGEC to address, promoting a more collective strategic approach with partners. The UGEC hopes that a better defined role of family medicine teachers and family medicine education undergraduate leaders will be articulated and more targeted approaches to address generalism teaching can be implemented. To leverage the role of family physicians as generalists working and equally valued with physicians who chose Royal College of Physicians and Surgeons of Canada (Royal College) specialties, the hope is that a culture shift is possible and medical education will reflect valued contributions of both in health care delivery in Canada. Much has been done in medical schools across the country with departments of family medicine and other generalist specialties to advance generalism; however, sharing these innovations has not been optimized and more can be done.

What do we know about the state of generalism in Canada's medical schools?

Results from the pre-retreat survey

A pre-retreat survey was distributed to encourage participants to: i) reflect on their understanding of generalism in their medical schools; ii) share what is working well in generalism teaching; iii) discuss what could be better optimized in the future; and iv) optimize the role of family medicine in advancing generalism.

Participants advocated for generalism and the need for more family medicine/generalist teacher involvement in medical schools. They identified the implicit nature of generalism in family medicine and the skill set generalists have with managing uncertainty and ambiguity. While many participants see themselves as teachers and role models who demonstrate the values of generalism to their students and address the hidden curriculum, some indicated that generalism can be further enhanced in medical schools.

Participants identified specific curricular domains within their medical schools in which generalism is thriving. For example, early exposure to family medicine and generalist practice, longitudinal clinical experiences in communities, rural family medicine clerkships, and distributed education contexts. Some respondents articulated that it is the responsibility of UGME to graduate well-rounded students who are well equipped to continue in any specialty including family medicine. Some schools have embraced a social accountability mandate and aligned curriculum and program delivery to be consistent.

The survey results demonstrated that while generalism is not valued equally throughout all medical schools, it is effective when there is support from family medicine and medical school leadership. The need for family medicine champions, especially in distributed and community settings, was also recognized as important. In addition, many felt it was important to have visible family medicine role models, teachers, and leaders, including co-teaching alongside sub-specialist colleagues.

Some participants commented that medical schools don't fully understand what it means to meet the health care needs of the population it serves, and how to operationalize this ideal. The need for increased accountability was emphasized by some participants. Participants identified the need for a culture change in medical schools in which the value of generalism would be evident in mission statements, admission policies, curriculum objectives, and

faculty engagement practices. A clear vision of social accountability was identified as an important tenet of medical schools with a commitment to ensure that, through their medical education, learners see the patient as a whole, with awareness of factors that affect their illness experience, and that the needs of the community are recognized.

Human and financial resources are required to address the need to advance generalism in medical schools. Including department of family medicine faculty and other generalists on admissions, curricular development and overview, evaluation, student assessment, leadership roles, and committees is necessary to champion the drive for generalism in medical education. Appropriate support and remuneration is required for generalist teachers, especially those in community and rural practices. Stakeholder partnership—including departments of family medicine, UGME/deanery leadership, communities, medical organizations, government, policy makers, patients etc.—will further help realize the goal and ensure that generalism in medical school thrives.

What do medical students think about generalism’s role in their medical education?

To ground the retreat’s purpose in identifying how best to advance generalism in medical education, the perspectives of medical students started the day. Three students spoke, each with different perspectives. Chantal Valiquette, Jillian McCarthy, and Léa Dancause-Lavoie shared stories describing the value of learning from generalists in generalist contexts (e.g., family practice in rural care and the important lessons learned about the holistic generalism approach needed to address the patient in their environment). They agreed that generalism is critical for students to acquire a broad foundation of knowledge, skills, and attitudes for practising a patient-centred approach to care. This reinforces the perspective that both generalists and specialists are valuable for providing health care. They stressed the importance of introducing a generalist philosophy at the beginning of their medical education, which continues throughout their training with multiple experiences from family physicians, especially those in rural contexts. The students also highlighted the ongoing hidden curriculum that minimizes the role of family doctors and the lower value placed on decisions to enter this field of medicine. The medical students identified the importance of role modelling of faculty preceptors and leaders, demonstrating the importance of family physicians and other generalists in the delivery of patient care.

“...changing the current mentality in medicine will take time...it is important to introduce a generalist philosophy to students at the beginning of their medical education, to accelerate this shift in mindset.” (Léa Dancause-Lavoie)

What do medical education leaders think about generalism’s role in medical education?

Dr. Jay Rosenfield—Medical Council of Canada President, Vice-Dean Medical Education at Western University, and one of the key authors and leaders of the AFMC’s *Future of Medical Education in Canada FMEC-MD* project—highlighted the importance of good exposure to generalism for medical graduates completing undergraduate education.

“... broad consultations beyond medicine ... with the public, senators, representatives in the house of commons, business leaders, young leaders in many fields ... all recognized that the foundation for physicians is that they are generalists ... expectation by the public that all doctors can help with any problem ...” (Dr. Jay Rosenfield)

Cognizant that much had been done in terms of the uptake of the FMEC-MD recommendations related to social accountability and the learning environment in family medicine and generalism, Dr. Rosenfield pointed out the five-year post-release FMEC-MD Report and how more had been accomplished.

Dr. Shirley Schipper, CFPC President and Vice-Dean Faculty of Medicine University of Alberta (U of A), focused her remarks on the importance of generalists in the context of provincial physician resource planning, with the challenge of the maldistribution of family physicians and physicians moving away from comprehensive generalist care to more focused practices. Dr. Schipper emphasized the need for a collective approach to supporting generalists and teaching generalism as a key benefit for patient care. To address social accountability in this country, including access to care in rural and remote communities, a generalist pipeline is needed.

“... invite more students to learn generalism, train students where they’re from as long as possible ... more distributed sites ... rural and remote programs for all generalists ...” (Dr. Shirley Schipper)

Table Discussion: What would be possible if medical schools could offer every medical student an effective generalist curriculum?

- Change in attitude and perception of the value of generalism in health care and its importance in medical education
- Support for and greater numbers of generalist practice learning opportunities, especially in rural areas
- Exposure to generalists providing generalist care in formalized medical education curricula, which could include longitudinal integrated learning across the trajectory of medical school training (early to late) to enable learners to see how illness manifests over time
- Increase the number of (appropriately supported) electives offered in rural communities that are encouraged
- Shift toward more domain-specific or case-based learning versus diagnosis- or problem-based learning, to reflect authentic scenarios seen by generalists, which are often ambiguous and without definitive solutions
- Add teaching by generalists or co-teaching between generalists and specialists in medical school in order to role model the importance and value of generalists, and reverse bias against generalists that may exist within the hidden curriculum
- Internalize what generalism means so that it can be applied in patient-centred care
- Increase the hours spent with generalists for learning in medical school, including longitudinal clerkships and pre-clerkship hours in family medicine settings including rural settings

Table Discussion: What differences would we see if a generalist curriculum were implemented across all medical schools?

- More students interested in generalist specialties
- Adaptive expertise as a key competence of generalists more explicitly taught to help learners see how family physicians adapt and respond to emerging needs of patients and populations
- More patients stating they receive more patient-centred, holistic care by physicians
- A shift in the hidden curriculum, and more valuation of generalists versus specialists
- More collaboration, communication, and coordination between disciplines in teaching the curriculum in medical schools—less discipline-specific silo approaches (e.g., cardiac education taught not only by cardiologists, but cardiologists with family physicians)



Dr. Jill Konkin, U of A, Dr. Martina Kelly, University of Calgary (U of C), Dr. Lyn Power, Memorial University of Newfoundland (MUN), and Dr. Risa Freeman and Dr. Melissa Nutik, University of Toronto (U of T), provided short presentations, similar in style to TED Talks.

- Public opinion shifts on the value of generalists versus specialists
- More physicians embrace a generalism philosophy

What does a generalist curriculum look like?

A panel discussion provided examples of what is already occurring in medical schools highlighting how generalism can be taught by generalists including family physicians, in the contexts where they typically work.

Teaching generalism as a philosophy and care provided by generalists

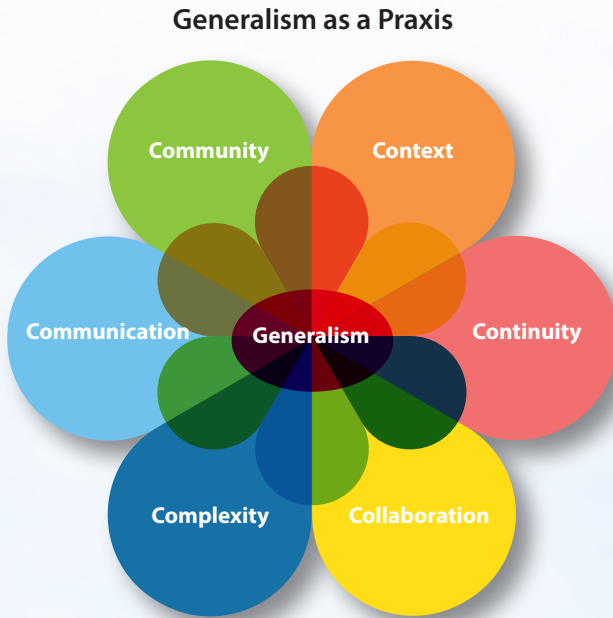
Dr. Konkin led the panel by describing generalism. She reminded participants that there is a difference between being a generalist and providing generalist care. Some generalists no longer provide full-spectrum care but they, like specialists, may provide care using generalism philosophies. The collaboration between specialists and generalists within the health care system is a partnership that provides the most benefit to population health.

- Generalism is a philosophy that reflects a holistic approach to care, with a commitment to a broad scope of practice founded upon collaboration with patients and colleagues.
- Generalist practice is a specific subset of physicians with a broad scope of practice. It includes patient-centred care and continuity of care, and requires more integration with other generalist colleagues in the coordination of care across disciplines and social systems. Generalist practice is adaptive.
- Teaching generalism requires role models who both teach and demonstrate generalist care. As leaders and teachers, the content, context, and communication must be integrated to make a difference and enable the generalist-specialist continuum to re-balance.

“Students must be able to experience generalism, generalist practice, and specialist practice, and determine where they are on the continuum.” (Dr. Jill Konkin)

Key elements of a generalist curriculum

Dr. Martina Kelly and Dr. Lyn Power described what a generalist curriculum would look like through a family medicine lens. They discussed the care provided by generalists as a practice approach. Leveraging concepts from the CFPC's Triple C Competency-Based Curriculum for post-graduate family medicine education, they presented their "Six C's Concept" for a generalist curriculum in undergraduate medical education.⁷ Each of the following six concepts represents a key element that helps to distinguish what would be included in a generalist curriculum:



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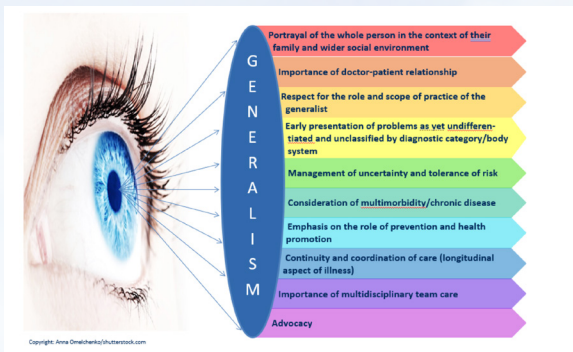
Dr. Power discusses the care provided by generalists as a practice approach.

- **Context:** A curriculum would highlight the role of the generalist as a context specialist versus a content specialist. Generalists are experts that see the big picture and integrate content with context (e.g., incorporating patient-centred care and social accountability).
- **Complexity:** A generalist curriculum would include the presentation of patients' health issues that reflect multi-morbidity and complexity that changes over time. These can be seen in classroom and clinical settings.
- **Communication:** A generalist curriculum would be aware of the language used verbally, or in writing and read by learners, that may unconsciously reflect biases against the practice of family medicine. Attention would be focused on illuminating the hidden curriculum or the notion of othering, promoting instead physicians working together, with a collaborative vocabulary that describes the valuable role of generalists.
- **Continuity:** A generalist curriculum structures learning that spans the length of medical school, allowing flexibility in the students' schedules to follow a set of patients over time.
- **Collaboration:** A generalist curriculum emphasizes the importance of co-teaching between generalists and specialists to ensure both the generalist and specialist contributions are clearly articulated and highlighted in learning opportunities.
- **Community-based:** A generalist curriculum offers learning within the context of the community, with learning outside the hospital or depicting patients in more ambulatory, clinical/rural environments.

Reviewing cases for generalism principles

Dr. Risa Freeman and Dr. Melissa Nutik shared historical information about what happened across Canada to advance teaching generalism from the time of Dr. Ian McWhinney's visionary work that transformed family medicine worldwide to the present time.⁸ They introduced a framework developed by the U of T, describing the key elements of generalism to consider when developing and assessing materials for including generalism in our education programs. This framework led to the development of the Toronto Generalism Assessment Tool (T-GAT; Nutik M, Woods NN, Moaveni A, Owen J, Gleberzon J, Law M, et al. *Assessing Undergraduate Medical Education Through a Generalist Lens*, unpublished manuscript, 2020), which provides a lens to analyze curricular materials and determine the extent to which the patient scenarios reflect a generalism orientation (i.e., the portrayal of the whole person in both their family and the wider social environment). The T-GAT was used to study the new Foundations Preclerkship curriculum cases at the U of T in 2016/2017. The cases were examined to assess for the inclusion of the following generalist principles:

- Portrayal of the whole person in the context of their family and wider social environment
- The critical importance of the doctor-patient relationship
- Respect for the role and scope of practice of the generalist providing care
- Early presentation of problems that may be undifferentiated and unclassified by diagnostic category/body system
- The need to manage uncertainty given undifferentiated health problems, and the ability to tolerate risk
- Consideration of multi-morbidity/chronic disease/complex patient cases
- Emphasis on the important role for the generalist approach to prevention and health promotion
- The need for continuity and coordination of care (longitudinal aspect of illness)
- The importance of multidisciplinary team care
- The role of the generalist as health advocate



Dr. Freeman and Dr. Nutik further shared information about the national study that is employing the T-GAT, to evaluate pre-clerkship cases for generalism principles across all medical schools.

Toronto - Generalism Assessment Tool (T-GAT) for Curricular Materials

Family & Community Medicine
UNIVERSITY OF TORONTO

Date:
Reviewer:
Curricular Material:

	Not at all 1	2	3	4	Extremely 5	Not applicable
1. Is the content of the case relevant to and reflective of the common problems seen in a primary care setting?						
2. Are the key elements of Generalism highlighted in the case as currently described?						
Portrayal of the whole person in the context of his/her family and wider social environment						
Importance of doctor-patient relationship						
Respect for the role and scope of practice of the generalist						
Early presentation of problems as yet undifferentiated and unclassified by diagnostic category/body system						
Management of uncertainty and tolerance of risk						
Consideration of multimorbidity/chronic disease						
Emphasis on the role of prevention and health promotion						
Continuity and coordination of care (longitudinal aspects of illness)						
Importance of multidisciplinary team care						
Advocacy						
3. Overall, please rate the portrayal of Generalism in the content of the case						
4. Comments:						

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Table Discussion: What is currently happening across Canada related to teaching generalism?

After the panel discussion, participants were asked to share innovative examples of teaching generalism across medical schools, and to uncover key challenges faced in the implementation of a generalist curriculum.



1. Innovations in teaching generalism within a generalist curriculum

- Residents in family medicine or other generalist specialties are given opportunities to teach, and do so with enthusiasm, role modelling their commitment to generalist practice to medical students
- Longitudinal integrated electives are offered to medical students in order for them to follow a small panel of patients, connected with family medicine teaching clinics, throughout their medical school years
- Didactic and case-based teaching using more holistic approaches reflective of generalist care (similar to the T-GAT)
- Continuity of care is highlighted with students following patients in their homes or in the community to see the illness in context
- Recruitment and retention strategies exist that reward, award, and formally and meaningfully appreciate generalist faculty/teachers for their contributions
- Generalists from family medicine and other specialties are named as leaders or members of undergraduate education committees at medical schools; this role modelling of generalists in leadership roles helps to counter hidden curriculum messaging
- Some medical schools purposefully highlight the hidden curriculum through readings, assignments, or discussions to enable learners to explicitly be aware of it when it is happening
- Community-based and rural generalist preceptors receive teaching schedules that are clustered with more time allotted, if necessary, to enable them to have the fewest disruptions to their clinical times
- A rural generalist pathway is being developed at some schools and offered to medical learners who have a career trajectory that reflects generalist practice in rural environments

2. Challenges advancing generalism in medical schools

- Generalism is not valued or considered a high priority in medical schools. Despite the continued call for more generalism teaching, a change in culture is necessary to embrace the value of both generalists and specialists.
- Leadership in particular must support the integration of generalism into the curriculum with time, money, and people resources

3. Best practices for advancing generalism in medical schools

- A consistent definition of generalism used by medical schools and agreed to by faculty
- Generalist clinicians recognized for their contributions in teaching (including in clinical and classroom settings) and leadership; increase the number of generalists who are teachers in academic centres and demonstrate how their knowledge and skills, and approach to care, is valued
- Resources supporting generalism teaching provided by medical schools
- Hidden curriculum that devalues family medicine is acknowledged and the medical school takes steps to address generalists not being treated equitably with specialists
- Admission criteria and other policies that value generalist competencies and roles are considered by the medical school; family physicians and other generalists play a role on admission committees
- Change accreditation wording to reflect the need for generalism teaching and generalism skills to be role modelled and supported by medical school leadership
- Curriculum within medical schools is more domain-based as opposed to medical discipline-based in order to promote teaching by more diverse groups (e.g., care of adults versus internal medicine; maternity and newborn care versus obstetrics and gynecology)
- Recognition of the differences between being a community-based and facility-based clinician teacher with respect to scheduling teaching and committee meetings, remuneration, etc.



4. Opportunities to advance generalism in medical schools

- Enhance faculty development opportunities to include participation across disciplines, bridging the gap between specialists and generalists to diminish silos
- Require continuing professional development (CPD) accreditation guidelines to support generalism principles and not support learning that reflects bias toward specialist care
- Support and increase the number of distributed medical education campuses and/or teaching sites that offer generalist learning opportunities, not only in family medicine but across other specialties (e.g., internal medicine, pediatrics, general surgery, etc.)
- Develop networks of teaching communities, connecting them with the university but ensuring they feel like they are part of a hub
- Ensure infrastructure to support academic activities within the community is negotiated to support community and distributed clinical teaching sites
- Encourage generalist colleagues to be role models to learners who are exploring family medicine
- Identify and work with allies who believe in the power of generalism and are willing to use clear and helpful language when speaking with politicians, community leaders (e.g., chambers of commerce), and so on

The morning ended with a high degree of energy about generalism being taught, generalists such as family physicians being called upon more to share their expertise, and a more integrated and coordinated approach to generalist curriculum in universities across the country.

Coming together for more

The afternoon was aimed at bringing participants closer to their home institutions, working together and sharing their individual knowledge of how to advance generalism, and uncovering what others can do to move this collectively.

CanMEDS-FMU 2019

The CFPC developed CanMEDS-Family Medicine Undergraduate (CanMEDS-FMU) competencies, first in 2009 and re-released in 2019, to provide a common language for the departments of family medicine and other undergraduate leaders across Canada to understand what could be taught in a generalist curriculum.⁹ Dr. Lisa Graves provided a high level summary about how CanMEDS-FMU can be useful to advance teaching generalism, with consistent language and definitions to inform teaching, curriculum development, and assessment. CanMEDS-FMU was created with the understanding that family physicians are often called on to teach generalism in their practices, when describing their roles, and that the descriptions are useful for all generalists who seek to use that lens in their teaching.



Dr. Graves presents CanMEDS-FMU 2019

“... CanMEDS-FMU describes generalist competence for a broad and complete undergraduate medical education from a family medicine perspective.” (Dr. Lisa Graves)

Leveraging the CACMS review process in 2020 to advance generalism

The CACMS accredits programs of medical education leading to the MD degree in Canada. While Canadian medical schools were once accredited by both the CACMS and the Liaison Committee on Medical Education, a 2013 memorandum of understanding gave more independence to the CACMS in making decisions, setting standards, and modifying the accreditation process to help Canadian medical schools respond to their agreed-upon social accountability mandate.

Dr. Albert Ng, CACMS Chair, told participants that the CACMS is currently carrying out a review of its accreditation process. Retreat participants asked to take part in the review process to enable them to ensure upcoming changes are consistent with further embedding teaching generalism in undergraduate education and in the culture of medical schools.

Dr. Marianne Xhignesse, CACMS Secretary, shared that recommendations are currently being made for the CACMS from a broad stakeholder review that was undertaken in the last few months. The initial findings highlighted that many reviewers suggest that the CACMS standards and elements need to be reviewed in order to conduct a gap analysis that considers if the standards written as of now still reflect the inspired future generation of learners. Dr. Xhignesse indicated that a consultation with stakeholders, which is currently ongoing, will explore the need for recommendations to change the CACMS documents, standards, elements, and processes and procedures.

Participants were then seated at new tables with faculty from either their own medical schools or medical schools in similar regions and focused discussions on developing an action plan to advance generalism based on what was heard during the day.

1. In three years, how might each student in your medical school be offered broad exposure to, and experience in, generalist care including comprehensive family medicine?

From representatives of the universities of British Columbia, Manitoba, and Saskatchewan:

- Make available pre-clerkship and experiential exposure in a longitudinal approach, in a team-based setting
- Ensure cases reflect the principles of generalism
- Create a culture in which when teaching, family physicians/generalists are the knowledge experts as opposed to “just the facilitator”

From representatives of U of A and U of C:

- Meaningful longitudinal exposure to generalist practices
- Opportunities for eight-week electives in general practices
- Exploration of how the relationship between the student and preceptor is valued, and how expectations can be managed
- Strong family medicine and other generalist residents as teachers’ program
- (U of C) Med Zero (i.e., an introduction to clinical skills within the medical faculty, and an opportunity to begin conversations with learners about generalism)

From representatives of McMaster and Western universities:

- Expand on what is already being done well in teaching generalism and building new potential
 - Longitudinal clinical experiences in Year 1
 - General practice experiences delivered primarily by family physicians
 - More generalist approach in all rotations and exposure to other generalist specialties
- Support and value generalist faculty, and seek interested teachers in the community

From representatives of the Northern Ontario School of Medicine (NOSM), the U of T, and Western University (Windsor Campus):

- Provide students with broad exposure to generalist and specialist care (NOSM)
 - Examine why students are not staying in a community to practice
 - Seek teachers with broad generalist skills
- Look at ways to redesign clerkship to include longitudinal experiences with a small group of patients to follow, and to incorporate holistic approaches to patient care (U of T)
- Look at ways to increase recruitment of generalist practitioners, and mentorship opportunities offered outside the formal educational experience (Western University)

From representatives of the NOSM, the University of Ottawa (U of O), and Queen's University:

- Entrustable professional activities (EPAs) that reflect generalism
- Importance of understanding the context to provide an opportunity to apply a generalist approach in every setting
- The new Vice-Dean will ensure social accountability and generalism will be on the medical school's agenda (U of O)

From representatives of Laval University, the University of Montreal, and the CFPC:

- Retain what is being done well in teaching generalism
- Continue to promote the value of generalism to specialist colleagues
- Recognize teaching as a professional activity
- Manage teaching sites and ensure quality teaching is offered in all settings no matter if community- or hospital-based
- Find specialists practising in generalist settings, and make connections in the community to enable them to offer learning opportunities for students

From representatives of McGill University, U of O, University of Sherbrooke, Collège des médecins du Québec, and the CFPC:

- Pre-clerkship curriculum should include opportunities to explore undifferentiated illness alongside specific medical cases with firm diagnosis
- Discussions about undifferentiated illnesses earlier in the curriculum
- Choosing Wisely should be introduced in the first two years (i.e., the notion of uncertainty and harm from over investigation)
- Normalizing and stickhandling uncertainty to understand how to master these patient presenting situations
- Early exposure as a role model to generalism care, as well as exposure to generalists who are seeking to make a difference in their communities
- Family medicine longitudinality, rural rotations, engaging family physicians as leaders in all levels of the medical school, especially curriculum committees
- Collaboration—pair a clinical person and basic science person developing and facilitating cases to be taught to learners
- Faculty development about teaching generalism

From representatives of Dalhousie University and MUN:

- More accessible rural selectives after main clerkship to increase the number of students who can participate in them
- Shadowing generalists in the first week of medical school Rural week
- Ensuring students are receiving enough information and broad exposure early in their medical school programs, as they make career choices early
- More family physicians teaching, and modelling collaboration with Royal College specialty trained physicians
- Funding for community physicians to engage in teaching
- Recruiting family physicians for leadership positions in curriculum decision-making bodies of medical schools
- Leveraging family medicine residents as teachers

“... normalize generalism; put generalism at the forefront of every student’s medical school experience.” (Retreat participant)

2. To achieve this at your school, what would be the role of the following stakeholders?

Undergraduate deans

- Be open to the infusion of generalism in the curriculum, with engagement of generalists and the provision of resources to support generalist education through didactic and community-based learning
- Consider a change in admission policies with criteria that reflect accepting learners who have generalism attributes (i.e., provide evidence of adaptability)
- Consider changing the way in which curriculum topics are shared, away from specific disciplines (e.g., geriatrics) to clinical domains (e.g., care of the elderly), to reduce the specialty hidden curriculum
- Advocate for government funding to support distributed and community-based learning that could include longitudinal integrated approaches
- Recognize, appreciate, and reward generalist teachers, and create approaches to enable their teaching availability given the continuity of care they provide in their clinic work

Chairs of departments of family medicine

- Recognize the key role of their faculty/clinical teachers as the providers of generalist learning in medical school, and advocate for their value
- Leverage the key role of the departments of family medicine to influence curriculum content and delivery
- Create a plan of action demonstrating the value of generalism teaching and learning offered in generalist placements, particularly in rural communities, as a way to address recruitment and retention of physicians and reduce maldistribution of physicians
- Support clinical teachers to offer clinical placements in rural and community-based learning, acknowledging their worth and value

The UGEC

- Create a lessons learned series for implementing generalism teaching in generalist practices and in formal teaching, (e.g., “What works and what doesn’t work across the country”)
- Continue to share ways to engage teachers to support their willingness to precept at an undergraduate level, and find ways to highlight their value through the Section of Teachers
- Create a learning community of undergraduate teachers of generalism, offering resources and acknowledging their value
- Advocate more formally as a committee for the need to use clinical domains of practice versus discipline-specific rotations in order to focus on patients as people versus as organs (e.g., care of the adult versus cardiology)
- Reach out to other generalist specialists connected with the Royal College to build a broader coalition to support generalism in medical schools
- Highlight that generalists are physicians who adapt their practice over time to address changing community needs, which is why they are so valuable in a health care system that is evolving all the time

3. What else could be done to advance more intentional generalism conversations and collaborations across medical schools and organizations?

- Acknowledge that advancing generalism in medical schools will require a collective responsibility and multi-stakeholder collaboration to shift the cultural paradigm that values specialists over generalists
- Better define and disseminate that generalism is a philosophy of care to be carried out by all physicians
- Highlight the message that specialists and generalists working together will provide optimal care in the health care system
- Be courageous to call out the hidden curriculum and the lens of “othering,” and hold individuals/ disciplines/programs accountable if there is no improvement
- Identify, recognize, and show value for community-based, local-level generalist champions
- Have medical schools evaluate their curriculum objectives related to generalism, and enhance learning opportunities
- Offer faculty development to describe what generalism is and what it is not, and inspire the why and the how to teach it
- Create an advocacy/marketing campaign describing generalism to improve the perception and understanding among learners, faculty, educational leaders, governments, and patients
- Create collaborative relationships with generalists across specialties (Royal College and CFPC)

Moving forward one community at a time

The retreat ended with a varied panel of stakeholders sharing reflections from the day:

- Dr. Maria Hubinette, Chair, CFPC Undergraduate Education Committee
- Dr. Gary Tithecott, Undergraduate Dean, Western University Schulich School of Medicine
- Dr. Albert Ng, Chair, Committee on Accreditation of Canadian Medical Schools
- Dr. Kathy Lawrence, Chair, Department of Family Medicine University of Saskatchewan
- Ms. Jillian McCarthy, Student, MUN
- Ms. Léa Dancause-Lavoie, Student, Laval University



Ms. McCarthy, Dr. Lawrence, Dr. Hubinette, Ms. Dancause-Lavoie, Dr. Ng, and Dr. Tithecott share reflections on the day.

The panelists emphasized the need for those in the room to share the importance of the discussion with a call to action for a clear vision and plan for how we can collectively move generalism forward.

- Highlight the importance of teaching generalism in classroom learning and offering learning opportunities by both generalists and specialists, explicitly valuing the contribution of both
- Recognize and provide ongoing and more support for distributed learning with distributed medical education campuses and teaching sites as ways to structurally enable teaching generalism and provision of generalist care across disciplines
- Develop, and carefully implement over time, strategic engagement with deans, government leaders, medical school leaders, students, and others to shift the medical school culture to support and value generalism
- Address the hidden curriculum devaluing family medicine
- Advocate for generalism in medical schools and the necessity of changing admission criteria, creating a new curriculum that is consistent with generalism and generalist practice to produce physicians able to provide comprehensive medical care

“We all have the same goals, but we do not all have the same challenges . . . the education model has not kept up with the model of care . . . we must know the product, customer, vision, strategy, and we need an operational plan . . . be aware of the hidden curriculum . . . we have the opportunity to change the future of care in Canada . . . we must measure and provide proof to government.” (Dr. Gary Tithecott)

**“We started a conversation today . . . we have established new relationships and strengthened old ones . . . we have shared information across the country and received guidance regarding where we want to be . . . we must set a direction and shared visions.”
(Dr. Maria Hubinette)**



Dr. Hubinette summarizes the common goals needed to advance generalism in undergraduate medical education discussed during the day.

Next Steps: Final words

This document serves as a point of discussion for all who are committed to advancing generalism in medical school.

Advancing generalism requires a culture shift. Changing organizational culture takes time and requires engagement and commitment by multiple stakeholders willing to collaborate for a shared common goal. We will know it has happened when we see the evidence—cultural artifacts that reflect generalism and generalist care. There will be:

- Early exposure to generalist practice in medical school curricula
- Attention to language that does not promote the hidden curriculum, and generalist teachers working with specialists to role model valued knowledge and skills
- Shared criteria among admission policies that reflect a preference for generalist attributes
- An explicit call for demonstrated evidence of generalism teaching and an intolerance to the hidden curriculum that devalues family medicine through educational policies

The retreat ended with a feeling of optimism that these calls to action will be taken up at both collective and individual levels. Following the retreat, the UGEC provided the following additional commitments to move the process forward. The UGEC further encourages all attendees to consider the best practices, actions, and stakeholder roles discussed during the retreat can be implemented within their local settings to advance generalism and improve health for everyone in Canada.

The UGEC will:

- Recommend that this report further the dialogue about generalism, particularly at the undergraduate dean level and with the AFMC in collaboration with the UGEC and undergraduate family medicine leaders; while the current COVID-19 pandemic has temporarily curtailed in-person opportunities for meeting at conferences, future opportunities for collaboration will be sought
- Explore opportunities to broaden the conversation to include other generalists

- Continue to foster collaboration and communication around implementation of generalism teaching in generalist practices and in formal teaching, (e.g., “What works and what doesn’t work across the country”)
- Continue to share ways to engage teachers, via the CFPC Section of Teachers, to support their willingness to precept at an undergraduate level, and find ways to highlight their values
- Explore a learning community of undergraduate teachers of generalism, offering resources and acknowledging their value
- Advocate formally for using clinical domains of practice versus discipline-specific rotations in order to focus on patients as people, not as organs
- Highlight that generalists are physicians who adapt their practice over time to address changing community needs, which is why they are so valuable in a health care system that is evolving all the time
- Examine written and verbal content for biases against generalism and family medicine
- Highlight the role of the family physician or generalist as a domain expert, rather than as a facilitator



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Appendix A: Participant List

Program	Title	First Name	Last Name
Collège des médecins du Québec	Dr.	Louise	Samson
Committee on Accreditation of Canadian Medical Schools	Dr.	Albert	Ng
Consultant	Dr.	Karen	Grant
Dalhousie University	Dr.	David	Gass
Dalhousie University	Dr.	Kathleen	Horrey
Dalhousie University	Dr.	Jennifer	Hall
Laval University	Dr.	Cathie	Sanfaçon
Laval University	Ms.	Léa	Dancause-Lavoie
Laval University and UGEC member	Dr.	Nathalie	Boudreault
McGill University	Dr.	Goldie	Marmor
McGill University	Dr.	Marion	Dove
McMaster University	Dr.	Keyna	Bracken
Memorial University of Newfoundland	Dr.	Katherine	Stringer
Memorial University of Newfoundland	Dr.	Tanis	Adey
Memorial University of Newfoundland	Dr.	James	Rourke
Memorial University of Newfoundland	Ms.	Jillian	McCarthy
Memorial University of Newfoundland and UGEC member	Dr.	Lyn	Power
Northern Ontario School of Medicine	Dr.	Edward	Hirvi
Northern Ontario School of Medicine	Dr.	Sarah	Newbery
Queen's University	Dr.	Michael	Green
Queen's University	Dr.	Shayna	Watson
Queen's University	Dr.	Michelle	Gibson
The College of Family Physicians of Canada	Dr.	Francine	Lemire
The College of Family Physicians of Canada	Dr.	Shirley	Schipper
The College of Family Physicians of Canada	Dr.	Nancy	Fowler
The College of Family Physicians of Canada	Dr.	Ivy	Oandasan
The College of Family Physicians of Canada	Ms.	Aleks	Walczak
The College of Family Physicians of Canada	Ms.	Sonia	Labbé
University of Alberta	Dr.	Lillian	Au
University of Alberta	Dr.	Joseph	Abraham
University of Alberta	Dr.	Tracey	Hillier
University of Alberta	Dr.	Jill	Konkin
University of Alberta	Mr.	Victor	Do
University of British Columbia	Dr.	Robert	Petrella
University of British Columbia	Dr.	Cary	Cuncic
University of British Columbia and UGEC member	Dr.	Maria	Hubinette
University of Calgary	Dr.	David	Keegan
University of Calgary and UGEC member	Dr.	Martina	Kelly
University of Manitoba	Dr.	Sasha	Thiem
University of Manitoba	Dr.	José	Francois

Program	Title	First Name	Last Name
University of Montreal	Dr.	Tania	Riendeau
University of Montreal	Dr.	Guillaume	Voghel
University of Ottawa	Dr.	Rita	Hafizi
University of Ottawa	Dr.	Michelle	Anawati
University of Ottawa	Dr.	Anna	Karwowska
University of Ottawa	Dr.	Geneviève	Moineau
University of Saskatchewan	Dr.	Kathy	Lawrence
University of Saskatchewan	Dr.	Sarah	Bates
University of Saskatchewan	Dr.	Regina	Gjevre
University of Sherbrooke	Dr.	Philippe	Imbeault
University of Sherbrooke	Dr.	Marianne	Xhignesse
University of Toronto	Dr.	Michael	Kidd
University of Toronto	Dr.	Azi	Moaveni
University of Toronto	Dr.	Marcus	Law
University of Toronto	Dr.	Melissa	Nutik
University of Toronto	Dr.	Stacey	Bernstein
University of Toronto and UGEC member	Dr.	Risa	Freeman
Western Michigan University and UGEC member	Dr.	Lisa	Graves
Western University	Dr.	Stephen	Wetmore
Western University	Dr.	Scott	McKay
Western University	Dr.	Jessica	Howard
Western University	Dr.	Gary	Tithecott
Western University	Dr.	Jay	Rosenfield
Western University and UGEC member	Dr.	George	Kim
Western University and UGEC member	Ms.	Alexandra	Raynard

Appendix B: Best Practices for Generalism in Undergraduate Medical Education

Social accountability mandate

- Stakeholders explore what it means to meet the health care needs of the population the school serves
- Leaders promote partnerships and collaboration between stakeholders such as chairs of departments of family medicine, UGME leadership, communities, medical organizations, community organizations, government, policy makers, patients, the public, etc.
- Data indicate that learners are graduating with a sense of the patient as a whole person, an awareness of the factors that affect a patient's illness experience, and a recognition of the community's needs
- Programs track CaRMS match rates to family medicine and other generalist specialties
- Alignment occurs between mission statements, admission policies, curriculum objectives/learning outcomes, faculty engagement practices, etc., with respect to generalism

Pre-admissions/admissions

- Rural generalist pathways exist

- Family physicians and other generalist physicians are involved in the admissions process
- Criteria for admission and other policies value and promote generalist competencies and perspectives

Formal, informal, and hidden curricula

- The curriculum introduces students to a generalist philosophy/approach early in their training and reinforces it throughout
- Data indicate that students acquire a broad foundation that promotes a patient-centred approach
- Graduates' competencies reflect generalist competencies
- Curriculum developers and planners
 - Encourage co-teaching by family physicians and other generalists with sub-specialty colleagues
 - Ensure visibility of family medicine and other generalist role models
 - Promote positive messaging about the value of family medicine and other generalist specialties
 - Encourage residents from family medicine and other generalist specialties to teach and act as role models
 - Encourage collaboration, communication and coordination between disciplines and others in co-development and co-teaching of curricular content
 - Examine written and verbal content for biases against generalism and family medicine
 - Highlight the role of the family physician or generalist as a domain expert, rather than as a facilitator
- The curriculum includes
 - Early and longitudinal exposure to generalist and/or family practice
 - A family medicine core clerkship
 - Adequate access to family medicine and other generalist electives
 - Longitudinal experiences in communities
 - Rural and remote medicine experiences
- The curriculum
 - Provides longitudinal integrated experiences that enable learners to understand how illness develops over time
 - Presents health issues that include multimorbidity, chronicity, and complexity that change over time
 - Enables students to follow a set of patients longitudinally and in their homes or community to appreciate their illness in that environment
 - Provides clinical and case-based learning that includes patients with early, undifferentiated, and/or ambiguous issues without a definitive solution in order to promote broad clinical reasoning and patient-centred approaches
 - Normalizes the need to manage uncertainty and tolerate risk
 - Occurs within the community (outside of hospital) and depicts patients in more ambulatory, clinic- and rural-based environments
 - Embraces general approaches and domains (e.g., maternity and newborn care) rather than discipline- or organ-specific content (e.g., obstetrics)
 - Highlights the role of the generalist as a context specialist
- The curriculum emphasizes the
 - Value that generalists and specialists have in providing health care
 - Roles and importance of an interprofessional care team
 - Role of the generalist in health advocacy; role and scope of practice of the generalist physician; and the role of the generalist in disease prevention, health promotion, and the provision of continuity and coordination of care
 - Importance of the doctor-patient relationship

- Generalists who adapt their practice over time to address changing community needs and an evolving health care system
- Critical role of generalists in providing access to care in rural and remote communities
- The pre-clerkship curriculum includes family medicine, or other generalist, learning experiences
- Students spend a significant portion of their clerkship in generalist and/or family medicine contexts
- Teachers and leaders role model the importance of family physicians and other generalists in delivering patient care

Faculty and community engagement

- Distributed campuses and/or teaching sites offer generalist learning opportunities
- Program leaders adequately support distributed sites and campuses
- Program leaders ensure adequate infrastructure to support academic activities in community and distributed clinical teaching sites
- Program leaders support generalist practice learning opportunities, especially in rural environments
- Program leaders identify and engage family medicine and generalism champions, especially in distributed and community settings
- Program leaders ensure adequate resources and support for generalist teachers and leaders, particularly those in community-based and rural practices
- Curriculum planners ensure flexibility in schedules that allows contributions from community-based and rural generalist preceptors to have the least amount of disruption to clinical obligations
- Family physicians and other generalists are included in all domains and processes (such as admissions, curricular development and review, evaluation, student assessment, leadership, etc.)
- Family physicians and other generalists are well represented in the leadership of the medical school
- Programs provide faculty development opportunities that promote participation across disciplines to diminish silos
- Programs support networks of teaching communities and teachers
- Program leaders formally and meaningfully demonstrate value of the contributions of family physicians and other generalists (e.g., rewards, awards and other means)
- Programs and institutions support communication and collaboration between UG deans, curriculum directors, family medicine undergraduate leaders, and leaders of other generalist specialties nationally
- Programs support communication and collaboration between UG dean, curriculum director, family medicine undergraduate leaders and leaders of other generalist specialties locally
- Programs support collaboration between generalist specialties to build broader support for generalism
- A process exists for identifying allies who believe in the power of generalism and are willing to use clear and helpful language when speaking with politicians, community leaders, etc.

Accreditation

- Accreditation standards use wording that reflects the integration of generalism teaching and learning with generalist teachers and role models, and advocates for their contribution
- A consistent definition of generalism, used by medical schools and faculty, is needed