

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 identifies 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

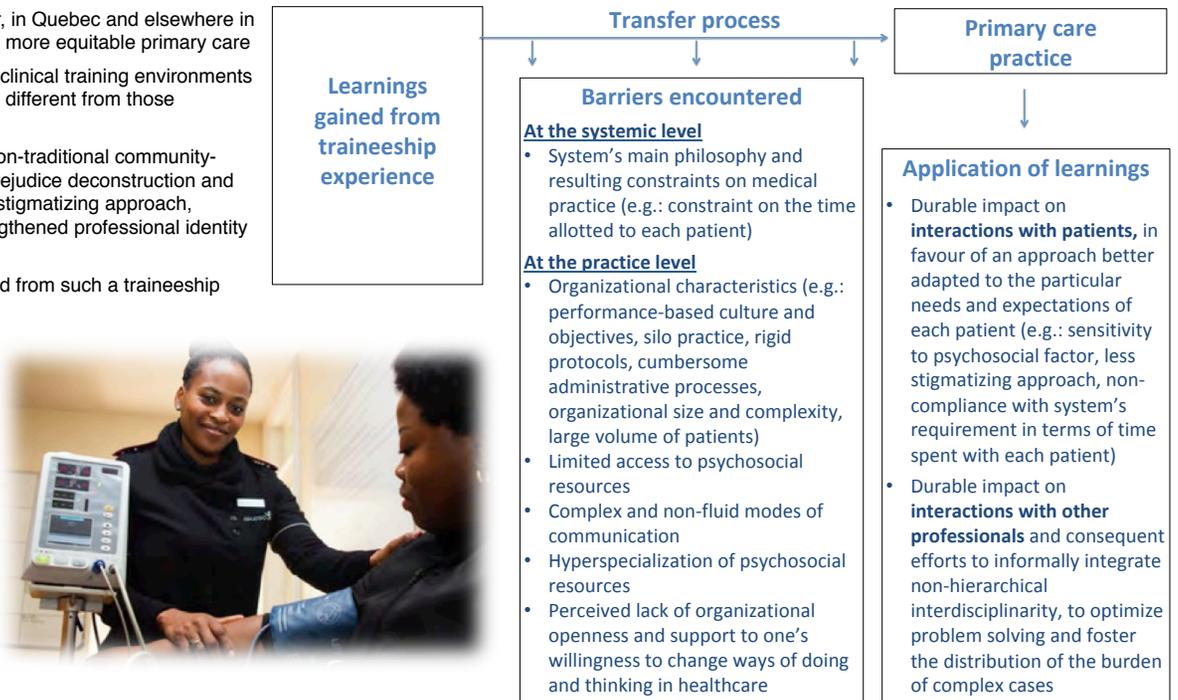
- The research is inspired by Baldwin and Ford's model for the transfer of training (2), which identifies 3 categories of factors that influence the translation of training into practice:

Learner-related factors	Skills, personality, motivation
Training-related factors	Curriculum and its appropriateness to the work requirements
Work-related factors	Support and opportunities to reinvest learning in work situation

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



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

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