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Role modeling

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Dear Colleagues,

During a recent meeting of the Section of Residents, I was interested to find out that fewer residents than in the past intend to do a third year of residency. Several participants commented on the importance of working with preceptors who could model comprehensiveness and continuity of care (C3) in their own practices. Many believe that such role modeling is influencing their practice intentions around C3. Many also hope to be able, if necessary, to add just a few months of additional training in certain areas, to better meet specific community needs.

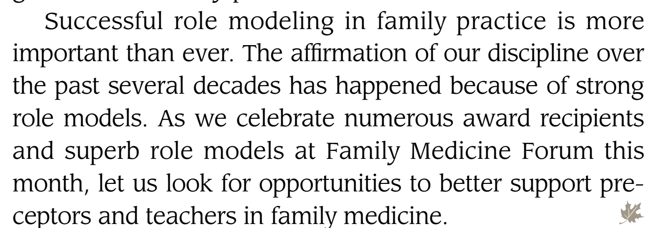
I also listened to some faculty members who were soul searching in this area earlier this fall. One was concerned about the effects on C3 of the parceling-out of scope in family practice (eg, "the hospitalist of the week" or "the emergency physician of the week"); another decided to go back to doing intrapartum care after having discontinued such care for several years; a third was providing intrapartum care to her own patients but decided to become part of a group, as she realized that what she was modeling as a teacher and preceptor would not be acceptable to new physicians in practice.

The evidence for the importance of role modeling in family practice is robust. Reitz et al, in a study looking at the primary roles of faculty during family medicine residency, defined a *role model* as "an advanced clinician whose professional and life activities are imitated by others and whose counsel is deemed to have particular value."[1] Peterson and colleagues, in a US study, developed a scope of practice index and sought out opinions from chairs of family medicine regarding role modeling and scope of practice. Respondents' clinical responsibilities accounted for 20% of their work, and their mean scope of practice index score was 11.9 out of 17; the chairs supported a broad scope of practice in our profession.[2] Positive experiences in the provision of intrapartum care during residency were associated with future practice in this area and were considered to be potentially a marker of a future broad scope of practice.[2]

The degree of complexity of our patients is ever increasing, and many articles on the subject of role modeling highlight the need to work in teams. So many areas of care are dynamic and in constant evolution. One needs to refresh competencies in so many areas in order to be able to teach them. Role modeling likely is a factor in learners' selection of a generalist career such as family medicine in distributed learning environments. A clinical learning experience as short as 3 weeks can have a positive influence on career choice if it takes place with a high-quality teacher.[3] That said, Stagg et al found that the longer the duration of the rotation or educational experience with a high-quality teacher, the greater the influence on career choice. Continuity of preceptors, continuity of care, and continuity of patient interactions are also influencial.[3]

Reference is often made to the Northern Ontario School of Medicine (NOSM) as the first medical school to introduce a full clerkship year in a distributed environment. The third year is spent in family medicine in a rural community, with the learning guided by patients seen in the community. Overall, 61% of NOSM graduates select family medicine as a first-choice residency, and 65% of NOSM graduates practise in northern Ontario.[4]

A GP teacher's satisfaction with work has also been shown to influence learners' career choices. Positive factors associated with work satisfaction include recognition of work, the opportunity to use one's skills, the freedom to make one's own decisions, an appropriate amount of responsibility given, good physical working conditions, and good relationships with colleagues and staff. Negative factors include working too many hours per week and having a lot of administrative duties.[5] These are elements for decision makers to consider in better supporting strong role modeling in general and family practice.



Successful role modeling in family practice is more important than ever. The affirmation of our discipline over the past several decades has happened because of strong role models. As we celebrate numerous award recipients and superb role models at Family Medicine Forum this month, let us look for opportunities to better support preceptors and teachers in family medicine.

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References

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