

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 semistructured 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

Learnings gained from traineeship experience

Barriers encountered

Transfer process

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

Primary care practice

Application of learnings

- Durable impact on interactions with patients, in favour of an approach better adapted to the particular needs and expectations of each patient (e.g.: sensitivity to psychosocial factor, less stigmatizing approach, noncompliance with system's requirement in terms of time spent with each patient)
- Durable impact on interactions with other professionals and consequent efforts to informally integrate non-hierarchical interdisciplinarity, to optimize problem solving and foster the distribution of the burden of complex cases

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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