Future perfect

The importance of family medicine teachers

Tom Bailey MD CCFP FCFP

These can be times of struggle for many family doctors working "in the trenches"—particularly those working in areas where there is a shortage of family doctors providing continuous, comprehensive care. "Orphan" patients abound in both urban and rural areas. But help is on the way—at least in the form of increased medical school enrolments and more family doctors coming through our residency programs. Right?

Well, that is the theory, and it could happen. But some funny things can happen along the way.

Change in expectations

The family doctors of the future must be trained now. Younger doctors will require new supports to practise according to the 4 principles of family medicine. But shortages of doctors together with some evident cultural changes in expectations (of both patients and providers) have had a profound effect on the way family medicine is now practised.

Many patients want a quick answer and seek advice at a walk-in centre or the emergency room because they either have no family doctor or choose not to wait to see their own family doctor. Even if these visits are reported to their family doctor, this is a poor substitute for continuity of care.

Many younger as well as some more experienced doctors have chosen to limit their practices because of lifestyle choices. But often it's because there are serious shortages of physicians who are prepared to provide such critical services as emergency care, hospital care, care of the elderly, and palliative hospice care. Many have left thriving comprehensive family practices to provide these valuable and needed services for their communities. And these more limited practices are looking very attractive to students and residents.

New models of care

Traditional family practices will need to change. This does not imply that what was done in the past was ineffective. But many older models of care no longer consistently meet the health care needs of the population. And newer physicians are less willing to assume the long-term liability that comes with expensive leases. Is it any wonder when so many enter the profession with an already hefty debt?

New practice environments are emerging, often building on the concepts of interdisciplinary care and networking using modern communication tools, including electronic medical records. While there are and will continue to be struggles as this process evolves, there is hope that a sustainable model (or models) for the coming decades will emerge.

Learning environments

In the meantime, students and residents must be exposed to and learn in an environment where continuous, comprehensive care is practised; where there are both healthy and sick patients; where chronic diseases are managed proactively; and where, at least sometimes, the inside of hospitals, nursing homes, and patients' homes are seen.

And students and residents must be exposed to models where, despite the pressures of managing and directing the care of complex patients, physicians are both managing to be fulfilled professionally as well as maintaining a reasonable work-life balance.

Is this utopia, or do such practices really exist? While reality might fall a little short of the ideal, many practices do come pretty close to this ideal. They are found in communities across Canada; some use more traditional models of care and others use newer emerging models. Either way, those are the practices in which budding young family doctors in training need to learn.

Medical schools and residency training programs are already using many of these practices. But still others would provide a great environment for learning. There are barriers—teaching often requires some extra time and responsibility and is not always well remunerated (if it is remunerated at all). And many potential teachers feel that they do not have the skills to take on this task because they feel removed from academia.

The same knowledge, skills, and attitudes that family doctors use in their everyday practice are really the same knowledge, skills, and attitudes needed to teach family medicine in the community.

Teaching can also be intellectually stimulating and professionally rewarding work. And family medicine cannot be learned solely in teaching units (even if there were enough); it must be learned in the community. That's where the critical thinking needed to practise our particularly challenging specialty is best demonstrated.

Working "in the trenches" is going to remain difficult until the number of family physicians increases and there is better support for both traditional and new models of care. Family doctors can help ensure that this happens by volunteering (or continuing) to teach. There is no one else but family doctors to do it!