Translating learnings gained during a community-based traineeship into primary care practice: a qualitative study exploring physicians’ perceptions

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1- Background

• Social innovations have gradually emerged in the primary care sector, in Quebec and elsewhere in Canada, to ensure the delivery of socially and culturally adapted, and more equitable primary care.
• Those social innovations constitute non-traditional community-based clinical training environments that have a culture, values and practices that are often fundamentally different from those observed in other more traditional settings.
• Recent studies highlight several ways in which a traineeship into a non-traditional community-based clinical setting might positively impact medical trainees (e.g., prejudice deconstruction and critical reflection; renewed vision of medical practice involving a less stigmatizing approach, advocacy, empowerment, interdisciplinarity and intersectorality; strengthened professional identity and commitment to becoming an actor of social change) (1).
• Little is known about physicians’ ability to transfer the learnings gained from such a traineeship experience into primary care practice.

2- Research Objective

• This project explores, from physicians’ perspective, the concrete application into primary care practice of learnings gained from a traineeship experience within a community-based clinical setting intended for patients experiencing extreme social vulnerability and, more specifically, the factors influencing the applicability of these learnings.

3- Theoretical Perspective

• The research is inspired by Baldwin and Ford’s model for the transfer of training (2), which identifies 3 categories of factors that influence the translation of training into practice:

<table>
<thead>
<tr>
<th>Learner-related factors</th>
<th>Skills, personality, motivation</th>
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<tbody>
<tr>
<td>Training-related factors</td>
<td>Curriculum and its appropriateness to the work requirements</td>
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<tr>
<td>Work-related factors</td>
<td>Support and opportunities to reinvest learning in work situation</td>
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</tbody>
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4- Methodology

• Approach: Qualitative, exploratory and descriptive design based on 12 semi-structured interviews with family physicians (n=10) and residents (n=2).
• Participant selection: Participants had completed a traineeship in our research setting during their medical training and were now actively practicing within a Canadian primary care organization.
• Analysis: Qualitative content analysis (3) was performed using Nvivo software.

5- Results

Transfer process

Learnings gained from traineeship experience

Barriers encountered

At the systemic level
• System’s main philosophy and resulting constraints on medical practice (e.g., constraint on the time allotted to each patient)

At the practice level
• Organizational characteristics (e.g., performance-based culture and objectives, silo practice, rigid protocols, cumbersome administrative processes, organizational size and complexity, large volume of patients)
• Limited access to psychosocial resources
• Complex and non-fluid modes of communication
• Hyperspecialization of psychosocial resources
• Perceived lack of organizational openness and support to one’s willingness to change ways of doing and thinking in healthcare

6- Conclusions

• Few of the learnings gained from the traineeship experience translate into formalized systemic and organizational mechanisms to support their application.
• Most of the lessons learned at the interpersonal level are easier to apply since they mainly rely on personal, informal initiatives.
• This outlines how work-related factors are of critical importance in the transfer of training in the medical field (4).
• This also outlines how physicians tend to develop informal strategies to somehow overcome the barriers encountered to deploy a medical practice inspired by the learnings gained, that better address the complexity of real world requirements and social inequities in health (5).

References