



# Training Family Physicians to Care for Children and Youth

CONTENT, CHALLENGES AND  
OPPORTUNITIES FOR  
COLLABORATION

# Agenda

- Review of educational principles
- Cross country survey of pediatric training
- What are the gaps?
- Suggestions for the future



# THE FOUR PRINCIPLES

- The family physician is a skilled clinician
- The doctor-patient relationship is central to the role of the family physician
- Family medicine is community-based
- The family physician is a resource to a defined practice population

# Cross country Survey Content

- 17 programs across the country including the new NOSM
- 14/17 responded
- FM is a 2 year training program, 3<sup>rd</sup> year an option
- Core pediatric training months range from 2 to 4
  - 70% have 2 months
  - 1 program with 3 months,
  - 1 with 4 month
  - 2 with a horizontal curriculum
- 40% have explicit time in the NICU

# Cross Country Survey Content

- 60% train residents primarily in community hospital or outpatient/ER and clinic settings
- Many practice in communities where the family physicians admit their own pediatric patients
- All residents do 10 months in family medicine where pediatrics is part of the patient population

# Cross Country Survey Challenges

- Tertiary care ward experiences are less relevant to family medicine trainees
- Pediatric training resources are scarce and programs are being required to expand
- “death of the generalist community pediatrician”
- Decreasing pediatric populations in some provinces
- Fewer children in family medicine practices in communities where the pediatricians do primary care

# Cross Country Survey Innovations

- Horizontal experiences blending some inpatient, specialty clinic experiences, call, and pediatric emergency ( Thunder Bay)
- Creating a ward run by family medicine residents and a general pediatrician who care for children transferred from the North ( Winnipeg)
- Third year in child Health ( UWO)
- Most described great cooperation with their department of pediatrics

# Gaps

- Literature: FP's and pediatricians identify gaps in the area of developmental pediatrics and mental health
- Study at McMaster University (2000) identified behavioural issues including mental health and dealing with children with disabilities as areas of high discomfort ( faculty and residents)
- Confirmed by PGD's in terms of gaps in training

# Reality

- Finite resources
- Manpower crisis in pediatrics
- All programs expanding to try to meet the needs of the population
- Interdisciplinary, collaborative team practice models
- We have similar broad goals for pediatric training

# The Problem



# Potential Solutions

- Communities need to recruit intentionally with education in mind- Universities can help support this
- Look at opportunities for collaborative education ( pediatrics, family medicine, nursing, social work and psychiatry) : Healthy Active Living, Children's mental health, prevention
- Canadian residents vaccine training program
- Teach and model collaborative practice ( family medicine and mental health)

# Potential Solutions

- “Specialty and family medicine residents could benefit from training experiences in which they work together in referring to and consulting with one another to allow each to learn what they can do , and how to develop good intra-professional relationships”<sup>1</sup>
- “Training environments are the preferred laboratory for change. We need to develop a vision and an action within the academic community”<sup>2</sup>

1. Family Physicians and Other Specialists: Working and Learning Together: Conjoint Discussion Paper from the CFPC and the RCPSC supported by Health Canada
2. Marie-Dominique Beaulieu: Collaboration between Family Physicians and Medical Specialists: The Gulf between preferred and actual practice. Supported by the RCPSC, the Dr Sadok Besrouir Chair in Family Medicine and The University of Montreal.