



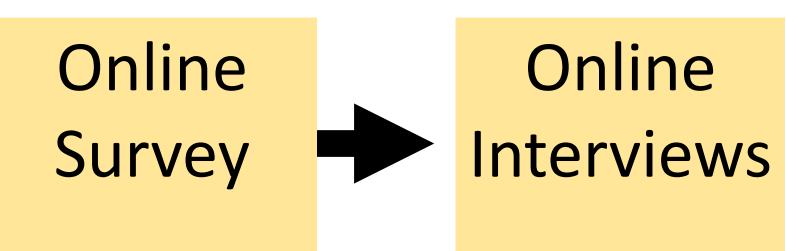
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INTRODUCTION

- Enhanced Skills (ES) training provides additional training to family physicians in Canada. We aimed to better understand the training experiences of physicians who have completed ES training at one Canadian university.
- Objective: To explore the training experiences of physicians who graduated from ES programs at the

METHODS

• Design: A mixed methods study using both survey and interviews to explore graduates perspectives on the strengths and weaknesses of ES programs.



 Outcome Measures. Perceived strengths and weaknesses.

RESULTS

Clinical Issu

Managemer **Referral and** Approach to Teaching of In-hospital r Evidence-ba Procedural Urgent/Eme Psychosoma Managemer End-of-Life Cost-effectiv Continuity of **General** Issu Communica⁻ Clinical/mec Cross-cultur Health care Health care Maintenanc Relating to Physician se **Practice Ma** Medical/leg

Issues relate Organizatio Clinic record Electronic m

Examining Training Experiences and Practice Patterns of Graduates of Enhanced Skills Programs

A total of 56 ES graduates completed the survey (response rate = 36.8%); Nine interviews

Jes	Overall
ent of common clinical problems	V. Prepared (41/44; 93.2%)
d consultation process	V. Prepared (30/44; 68.2%)
o clinical problems	V. Prepared (36/44; 81.8%)
f health promotion / prevention	V. Prepared (19/44; 43.2%)
management of patients	V. Prepared (22/44; 50.0%)
ased Medicine (critical appraisal)	V. Prepared (26/44; 59.1%)
Skills	V. Prepared (20/44; 45.5%)
ergency Care	V. Prepared (21/44; 47.7%)
atic problems	S. Prepared (25/44; 56.8%)
ent of psychosocial problems	S. Prepared (21/44; 47.7%)
/ Palliative Care	S. Prepared (18/44; 40.9%)
ive Use of Diagnostic Tests	S. Prepared (16/44; 36.4%)
of Care	S. Prepared (15/44; 34.9%)
ues	Overall
ation skills	V. Prepared (27/44; 61.4%)
edical ethics	S. Prepared (31/44; 70.5%)
ral issues	S. Prepared (28/44; 63.6%)
e system	S. Prepared (24/44; 54.5%)
e reform	S. Prepared (21/44; 47.7%)
ce of clinical competence	S. Prepared (19/44; 43.2%)
professional organization	S. Prepared (24/44; 54.5%)
elf-care and wellness	S. Prepared (24/44; 54.5%)
anagement Issues	Overall
gal issues	S. Prepared (24/44; 54.5%)
ed to establishing a practice	S. Prepared (23/44; 53.5%)
on of practice	S. Prepared (24/44; 55.8%)
ds	S. Prepared (19/44; 43.2%)
medical records	S. Prepared (20/44; 45.5%)

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Most Perceived Strengths (Survey)

- Program organization (40/48, 83.3%)
- Approachability of instructors (39/47, 83.0%)
- Availability of resources (38/47, 80.9%)
- Structured Learning (36/48, 75%)
- Examination Process Oral (26/39, 66.7%)
- Flexibility to meet indiv. needs (31/47, 66.0%)

Most Perceived as Neutral/Weakness (Survey)

- Evaluation Process Faculty (33/48, 68.8%)
- Awareness of rural needs/opp (29/42, 60.4%)
- Evaluation Process Residents (26/48, 54.2%)
- Evaluation Process Program (25/48, 52.1%)

Four Themes from Interviews (n=9)

- Residents gained core skills and academic knowledge
- It is important to have skilled and committed preceptors
- Resident wellness and work-life balance are differentially impacted, the program can be lengthened and strengthened.

CONCLUSION

Taken together, results suggest that the experiences of graduates overwhelmingly support ES programs. These results can help tailor the programs going forward to build a better experience.