Setting a Strategy for Medical Education Research in Family Medicine

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Preamble

Family Medicine practice presents a unique and interesting context for medical education research. An international conversation initiated during the 2018 NAPCRG conference (Chicago, USA) led to the synthesis of hallmarks of Family Medicine practice that have rich potential for education research: relational care, a community-based approach, complexity and uncertainty, and a breadth of knowledge and skills (Grierson L, Vanstone M (2020). The rich potential for education research in family medicine and general practice. *Advances in Health Sciences Education*. https://doi.org/10.1007/s10459-020-09994-7).

In follow-up, a subsequent forum was held during the 2021 NAPCRG Conference (Online) in order to drive further strategic thinking, collaboration, and innovation in medical education research as it pertains to Family Medicine. Through facilitated group discussion and smaller break-out sessions, forum participants engaged in dialogue about relevant questions and approaches that can leverage the research potential associated with each practice hallmark with the specific objectives of

1. Identifying members of the North American Primary Care community that are interested in conducting research in medical education as it pertains to the discipline of Family Medicine.
2. Developing collaborative approaches to addressing key research challenges and priorities.
3. Setting priorities for future research on key challenges in Family Medicine education.

Forum Schedule and Activities

The forum began with an overview of the practice hallmarks of Family Medicine that have unique potential for advancing medical education research. This opening highlighted how the Family Medicine context affords specific education research for the discipline as well as rare opportunities for developing education research that is generalizable across the health professions. The session then proceeded into a series of 2 cross-over breakout sessions. Each breakout group reflected on one hallmark, discussing related research priorities and opportunities for collaboration and action. Each discussion lasted 1hour, with 40 minutes dedicated to in-group discussion and 20 minutes dedicated to large group facilitated discussion. Grierson, Vanstone, Grad, and Archibald facilitated these discussions. Elma supported forum logistics. The breakouts were cross-over insofar that participants switched hallmark topic in the second session. Participants chose breakout groups on the basis of personal interest. The session closed with a 40-minute dialogue designed to distill potential research directions.

Audience

The audience included members of the NAPCRG community interested in pursuing research in medical education pertaining to the practice of Family Medicine. Nineteen individuals participated in the session: 6 were medical education scientists, 11 were academic clinicians, 1 identified as an education administrator, 2 were trainees (1 clinical, 1 research), and 3 indicated that they had “other” relevant education research roles. All participants were affiliated with academic institutions situated either in Canada or the United States of America.

Forum Outcomes

With respect to Objective 1 and Objective 2, forum participants interested in sharing and collaborating in education research provided their professional contact information to be posted on the relevant CASFM-Medical Education subcommittee. We recommend that the committee connects with these individuals in ongoing conversations about the overall research enterprise, serving as a home base for a community of practice that can grow overtime, learn from each other, and stimulate new and effective collaborations.

With respect to Objective 3, the forum conversations coalesced around 4 major priorities for research. Each of these was resonant within one or more of the hallmarks of family medicine practice but were not constrained to any one of relational care, a community-based approach, managing complexity and uncertainty, or the breadth of knowledge and skills. The identified research priorities were as follows:

1. **Understanding how to best calibrate care to patient's individual circumstances, priorities, and values**. This priority includes eliciting and understanding the patient's holistic context and how best to individualize care, which is strongly reliant on good relationships and strong communication skills. It may also mean engaging patients in a shared approach to decision-making and preparing residents for this engagement. It may also mean adapting care recommended by guidelines to the priorities, resources, and willingness of the individual patient and coaching residents on how to feel safe and confident using the breadth of their knowledge and skills to make these adaptations. In using a research-based approach to determining the best way to calibrate patient circumstances, priorities, and values, we can offer recommendations to improve curriculum for family medicine residents.

2. **Defining how social perspectives intersect with commonly held perspectives of complexity, relational care, and community-based thinking**. The identified problem here is that while greater awareness of and response to social determinants of health is essential to enhanced healthcare practices, these perspectives and considerations can amplify the complexity of patient concerns and create additional challenges to the practitioner in terms of required knowledge, relationship building, and understanding the impacts of family practice at the level of the community. We need to develop a greater understanding of the interplay between social complexity and medical complexity. Research would emphasize social perspectives to create a framework for educating trainees in a way that places patient care in an interdependent system of medical, social, and environmental perspectives.

3. **Developing an improved understanding of how the abstruseness of the family physician's professional identity impacts learner interest in the profession and the way in which new family physicians behave**. There is a prevalent idea that the work of the family physician is not clearly articulated, insofar that learners do not understand that they will need to tolerate, rather than reduce, clinical uncertainty and ambiguity. In particular, it has been suggested that successful family medicine education requires a re-framing of expertise. Instead of conceptualizing expertise as solely routine mastery over a defined scope of skills and knowledge, family physicians embrace routine forms of expertise alongside adaptive and innovative forms of expertise. Research in this area may highlight how a shift in perceptions about family medicine expertise may impact learner and physician decisions and attitudes about professional practice. It would also inspire re-configuration of curricula to enhance features that support preparation for future learning (i.e., a key construct underpinning adaptive expertise).

4. **Untangling the competing agendas at play in patient care environments and their impact on health system effectiveness**. Family physicians experience numerous parallel pressures in the healthcare environment. They realize a moral imperative to consider the whole person and to provide care that promotes health in the context of personal and family environment. They also recognize that the patient has their own agenda about what they hope to achieve through the healthcare encounter. What the physician and the patient see as important are not always aligned, and the physician must navigate their desire to provide particular advice while also maintaining a positive and effective relationship with the patient. Beyond competing agendas with patients, the family physician must also navigate institutional pressures and the requirements of insurers. These system level pressures can overly focus on business model approaches to healthcare and strict adherence to practice guidelines, pressures which can be at odds with the goals of person-centred care. Trainees must learn to navigate these pressures in a manner that protects their professional-personal interests as well as the interests of their patients. This may mean compromising on best practices in person-centred care. Time pressures are an easy example of this conflict. When given only 10 minutes to see a patient, it is difficult to develop a relationship, consider all the aspects of complexity at play, and to understand the interactions between patient health and community well-being. Research in this area may work to determine where external system level pressures cause tensions with person-centred approaches to healthcare delivery and offer some recommendations for educating learners to avoid or manage these tensions effectively. Beyond education outcomes, however, this research might ultimately serve to support advocacy efforts for system-level changes.

Important Considerations to Support Advances in Education Research

Beyond the identification of research themes, the conversation also yielded important ideas about the ways in which research is conducted in the context of family medicine education. In particular, participants articulated a desire for the family medicine education research community to move beyond the fervent pursuit of the proverbial "*low hanging fruit*", emphasising the importance of conducting research and building knowledge that is impactful in addressing the major concerns facing family medicine education. In doing so, the group insisted that research methodologies in the field need to be more sophisticated, such that future inquiries are ultimately conducted with greater overall rigour and significance to the discipline. In this regard, the CASFM-Medical Education subcommittee is encouraged to consider:

- Ways to support the development of research capacity in academic clinicians and family medicine trainees. This may include mentorship programs and support for graduate research training.

- The potential for wider collaboration. While developing academic clinician research skills is intuitively appealing, partnerships with family medicine education research experts should also be pursued.

- Opportunities to fund education research. Research endeavours can be costly, and access to stable funding to engage research support can facilitate greater and more rigorous productivity.

- Collective thinking around the collection of factors that influence the outcomes we hold as measures of healthcare system effectiveness. It is important to be able to distinguish the effects of geo-political, personal, and community level influence from education influences when determining how training gives ways to healthcare behaviours and practices.