



UNIVERSITY OF  
CALGARY

# Medical Student Perceptions of Intellectual Stimulation and Academia in Family Medicine

**Presenter: Dr. Patrick Goeres (PGY2)**

**Supervisor: Dr. Martina Kelly**

Co-investigators: Sahota K, Hofmeister M, Tang E, Alberti H



# Faculty/Presenter Disclosure

- Faculty: Patrick Goeres
- Relationships with financial sponsors:
  - Grants/Research support: N/A
  - Speakers Bureau/Honoraria: N/A
  - Consulting Fees: N/A
  - Patents: N/A
  - Other: Employer, Alberta Health Services (current PGY2 Resident)

# Faculty/Presenter Disclosure

- Faculty: Dr. Martina Kelly
- Relationships with financial sponsors:
  - Grants/Research support: N/A
  - Speakers Bureau/Honoraria: N/A
  - Consulting Fees: N/A
  - Patents: N/A
  - Other: University of Calgary salaried employee

# Background

- Primary care is a cornerstone of healthcare yet recruitment remains a challenge<sup>1-5</sup>
- Systematic reviews identify factors which influence medical student career choice – mentorship, autonomy, remuneration, job opportunities and intellectual stimulation<sup>6-7</sup>
- Recent UK research suggesting FM not intellectually stimulating<sup>5,9</sup>

# Background

- Evidence based medicine and research-informed clinical practice are growing needs
  - FM-specific research is a growing need
- A recent systematic review found that influences on what attracts medical students to academia has been minimally studied<sup>8</sup>
- UK and Canada
  - Student perceptions largely unknown in Canada

# Research Questions

- Do medical students view Family Medicine as intellectually stimulating?
- How do they view the role of academia in Family Medicine?
- Could academic pursuits enhance one's career and fill the perceived need for intellectual stimulation in Family Medicine?

# Methods

- Exploratory qualitative study with focus groups



## University of Calgary:

- 3 year program
- Students have prior degree at entry, 1/3 at MSc / PhD level



## University of Newcastle:

- 6 year program
- Direct entry from school

# Methods

- Data collection: 8 focus group interviews
  - Calgary: 4 groups with 26 students
  - Newcastle: 4 groups with 18 students
- Data analysis: Thematic data analysis<sup>11,12</sup>
- Research team: 6 members
- Ethics approval by CHREB through UCalgary & Newcastle



# Results

1. Intellectual stimulation in Family Medicine
2. Academia in Family Medicine
3. Role models in UGME

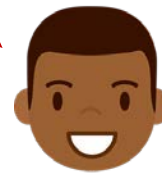
# Results

## 1. Intellectual stimulation in Family Medicine



*I think it is probably **the most intellectually stimulating of any of the disciplines** that I can imagine because you get so much **breadth** and you really can take it down any rabbit hole that you want...If all I had to do was listen to hearts for the rest of my life I would die of boredom. (FG4, D)*

*...one of those few...specialties in medicine where there is actually a lot of **lateral movement** (FG1, E)*



*I have...always found family medicine...**incredibly over stimulating** because there are so many things that factor into a patient presentation (FG2, A)*





# Results

## 2. Academia in Family Medicine



*I would just think it means being **evidence based** in your family practice (FG2, E)*

*I'd love to know what research you can do in Family Medicine (FG 4, E)*



*Having a balance of being a clinician but also a researcher...can be beneficial. (FG3, E)*

*I have honestly **never heard** those three words pieced together in that way. (FG2, A)*



*All I've ever heard GP's talk about is **social research**... (FG1, R1)*

*My reflex...would be from the **teaching** perspective (FG3, A)*





# Results

## 3. Role models in UGME



*It's **easy** to have a [specialist] **mentor** and be exposed to [research]. (FG1, C)*



*...increasing awareness of academic family medicine...**could really help** students (FG1, E)*



*...**the GP should have been able to spot this...** (FG2, R1)*

*To be honest...I **don't know any** family medicine doctors who are also researchers (FG1, E)*

*You don't hear about the times family doctors are heroes, you hear about the time that family doctors screw up. I think that creates **a really bad perception** in the class. (FG3, B)*



# Limitations

- Single site within each country
- Participants at an early stages of training
- Interviewees self-selected

# Discussion and Conclusions

- Family Medicine is viewed as intellectually stimulating on its own merits.
  - In a clinical setting, undifferentiated patients are most likely to maximize learners' interest and intellectual stimulation.
  - Clinical decision-making tools and evidence-based medicine are valued by learners and associated with increased intellectual stimulation.
  - Learners can be overwhelmed with complicated patients and can find these experiences off-putting.

# Discussion and Conclusions

- Academia has value, but is not commonly associated with increased intellectual stimulation in Family Medicine.
  - Academia can complement clinical work for some, but those with positive experiences in academia are more likely to pursue future academia.
- Role models are influential in UGME
  - Lack of FM-academic exposure should be addressed
  - Medical schools should be willing to affirm positive role models and address negative attitudes.

# References

1. Vanasse A, Orzanco MG, Courteau J, Scott S. Attractiveness of family medicine for medical students Influence of research and debt. *Canadian Family Physician*. 2011;57(6):e216-e27.
2. Kirch DG, Henderson MK, Dill MJ. Physician workforce projections in an era of health care reform. *Annual Review of Medicine*. 2012;63:435-45.
3. Lefevre JH, Roupret M, Kerneis S, Karila L. Career choices of medical students: a national survey of 1780 students. *Medical Education*. 2010;44(6):603-12.
4. Lambert T, Goldacre R, Smith F, Goldacre MJ. Reasons why doctors choose or reject careers in general practice: national surveys. *British Journal of General Practice*. 2012;62(605):e851-e8.
5. Wass V, Gregory S, Petty-Saphon K. By choice—not by chance: supporting medical students towards future careers in general practice 2016 [cited 2017 July 12]. Available from: <https://www.hee.nhs.uk/sites/default/files/documents/By%20choice%20not%20by%20chance%20web%20FINAL.pdf>.
6. Straus SE, Straus C, Tzanetos K, Medicine UtaotlCtRA. Career choice in academic medicine: systematic review. *Journal of General Internal Medicine*. 2006;21(12):1222-9.
7. Borges NJ, Navarro AM, Grover A, Hoban JD. How, when, and why do physicians choose careers in academic medicine? A literature review. *Academic Medicine*. 2010;85(4):680-6.
8. Darbyshire D, Gordon M, Baker P, Agius S, McAleer S. Systematic review of interventions to encourage careers in academic medicine. *Medical Teacher*. 2018:1-7.
9. Royal College of General Practitioners (RCGP), Medical Schools Council (MSC). Destination GP Medical students' experiences and perceptions of general practice. 2017 [cited 2018 April 30]. Available from: <http://www.rcgp.org.uk/policy/rcgp-policy-areas/destination-gp.aspx>.
10. Braun V, Clarke V. What can “thematic analysis” offer health and wellbeing researchers? *International journal of qualitative studies on health and well-being*. 2014;9.
11. Braun V, Clarke V, Terry G. Thematic analysis. *APA handbook of research methods in psychology*. 2 Research Designs. US: American Psychological Association; 2012. p. 57-71.