

Cultivating interest in family medicine

Family medicine interest group reaches undergraduate medical students

Nora D. McKee RN MD CCFP Meredith A. McKague MSc MD CCFP Vivian R. Ramsden RN PhD Raenelle E. Poole

ABSTRACT

PROBLEM ADDRESSED Fewer medical students are choosing careers in family medicine across Canada. One way to cultivate student interest is through creation of family medicine interest groups. Students, residents, community-based family physicians, and academic faculty can all contribute to the success of such groups.

OBJECTIVE OF PROGRAM A family medicine interest group provides information about the challenging and rewarding career of family medicine through medical students' exposure to family physicians and residents.

PROGRAM DESCRIPTION A group of faculty and undergraduate students combined forces to form the Family Medicine Club. Development of this group and results of evaluation of its effectiveness to date are discussed.

CONCLUSION One mechanism to increase interest in primary care as a career is to initiate and foster a family medicine interest group that links students with family physicians.

RÉSUMÉ

PROBLÈME ÉTUDIÉ De moins en moins d'étudiants en médecine choisissent comme carrière la médecine familiale au Canada. Au nombre des moyens pour susciter l'intérêt des étudiants figure la création d'un groupe d'intérêts en médecine familiale. Les étudiants, les résidents, les médecins de famille dans la communauté et les professeurs universitaires peuvent tous contribuer à la réussite de tels groupes.

OBJECTIF DU PROGRAMME Un groupe d'intérêts en médecine familiale renseigne les étudiants en médecine à propos des défis et des satisfactions d'une carrière en médecine familiale en les réunissant avec des médecins de famille et des résidents.

DESCRIPTION DU PROGRAMME Des enseignants et des étudiants au niveau prédoctoral ont combiné leurs forces pour former le Club de la médecine familiale. La mise sur pied du groupe et les résultats de son évaluation jusqu'à présent font l'objet de cet article.

CONCLUSION L'une des mesures pour accroître l'intérêt à l'endroit des soins de première ligne est d'établir et de soutenir un groupe d'intérêts en médecine familiale qui crée des liens entre les étudiants et les médecins de famille.

This article has been peer reviewed.
Cet article a fait l'objet d'une révision par des pairs.
Can Fam Physician 2007;53:661-665

Over the last decade, fewer and fewer North American medical students have chosen to train in family medicine.¹⁻⁶ In Canada, this trend might increase pressure on the existing supply of family physicians and on the health care system.⁵

Many factors are contributing to declining enrolment in family medicine: admission processes might select students who are more likely to choose specialties; students often have greater exposure to specialist teachers and role models; exposure to primary care clinical experiences is often less than optimal; economic factors steer some students toward specialties; and students' perceptions of the challenges and rewards of family medicine might be negatively affected by medical school culture.⁷⁻¹⁹ Among students who enter medicine with an initial interest in family medicine, this interest often diminishes during their training.¹²⁻¹⁴ Messages from peers, family, and society about family physicians' role could also contribute to the decline in the number of students making this career choice.^{8,10,12,15}

Some factors are known to incline students toward family medicine. In addition to a variety of demographic variables and personal attributes of students themselves,¹⁰⁻¹² such factors as contact with positive role models, the diverse nature of family medicine clinical practice, and the perception of family medicine as conducive to a balanced lifestyle can influence students to choose family medicine as a career.^{11,12,15-17}

Training programs are seeking creative ways to cultivate student interest in family medicine. Several Canadian programs have introduced interest groups to inform students about the range of opportunities and rewards offered by careers in family medicine as well as to offer them positive role models. Canadian medical schools have recently been encouraged to either initiate such groups or strengthen existing groups through the recently funded Family Medicine Interest Groups project of Health Canada and the College of Family Physicians of Canada (CFPC).^{20,21} While information about activities of these groups is now being shared among group coordinators, there has been little yet published in the literature about effective ways to establish such groups.^{22,23} Research evaluating the effects of such

interest groups on career choice is limited and might be irrelevant in the Canadian context.^{24,25}

Objectives of the program

The Family Medicine Club at the University of Saskatchewan was formed in 2001 to provide undergraduate medical students with information about the challenging and rewarding career of family medicine. This paper discusses the experience and evaluation of the program thus far.

Program description

To begin the process of forming a club, the undergraduate medical office was contacted and students interested in participating as leaders were asked to contact the facilitator. Several medical students were eager to take a leadership role.

Organizers arranged a noon-hour family physician speakers' series where pizza lunch was served. Informal questions and discussion followed each presentation. Student leaders chose topics after obtaining input from their classmates on areas of interest. They selected dates in advance and promoted sessions by posters, e-mail messages, and word of mouth. The faculty facilitator assisted student leaders with contacting and scheduling presenters. On average, 3 sessions have been held yearly. Premedical students have shown interest and have also attended some sessions.

Topics and presenters have varied. Examples include a rural physician with advanced skills in surgery; an urban physician with an interest in sports medicine; the provincial Chapter President of the CFPC; residents from the local family medicine program and the third-year emergency program; and a physician practising in a remote northern community.

Originally, funding was provided by a grant from the Saskatchewan Chapter of the CFPC, which was matched by the local academic department. Increased funding obtained in 2005 through the national College allowed the club to expand its programming. An executive committee has been formed with student representatives from each academic year. A constitution has been drafted and a bank account established. Links with the local Saskatchewan CFPC Chapter office have been formalized. All undergraduate students were formally invited to be members of the club with no fee required, and a membership list was compiled. Club membership now comprises approximately 30% of the student body.

New initiatives. The luncheon speaker series continues and new initiatives are being introduced. Students representing the club have undertaken advocacy roles in curriculum issues. Family physicians and residents have been invited to become part of a mentorship program. Future goals include rejuvenating the website and creating a newsletter.

Dr McKee is an Assistant Professor and Unit Head (Saskatoon site) in the Department of Academic Family Medicine at the University of Saskatchewan and is the faculty facilitator of the Family Medicine Club. **Dr McKague** is an Assistant Professor and the Undergraduate Program Coordinator in the Department of Academic Family Medicine at the University of Saskatchewan. **Dr Ramsden** is an Assistant Professor and Director of the Research Division in the Department of Academic Family Medicine at the University of Saskatchewan. **Ms Poole** is the 2005-2006 University of Saskatchewan Family Medicine Club President and a member of the College of Medicine's graduating class of 2007.

Another substantial addition has been the introduction of a Clinical Skills Workshop. The first evening workshop, facilitated by residents and faculty, was held in the Academic Family Medicine Unit (Saskatoon). Twenty-four second- and third-year students rotated through 4 stations designed to develop clinical skills. Stations were based on a clinical scenario “Thursday Night On Call” and included suturing, casting, injections, and women’s health examinations.

Evaluation. A workshop evaluation asked students to rate their perceived performance before and after the workshop, on a 5-point scale. Higher ratings suggested increased confidence in their procedural skills. Comparison of scores before and after the workshop showed an average increase of at least 1 point on the confidence scale for all but 1 skill. For example, 38% reported having “no experience” with intramuscular injections before the workshop, but 50% ranked that procedure as “could carry out independently” after the workshop. Most students (84%) rated the evening with a score of 9 or 10 (with 10 being the best possible score). Qualitative comments at the end of the survey were positive: “I loved the small groups; the laid-back atmosphere allowed me to ask ‘dumb’ questions, and I could concentrate on what I wanted to learn from the procedure.” “Hands-on, informal setting, family med doctors and residents, rare experience.”

The overall effectiveness of the Family Medicine Club was also evaluated. The graduating class of 2006 was surveyed, as these students had been exposed to the club throughout their undergraduate training. This survey received Behavioural Research Ethics Board approval. Surveys were mailed directly to students by the undergraduate medical office, and on return data were collated by the Research Division to protect respondents’ anonymity. To increase response, the survey was mailed a second time after 1 month; final response rate was 30% (18/60). Frequencies of responses were tabulated.

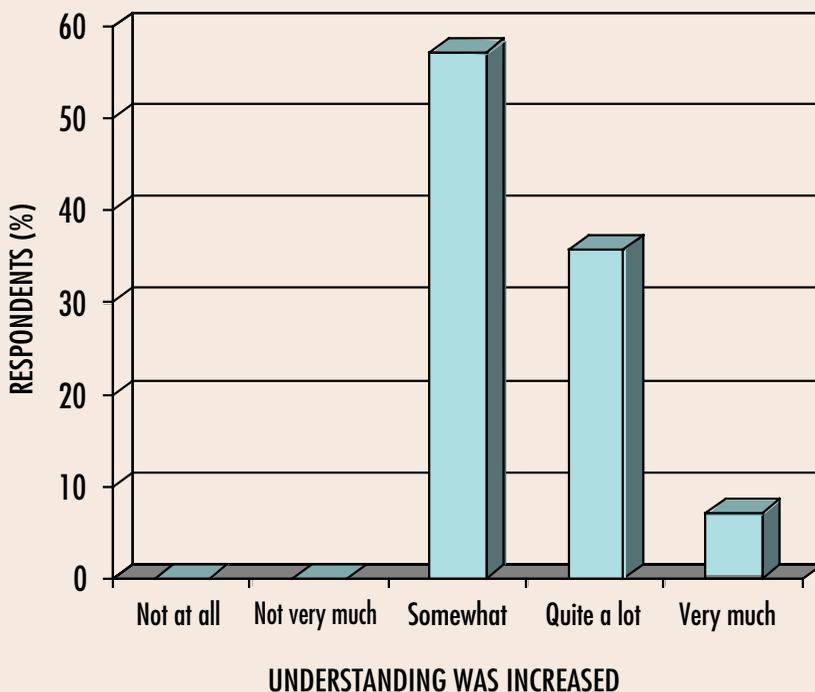
Attendance at club events was 78% (14/18) among respondents. Those who had not attended events (3/18) stated that they had already decided on a career in family medicine. Most respondents attended more than 1 event. When asked how effective the club was in educating students about family medicine, all students who had attended events described the sessions as increasing their understanding of family medicine (Figure 1). To further evaluate programming, students reflected on which speakers were most helpful. All sessions were evaluated positively; the resident presentations were most popular.

When asked, “Did these events influence your decision about family medicine as a career choice?” 29% (4/14) said yes, 50% (7/14) said no, and 21% (3/14) replied “don’t know.”

Those who replied in the affirmative expanded their answers with such comments as “Information provided by residents regarding the program was very valuable. It was also important to me to be in an environment supportive to family med as a career choice”; “Got clear answers concerning practice trends and difference between urban and rural practice remuneration”; “The information provided assuaged some of my doubts regarding family medicine”; “Reinforced my decision to become a family doctor.”

Those who thought the club had not influenced their decisions commented, “At the events, what I learned about family med was the stuff I already know, thus it didn’t add anything to my career choice decision-making process”; “I was already decided on family med”; “My decision on specialty area was made based on personal observations and discussions with friends: ie, their practices and my interest [in] or aptitude for the subject.”

Figure 1. Participants’ evaluation of how helpful sessions were in increasing understanding of family medicine



Discussion

Students and family physicians across Canada are actively working to develop and promote family medicine interest groups. Is this a worthwhile use of energy and resources? This interest group's 4-year history and recent evaluation suggest that it is a valuable endeavour.

An interest group introduces students to a variety of community-based, academic, and trainee family physicians who can serve as positive role models. It provides students with the opportunity to ask questions about scope of practice, flexibility of training opportunities, and lifestyle balance—issues known to influence career choices. The evaluation demonstrated that students valued opportunities to interact with community-based physicians and family medicine residents.

The club's influence appears to go beyond simply increasing students' knowledge about the discipline. Evaluation suggested that the club might affect some students already interested in family medicine, reinforcing their career decisions by providing a supportive, family medicine-friendly environment. Student members recently decided to continue calling the interest group a "club," perhaps reflecting the sense of belonging it provides.

One limitation of the evaluation was the low response rate. The 30% response rate approximates the percentage of the student body who are members of the club and is close to the usual percentage of students choosing family medicine in the first-round CaRMS match at this university. Because most respondents reported attending more than 1 club activity, it is likely that those who completed the survey were primarily students engaged in the club who had some interest in family medicine. This evaluation does not capture the experiences of students who are choosing other specialties. Further research is needed to better understand whether club activities increase the visibility of family medicine within the medical school, change the medical school culture, or have any influence on attitudes or knowledge about family medicine among the student body as a whole. Because many complex factors influence medical students' career choices, it is difficult to evaluate the specific effects of family medicine interest groups on those choices.

The club has faced some challenges. Student and faculty time is limited, and this has affected frequency of events. Identifying student leaders has not been difficult, but maintaining continuity in leadership has been a challenge as students move on in their training and as demands of their clinical work limit their involvement.

Organizers, through formal evaluation and their own reflections, have identified several factors that have been essential to the success of the club. These factors include:

- collaborating with enthusiastic student leaders who promote events and aid in selecting appropriate dates to avoid clashes with examinations or other events, as well as in choosing topics that reflect student interest;
- maintaining continuity in faculty support given changes in senior student leaders;
- providing refreshments because the food attracts participants who then remain to hear the presentation;
- structuring events to facilitate informal dialogue that creates a relaxed, supportive environment; and
- engaging with local family medicine residents and physicians who participate in club activities and act as positive role models.

In 2001 family medicine interest groups existed at a variety of medical schools in Canada and the United States. Each college of medicine in Canada now is supported by the new national program to create its own group. National meetings and a website have allowed effective sharing of information and ideas between groups. Some newer groups focus primarily on speakers' series. Others undertake workshops and advocacy activities similar to those in Saskatchewan, while a few groups offer expanded mentoring activities. In Saskatchewan the early establishment and ongoing stability of the club allowed for a quick expansion of activities and a lifespan that allowed evaluation. The experience of more established groups can help other schools successfully establish fledgling groups.

Conclusion

There are many reasons for the declining enrolment in Canadian family medicine training programs. Family medicine interest groups offer one mechanism for increasing students' awareness of the range of opportunities within family medicine. Groups might also support early undergraduate students who are considering family medicine as a career. The program is maintained by financial and organizational support as well as by student leadership in content, structure, and scheduling of events.

This description of the Saskatchewan experience might help other programs to coordinate their own interest groups and encourage practising physicians to become involved in recruiting. 

Acknowledgment

The authors thank student leaders for their contributions to the establishment and ongoing support of the Family Medicine Club and Dr Leane Bettin, family medicine resident, for her assistance with the literature review. We also thank the College of Family Physicians of Canada (national office and Saskatchewan Chapter), Health Canada, and the Department of Academic Family Medicine at the University of Saskatchewan for financial support of the Family Medicine Club.

Competing interests

None declared

Correspondence to: Dr Nora McKee, University of Saskatchewan, Department of Academic Family Medicine, 3311 Fairlight Dr, Saskatoon, SK S7M 3Y5; telephone 306 655-4200; fax 306 655-4894; e-mail nora.mckee@usask.ca

References

- Canadian Resident Matching Service. *Statistics*. Ottawa, Ont: Canadian Resident Matching Service; 2004. Available from <http://www.carms.ca/jsp/main.jsp?path=../content/statistics/>. Accessed 2006 Feb 10.
- MacKean P, Gutkin C. Fewer medical students selecting family medicine; can family practice survive? [editorial]. *Can Fam Physician* 2003;49:408-9 (Eng), 415-7 (Fr).
- Santana S. Family medicine: trying to fill the ranks. *AAMC Reporter* 2003;(August):8-9.
- Sullivan P. "This is brand new for us": FP residencies go begging as match ends. *CMAJ* 2002;166(11):1449.
- Sullivan P. Family medicine crisis? Field attracts smallest-ever share of residency applicants. *CMAJ* 2003;168(7):881-2.
- Rosser WW. The decline of family medicine as a career choice. *CMAJ* 2002;166(11):1419-20.
- Blades DS, Ferguson G, Richardson HC, Redfern N. A study of junior doctors to investigate the factors that influence career decisions. *Br J Gen Pract* 2000;50:483-5.
- Henderson E, Berlin A, Fuller J. Attitude of medical students towards general practice and general practitioners. *Br J Gen Pract* 2002;52:359-63.
- Kiker BF, Zej M. Relative income expectations, expected malpractice premium costs, and other determinants of physician specialty choice. *J Health Soc Behav* 1998;39:152-67.
- Senf JH, Campos-Outcalt D, Kutob R. Factors related to choice of family medicine: a reassessment and literature review. *J Am Board Fam Pract* 2003;16:502-14.
- Wright B, Scott I, Woloschuk W, Brenneis F. Career choice of new medical students at three Canadian universities: family medicine versus specialty medicine. *CMAJ* 2004;170(13):1920-4.
- Bland C, Meurer LN, Maldonado G. Determinants of primary care specialty choice: a non-statistical meta-analysis of the literature. *Acad Med* 1995;70(7):620-40.
- Mann MP. Attitudes toward and subsequent career choice of family practice: a weak relationship. *Fam Med* 1994;26:504-8.
- Miller KE, Fox BC, Mitchell GL. Medical students and private family physician's perceptions of family practice. *Fam Med* 1996;28:33-8.
- Petchey R, Williams J, Baker M. Ending up a GP: a qualitative study of junior doctors' perceptions of general practice as a career. *Fam Pract* 1997;14:194-8.
- Jordan J, Brown JB, Russell G. Choosing family medicine; what influences medical students? *Can Fam Physician* 2003;49:1131-7.
- Xu G, Hojat M, Brigham TP, Veloski JJ. Factors associated with changing levels of interest in primary care during medical school. *Acad Med* 1999;74(9):1011-5.
- Mutha S, Takayama JI, O'Neil EH. Insights into medical students' career choices based on third- and fourth-year students' focus-group discussions. *Acad Med* 1997;72(7):635-40.
- Steiner E, Stoken JM. Overcoming barriers to generalism in medicine: the residents' perspective. *Acad Med* 1995;70(Suppl 1):S89-94.

EDITOR'S KEY POINTS

- Over the last decade, fewer and fewer North American medical students have chosen to train in family medicine.
- Several Canadian programs have introduced interest groups as a way to inform students about the range of opportunities and rewards offered by a career in family medicine and to expose them to positive role models.
- Reflection on this interest group's 4-year history (at the University of Saskatchewan) and recent evaluation suggest that offering such a group is a valuable endeavour.

POINTS DE REPÈRE DU RÉDACTEUR

- Au cours de la dernière décennie, de moins en moins d'étudiants en médecine nord-américains ont choisi une formation en médecine familiale.
- Quelques programmes canadiens ont instauré des groupes d'intérêts pour renseigner les étudiants sur l'éventail des possibilités et des satisfactions offertes par une carrière en médecine familiale et leur présenter des modèles positifs à imiter.
- Une rétrospective sur les 4 années d'existence de ce groupe d'intérêts (à l'University of Saskatchewan) et une récente évaluation font valoir qu'il vaut la peine de créer de tels groupes.

- Gutkin C. New medical student scholarships; building the future of family medicine. *Can Fam Physician* 2005;51:1718-9 (Fr), 1720, 1719 (Eng).
- College of Family Physicians of Canada. Student/FMIG website. Mississauga, Ont: College of Family Physicians of Canada; 2004. Available from: <http://www.cfpc.ca/English/cfpc/education/FMIG/default.asp?s=1>. Accessed 2007 Feb 23.
- Obbard LC, Evans DV, Sterling LM, Tessler S, Weinstein B, Zuckerman RS. Medical students' initiatives to promote the education of generalist physicians. *Acad Med* 1995;70(1 Suppl):S81-5.
- Cadesky E. One year later; starting a family medicine Student Interest Group. *Can Fam Physician* 2005;51:918-9 (Eng), 920-1 (Fr).
- Baraka SM, Ebell MH. Family medicine interest groups at US medical schools. *Fam Med* 1995;27:437-9.
- Rosenthal TC, Feeley T, Green C, Manyon A. New research: family medicine interest groups impact student interest. *Fam Med* 2004;36:463.

