

# The Impact of Urban-based Family Medicine Postgraduate Rotations on Rural Preceptor/Teachers (IMPORT)

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## INTRODUCTION

### BACKGROUND

- Canadian rural communities play an essential role in the training of urban-based Family Medicine (UBFM) postgraduate learners.
- The original intent of rural rotations was to influence practice location in the UBFM resident.

### BUT...

- As urban programs have grown, there has been increased pressure on rural preceptors to accommodate these learners.
- The outcome of “practice location” has remained the primary measure of success in the evaluation of the rural training experience. We do not know the impact on teaching rural physicians.

### RESEARCH QUESTION

- In what ways do rural rotations of urban-based postgraduate family medicine (UBFM) residents impact the rural preceptor?

## METHODS

### PARTICIPANTS

- The University of Calgary Department of Family Medicine teaching preceptor data base was used to identify potential participants.
- Demographic data was collected including:
  - duration of teaching appointment,
  - the preceptor’s own FM training location (rural/urban),
  - location of practice and,
  - the scope of practice in their community.

### SURVEY

- Online survey designed and vetted by practicing rural preceptors collected quantitative and free-text data.
- Communities were categorized by size as well as scope of practice.
- Impact rated on a 5-point Likert scale (significantly negative to significantly positive) across three domains: personal, professional, and financial.

## RESULTS

### DEMOGRAPHICS

- 46% response rate with 28 of 61 physicians; mostly male (75%).
- Largest age category was between ages 31-40 (39%).
- Majority in practice for more than 10 years (61%).
- 61% had less than 10 years of experience specifically teaching UBFM.
- 64% attended faculty development events, usually irregularly.

### RATING OF IMPACT

- No statistically significant differences for participant age, gender, and community size.
- Preceptors graduating from rural residency training more likely to rate impacts negatively.

### PERSONAL

- Majority of benefits are intrinsic with some extrinsic:
  - *“I continuously learn new things when I have residents”*
  - *“At urgent care they help significantly with ED flow”*
- An emotional toll apparent on preceptors when they are asked to supervise learners who have little intention of rural practice:
- Majority of benefits are intrinsic with some extrinsic:
  - *“tiring”, “disappointed”, “fatiguing”, “frustrating”, “resentment”*

### PROFESSIONAL

- UBFM residents may have fewer clinical skills than expected, thus requiring more supervision.
- Patient-resident interactions cause additional stress for supervisor.

### FINANCIAL

- No reported significant overall impact on finances.

### FACULTY DEVELOPMENT

- Preceptors do not link their own teaching skill to the experience of having an UBFM learner.
  - *“The issue is not faculty development, [it] is getting them more up to speed before they get to us”*

### COUNTER BALANCING PERSPECTIVES

- Respondents sometimes mentioned one positive or negative impact that was immediately followed by a contrasting statement:
  - *“longer days, occasionally dealing with unprofessional behaviours along with better job satisfaction and ability to accommodate more appointments to service our panel.”*

## DISCUSSION

- Overall, the impact of the UBFM resident was positive within personal and professional spheres; negative impacts are often offset.
- Personal/Professional impacts outweighed neutral financial impact
- Personal residency experience of the preceptors may contribute to expectations of incoming learners.
- With program growth, the purpose of rural rotations may have moved from recruitment to the teaching of core procedural and clinical skills.
- Given the generalist tradition of rural medicine, learners may arrive with the needed theoretical knowledge but without the clinical experience to perform the required skills.
- Preceptor satisfaction with growth in their residents highlights the importance of:
  - the quality of teaching relationship and,
  - longitudinality in learning experiences.

### UNEXPECTED RESULTS

- The duration in practice and the duration of teaching did not significantly impact the perceptions of these teaching physicians.
- A suggested role of Faculty Development is to inform the preceptor of the urban program structure.
  - *“Know limitations of urban program in providing independence and experience”*

## CONCLUSION

- Rural preceptors describe intrinsic rewards as well as the emotional stress and frustration related to working with some residents.
- Financial impact was reported as neutral across the respondents.
- Rural training location of the rural preceptor was significantly linked to negative perception of the UBFM learner.
- Potential disconnect between expectations of the rural rotation for the preceptor and the UBFM resident may fuel discontent.

