

# Short Report: Common parenting problems

## *Experience and comfort level in family medicine residency*

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**M**ost parents are concerned about behavioural and developmental issues pertaining to their children and consider physicians an important source of advice.<sup>1</sup> Despite this expectation, parents are frequently unhappy with their physicians' ability to provide appropriate advice about these issues.<sup>2</sup>

Graduates from pediatric residency programs in the United States have indicated gaps in coverage of developmental and behavioural issues during their postgraduate training.<sup>3</sup> We found no published literature examining the adequacy of training in children's development and behaviour during family medicine residency.

### METHODS

This study aimed to describe and compare clinical experience, comfort level, and training needs of family medicine educators and residents at McMaster University in parenting issues common in primary care.

We designed and distributed a two-page survey to all faculty physicians and first-year (PGY1) and second-year (PGY2) family medicine residents in January 2000. Our sampling frame included two family practice units, a community health centre, and 14 community-based practices. Background demographic data were collected on the survey's cover sheet. Ethics approval was obtained from the Hamilton Health Sciences Research Ethics Board.

Respondents were asked to indicate their level of exposure to 17 parenting issues on a

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*Cet article a fait l'objet d'une évaluation externe.*

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four-point Likert scale with anchors of "none," "a small amount," "a moderate amount," or "a great deal." Exposure was defined as formal training and clinical experience with patients. Respondents were also asked to indicate their level of agreement with the following statements about the same 17 parenting issues: "This is a common issue in family medicine," "I feel comfortable giving advice to parents on this issue," "I would like more training on this issue," and "Family physicians should be able to manage the majority of patients presenting with this issue."

### RESULTS

Overall response rate was 77% (76/99). Respondents were almost evenly divided between male and female among both faculty physicians and residents, which was representative of the program as a whole. Mean age of residents was 28.6 (SD=4.2) and of faculty was 43.4 years (SD=9.2). Respondents had trained at 10 Canadian medical schools. Fifty-nine percent of faculty physicians were practising full time in large teaching units, while 41% were part-time faculty supervisors in the community.

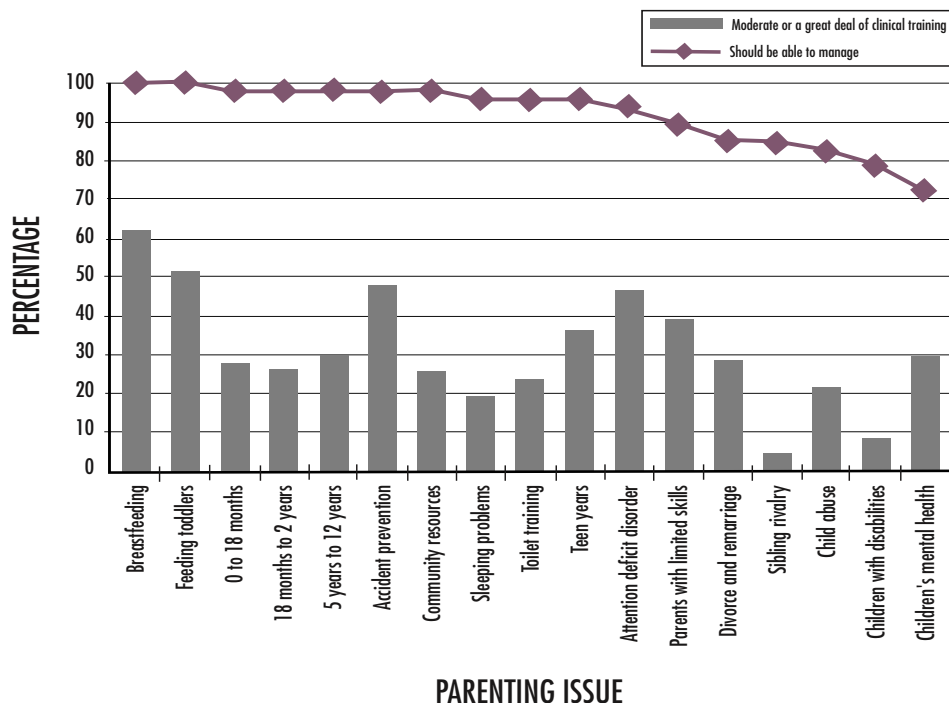
Seventy percent of family medicine residents reported receiving curriculum training in breastfeeding, child abuse, and attention deficit disorder at either undergraduate or postgraduate levels. Thirty-seven percent indicated they had received a moderate amount of training in accident prevention. For all other parenting issues, less than 25% of residents indicated having received even a moderate amount of training.

The survey defined clinical exposure and experience as "experience with patients around this issue." We contrasted residents' expectations that family physicians should be able to manage these issues with their self-reported clinical experiences with each issue (**Figure 1**). There were large gaps between residents' perception that they should be able

## RESEARCH

### Common parenting problems

**Figure 1. Residents' perceptions of their ability to manage parenting issues compared with clinical experience**



to manage the specified parenting issues and the reality they reported encountering during their clinical experiences.

**Table 1** shows the percentages of residents and faculty physicians who were uncomfortable providing parenting advice on the specified issues. Most residents and about half the faculty physicians felt uncomfortable with children's mental health, children with disabilities, and parents with limited capacity. More than 25% of PGY2s indicated they were uncomfortable giving advice to parents on 16 out of 17 issues surveyed.

While our respondents believed they should be able to deal with most parenting issues brought by patients to family practice, a substantial number of PGY2s who were about to graduate felt unprepared to do so.

## DISCUSSION

The high proportion of faculty who felt uncomfortable with children's mental health is disturbing. Evidence

from both Canada and the United States suggests that these issues are becoming more prevalent.<sup>4,5</sup> Pediatric mental health resources are also scarce in many communities. Faculty physicians who are uncomfortable themselves are likely to be less effective teachers in these areas. The fact that approximately one in five residents said they had not received any clinical experience in children's mental health underscores this problem.

Our study is limited by the survey method, which is subject to recall and response bias. The list of parenting topics was not exhaustive. Lack of comfort with an issue could be the result of lack of training, or it could be from personal discomfort. Our results are from a single residency program in an urban centre and thus might not be generalizable to other programs or settings. Our respondents represented 10 different Canadian medical schools, however, and a variety of settings (community practice, community health centre, teaching centre). Our results are consistent with those reported in the pediatric training literature.<sup>3</sup>

**Table 1. Percentage of family medicine residents and faculty physicians who felt uncomfortable giving advice to parents: Percentages of 50% and more are boldface.**

ISSUE	RESIDENTS PGY1 (N=29)	PGY2 (N=17)	FACULTY PHYSICIANS (N=37)
Breastfeeding	34.5	27.8	3.4
Parenting (birth to 18 mo)	58.6	38.9	6.9
Sleeping problems	69.0	50.0	3.4
Feeding toddlers	37.9	64.7	10.3
Parenting (18 mo to 3 y)	55.1	35.3	13.8
Toilet training	51.7	50.0	17.2
Accident prevention	17.2	11.1	10.3
Parenting (5 to 12 y)	48.2	35.3	13.8
Sibling rivalry	64.3	70.6	20.7
Parenting teenagers	48.3	44.4	31.0
Divorce and remarriage	65.5	38.9	31.0
Parents with limited capacity	79.3	72.2	48.3
Children with disabilities	79.3	83.4	62.0
Child abuse	48.3	33.3	41.4
Children's mental health	62.1	66.7	48.3
Attention deficit disorder	31.0	27.8	31.0
Community resources	69.0	33.3	17.2

The College of Family Physicians of Canada and the American Academy of Pediatrics have called for increased professional training on issues related to child development, behaviour, and social functioning.<sup>6,7</sup> A large US survey indicates that parents also want more information on child rearing.<sup>2</sup> Despite this finding, pediatric training has traditionally focused on pediatric diseases rather than on normal development and behaviour.

To meet the challenge of adding yet another focus to family medicine training, many educational opportunities could be sought during undergraduate and postgraduate periods, in both family medicine and specialty rotations. McMaster University is currently pilot-testing an "early years curriculum" in the family medicine clerkship. Resource material for didactic and interactive sessions to supplement clinical activity can be found in the Ontario College of Family Physicians Healthy Child Development Peer Presenter Program ([www.cfpc.ca/ocfp/](http://www.cfpc.ca/ocfp/)), in several Practice-Based Learning Program modules (through the Foundation for Medical Practice Education [www.fmpe.org](http://www.fmpe.org)), and on the Canadian Paediatric

**Editor's key points**

- Training for and comfort level with common parenting problems were examined in the McMaster family medicine program.
- Breastfeeding, child abuse, attention deficit disorder, and accidents were all addressed in training, but most other issues were seldom covered.
- There was a large gap between what residents thought they should be able to manage and what they actually encountered during training.
- Most residents and half the faculty felt uncomfortable managing children's mental health problems.

**Points de repère du rédacteur**

- Cette étude voulait connaître la formation que reçoivent les résidents du programme de médecine familiale de McMaster à propos des problèmes courants de parentage ainsi que leur niveau de confort en ce domaine.
- L'allaitement maternel, les mauvais traitements aux enfants, les troubles déficitaires de l'attention et les accidents étaient tous abordés durant la résidence, mais la plupart des autres sujets étaient peu souvent traités.
- Il y avait une grande différence entre ce que les résidents croyaient devoir maîtriser et ce à quoi ils étaient exposés durant leur formation.
- La plupart des résidents et la moitié des professeurs se sentaient mal préparés pour s'occuper des problèmes de santé mentale des enfants.

Society website ([www.cps.ca](http://www.cps.ca)). In addition, the Early Years Study by McCain and Mustard provides an excellent review of early child development and the importance of parenting.<sup>8</sup> It can be obtained through the Canadian Institute for Advanced Research (CIAR) publications at [www.ciar.ca](http://www.ciar.ca). With improved training, graduates will be able to give parenting advice based on available evidence more confidently. ♣

**Contributors**

**Ms Gold** performed the data analysis and **Dr Shaw** collected data and performed the literature search. Both authors contributed equally to the project and the article. Both designed the questionnaire.

**Competing interests**

None declared

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## RESEARCH

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