Training and Supporting Residents, for All Family Medicine Practice Settings

TO THE EDITOR:

Marcus Welby, Dr Quinn, and Doc Martin are fictional family physicians who portray qualities that fit the current role definition[1] of the family physician while providing care in different practice settings. In the October 2018 article "Cultivating Country Doctors: Preparing Learners for Rural Life and Community Leadership," Thach, et al discuss five strategies that training programs can adopt to help them recruit, train, and retain family physicians in rural medicine.[2] These are all practical strategies that can be adapted to fit many types of training programs.

I believe two of the strategies described should be implemented for the training of all family physicians regardless of the type of practice setting they intend to work in after graduation. All programs should work to "develop confidence and competence to meet … community needs" and "to teach skills in negotiating dual relationships, leading and improving community health"[2] to all their residents. As core faculty in an urban-based community family medicine residency it is clear to me that all residents benefit from these skills. It seems that as family medicine evolves, it is also falling victim to the lure of subspecialization. When family physicians work to their full scope of practice, they tend to experience lower rates of burnout[3] and I believe there is an equal benefit to well-being by being integrated into the community.[4]

These two strategies can be accomplished through modeling how we practice the full scope of family medicine. We can share our joy and struggles with "cradle to grave" knowledge and procedural skills in the outpatient, inpatient, community and wilderness settings. We can illustrate how we deal with community patient encounters through sharing stories of the patients we see while running errands. We can teach residents to lead by including them in our institutional meetings and community projects.

In addition to the five training strategies mentioned in this article, graduates entering any practice setting benefit from strong social support. A study of resilience strategies of physicians experiencing low levels of burnout revealed that they participated in leisure-time activity, desired and sought interaction with colleagues, and developed relationships with friends and family.[4] We should be helping every graduate create a plan to cultivate a strong social network both long-distance and within their new community. We can also schedule time for them to share their thoughts with us at least once a month, more if needed. Those of us who have experienced this type of mentoring can testify to its value.[5]

We should absolutely focus attention on getting more graduates to fill the health care gap in rural America and provide them the mentoring to succeed. Even better, for all family medicine graduates: guide them to develop competence in practicing the full scope of family medicine, help them cultivate a heart for their own community, and show them how to lead.

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Authors' Reply to "Training and Supporting Residents, for All Family Medicine Practice Settings"

TO THE EDITOR:

We appreciate Dr Wu's comments and agree wholeheartedly that meeting community needs and negotiating relationships are essential skills for all family physicians. The need for these skills is amplified in the intimacy of the rural environment, as physicians navigate daily life amongst patients at grocery stores, restaurants, schools, and social gatherings.

We further agree that preservation of full scope care and strong social support are effective training strategies to maintain vitality and resilience in practice, regardless of setting. Rural training may have unique aspects in the setting of proximity to individuals and within the community; however, the overlap and similarities that exist in urban underserved areas run parallel. Adaptability and scarcity of resources have been defined as the most unique domains of rural practice competency.[1] Whether rural or urban, areas with limited access to health care ultimately illuminate the dysfunction of our health delivery system. The skills involving comprehensiveness, leadership, and social resilience are key to training, especially in these environments. Furthermore, the providers in underserved settings readily mentor residents regarding how to advocate and promote social justice for their patients and share in a united effort to focus on meaningful solutions for marginalized communities.

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