

The medical learner perspective: family medicine obstetrics as a specialty choice

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Most medical learners face a seemingly daunting decision about specialty choice at some point during their educational journey. The decision is influenced by many factors, including the amount and type of early exposure to a given specialty¹. Family medicine obstetrics (FM-OB) is a specialty path many are not exposed to early in their training. Family physicians in Canada have long provided maternity care to patients - including managing labour and delivery - but this is largely unknown by the general public and many students entering medical school. The lack of awareness of FM-OB as a path within medicine is a challenge when it comes to specialty decision-making. This piece will explore current medical learners' experiences in discovering the specialty of FM-OB and how we as medical students suggest better integration of FM-OB into the undergraduate medical curriculum.

We feel fortunate that we both made the discovery about FM-OB early on in our medical school journeys. As a specialty, it appealed to our multiple interests, including women's health, obstetrics, and newborn care. We wondered whether this option should be more obvious to students. Through conversations with our peers, we learned that many had not heard of FM-OB as a specialty. Of those that did, they were unaware of the scope of practice of an FM-OB physician. Literature on the specialty of FM-OB has highlighted how residency training programs can ensure trainees are competent in full-scope maternity care². However, there is a paucity of literature on knowledge of FM-OB among medical students.

Recently, we attended the 2022 Teaching Competency in Family Medicine Maternity Care Program hosted by the University of Toronto and Mount Sinai Hospital Department of Family and Community Medicine. The forum brought together FM-OB providers from across Canada to learn, share, and discuss teaching within FM-OB. One session tackled the question of how FM-OB can be better integrated into the undergraduate medical curriculum. Together, FM-OB clinician-educators and medical learners proposed the incorporation of FM-OB into learning materials such as lectures and cases. In addition, great emphasis was placed on ensuring early clinical exposure to practicing FM-OB physicians as tutors, lecturers, and mentors, allowing learners to gain exposure to FM-OB in practice and the opportunity to ask providers questions about their scope of practice

The importance of ensuring early clinical exposure to a given specialty and physician mentorship throughout medical training is well supported by the literature. Notably, early clinical exposure has been found to increase learners' overall interest in a particular specialty¹. Moreover, integrating a particular specialty into the curriculum has been found to increase familiarity with the selected specialty, recognition of the specialty's importance, and increase student consideration of it for career planning³. Finally, mentorship throughout medical school has also been shown to strongly impact residency program choice, the field of practice, and career selection⁴. Specifically, Biringer et al. found the following factors to be central to a program's success in family medicine maternity care: adequate clinical exposure, the presence of strong family medicine role models, and a family medicine-friendly hospital environment². Although their research focused on family medicine training programs, we believe their outcomes could serve as valuable principles within undergraduate medical education programs as well. Thus, undergraduate medical education presents a strong opportunity to facilitate early exposure and career exploration.

As medical students interested in FM-OB, we would have benefitted from incorporation of FM-OB into pre-clerkship and clerkship. The pre-clerkship curriculum focuses largely on developing the knowledge base and general skills sets of medical students in non-clinical environments. Given that much of this time is spent in lectures, case-based discussions, anatomy labs, and clinical skills sessions, students begin to absorb general approaches, perspectives, and processes in medicine. Incorporation of FM-OB during pre-clerkship will help

inform students' understanding of the role FM-OB providers play in patient care. Clerkship serves as the basis of medical student clinical training. By incorporating FM-OB into a clerkship rotation (i.e., OB/GYN or Family Medicine), students can actively participate in this form of care. Students can gain exposure to FM-OB in a variety of clinical settings (i.e., in hospital vs. ambulatory clinic). Students would also benefit from seeing first-hand how FM-OB and OB/GYN providers collaborate, where scopes of practice overlap and diverge, and when transfer of care occurs. Last, medical students would be able to observe how family physicians integrate OB care into their practices (and personal lives).

The question of integrating FM-OB into undergraduate medical education builds on the foundation of an existing discussion within the medical community: generalism. Family medicine practitioners are what Woods et al. call 'specialist generalists', equipped with "the breadth of knowledge and skills required to provide comprehensive, continuous care in urban and rural communities"⁵. However as medical students, we are often trained to believe that certain presentations necessitate a referral to a specialist. This can be attributable to the curriculum being developed by specialists, rather than generalists, where breadth and nuance can be lost. For instance, when we learn about obstetrics and maternal care, we learn about pathologies that are rare or critical obstetrical emergencies rather than common pregnancy presentations and concerns. (which FM-OBs commonly treat within their practice). Our healthcare system depends on the 'specialist generalist'. What would happen if every diabetic patient was referred to an endocrinologist, or every asthmatic to a respirologist? Our system would collapse. The Canadian healthcare system as a whole is pondering how to recruit more medical students to pursue primary care with a growing need for generalists⁶. We as medical students believe that if the generalist scope of family medicine is better displayed and empowered, we would be more inclined to pursue it as a path - especially those of us interested in maternity care.

In conclusion, although FM-OB may be a widely unknown avenue to many early in their medical training, we feel it may be one that students might choose more often if they had more exposure to it. FM-OB offers an opportunity to pursue combined clinical interests and enhanced continuity of care. Key proposals to bolster this field include increasing early clinical exposure, such as incorporating FM-OB into clerkship rotations, as well as formal and informal physician mentorship for medical learners. Incorporating these changes can help raise awareness of FM-OB as a specialty and ensure learners have ample engagement to help guide specialty choice. Further research is needed to determine what resources would be beneficial to meet this goal.

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