2024, Volume 56, Issue 1, 35-37, e-ISSN 1938-3800

Family Medicine

BRIEF REPORT

Impact of a Residency Family Systems Curriculum on the Postresidency Practice of Family Physicians

Rebekah Schiefer, MSW, LCSW; Sheldon Levy, PhD, MPH; Rebecca Rdesinski, MSW, MPH; Roger Garvin, MD; Alex Verdieck, MD; Joe Skariah, DO, MPH, MBA

AUTHOR AFFILIATION:

Department of Family Medicine, Oregon Health & Science University, Portland, OR

CORRESPONDING AUTHOR:

Rebekah Schiefer, Department of Family Medicine, Oregon Health & Science University, Portland, OR, schiefer@ohsu.edu

HOW TO CITE: Schiefer R, Levy S, Rdesinski R, Garvin R, Verdieck A, Skariah J. Impact of a Residency Family Systems Curriculum on the Postresidency Practice of Family Physicians. *Fam Med.* 2024;56(1):35-37.
doi: 10.22454/FamMed.2023.411218

PUBLISHED: 12 September 2023

KEYWORDS: behavioral health, family systems, residency curriculum

ABSTRACT

Background and Objectives: Training residents in family systems and family-oriented care holds the potential to increase empathy for patients and to grow self-awareness of how one's own family of origin affects clinical practice. Little has been studied about how training residents in family systems affects their clinical practice after they graduate residency.

Methods: We surveyed all the residency graduates (N=60) who completed the longitudinal family systems curriculum during their third year of residency, from 2016 to 2021. The former residents were emailed a survey and asked to respond to Likert-scale and qualitative questions regarding the effects of the family systems curriculum on their clinical practice.

Results: Thirty-five graduates (58.3%) returned completed surveys. Overall, 26 of 35 (74.3%) respondents felt that the family systems curriculum had helped them a fair amount or a great deal in the care of their patients. In particular, 29 of 35 (82.9%) felt that the curriculum helped them a fair amount or a great deal in maintaining empathy. Compared to other longitudinal courses, 32 of 35 (91.4%) respondents indicated that they liked the curriculum somewhat or a great deal.

Conclusions: More than half the respondents found all elements of the curriculum helpful in their clinical practice, especially in the areas of caring for patients and maintaining empathy. The responses will be used as a baseline for comparison to improve the training. Continued research, perhaps in the form of randomized controlled trials using several residencies, could help in developing elements for more standardized curriculum in family-oriented care training.

BACKGROUND

Family systems training is considered important by a majority of family medicine residency program directors and chief residents, yet family systems topics are not consistently incorporated into the curriculum.[1] Though demonstrated infrequently, research on family-oriented training has shown that family-oriented attitudes and skills become stronger after such training.[2] Like pediatrics, family medicine needs a family-centered approach as a component of clinical care. Concluding that family function and structure are important for children's outcomes, the American Academy of Pediatrics recommended that family content be part of resident training and continuing education for practitioners.[3] A family systems approach by health providers also has been suggested in palliative care.[4] Evidence has shown that in addition to resident training, undergraduate medical education training in family-oriented care approaches benefits medical students. For example, an interactive workshop with medical students revealed improvement in understanding complex families, greater confidence in working with families, and better understanding of interactions between medical systems and families.[5]

In 2016, we introduced a family systems curriculum[6] for third-year residents. Residents learned family systems concepts and how to apply these concepts in assessing their own family of origin and that of their patients. They also learned to apply family-oriented skills in clinical practice. Our 2019 study of the same curriculum indicated that a family systems curriculum may have improved the level of empathy of a small group of residents.[7] That research was based on an objectively rated video assessment of residents' interaction with patients after participating in a 10-month curriculum. The aim of our present study was to determine the postresidency impact on the practice of the family medicine physicians who participated in the third-year family systems seminar from

2016 to 2021.

METHODS

We asked all 60 residents who participated in the family systems training and completed residency between 2016 and 2021 to complete an email survey on the curriculum's effect on their clinical practice. We sent two follow-up reminders to encourage completion of the survey. The survey included 12 Likert-scale questions and narrative options for respondents to describe their thoughts about the curriculum and its influence on their practice. We used Qualtrics XM (Qualtrics, LLC) to summarize the responses to the questionnaire. The questionnaire was accompanied by an informed consent. This study was approved by the Oregon Health & Science University's Institutional Review Board.

RESULTS

Thirty-five graduates (58.3%) returned completed questionnaires. Overall, 74.3% of the respondents felt that the family systems curriculum helped them a fair amount or a great deal in the care of their patients. In particular, 82.9% felt that the curriculum helped them a fair amount or a great deal in maintaining empathy (Table 1). When asked how the family systems curriculum compared to other longitudinal courses, 91.4% indicated that they liked it somewhat or a great deal (Table 2).

Overall, most respondents found the curriculum valuable. Several participants commented on the curriculum's influence on their understanding of themselves and their relationship to work, as well as the utility of the curriculum in direct clinical care.

> "Family systems theory permeates my understanding of self at work in both leadership and clinical roles. The big payoff is in 'high stakes' situations where I am activated by particular patient dynamics or under stress."

> "This experience was one of the most important nonclinical experiences I had in residency. It was personally powerful for me and helped my own mental health and understanding of myself and my family that still informs my relationship and family system."

> "It is especially helpful when working with systemically oppressed peoples whose embodied trauma spans multiple generations."

Despite many positive assessments of the curriculum, a portion of the residents felt that the curriculum helped minimally with their care of patients and did not find value in reflecting on their own family of origin. Several residents found the concepts difficult to implement in the care of patients while others noted that earlier introduction may have helped them develop the relevant skills.

> "A more structured approach to teaching concepts and greater focus on making a detailed patient focus rather than personal family dynamics of residents may make these sessions more productive."

> "Would love to see it integrated throughout the entire residency to allow residents to process and reflect on it as they grow and develop throughout training."

> "It's a bit like teaching me how to judge Olympic gymnastics: It's fascinating and has a place, but I only use the skill set once every 4 years and there are much more highly qualified people who can do it better."

DISCUSSION

Family-oriented care, a defining principle of family medicine, has been written about extensively by early leaders in the field.[8–10] Over the last 20 years, our colleagues have offered practical and comprehensive approaches to the field of family medicine and integrated behavioral health care.[11] Two ongoing challenges within family medicine behavioral science teaching are inconsistencies in how behavioral science topics are taught and the limited exposure trainees have to working with couples and families.[12] As one respondent noted, "[Family-oriented care] seems disconnected from the lived experience of health care delivery," demonstrating the difficulty residents have operationalizing family systems thinking.

Supplementing the Accreditation Council for Graduate Medical Education's program requirements, Newton et al developed core outcomes for family medicine residency training.[13] We believe that having a background in family systems helps trainees attain the core outcomes relevant to managing and coordinating complex medical care, diagnosing and managing mental health conditions, and helping patients with undifferentiated symptoms. At a minimum, this training may help practitioners develop and maintain empathic interactions with their patients.

Our study had some limitations. The small number of respondents did not allow us to generalize our data to a residency population. The nature of our survey relied on self-reported knowledge and skills; although some respondents reported changes to their practice behaviors, they were not observed. Some selection bias may have influenced the participants' responses. Residents who completed the curriculum more recently may have been more likely to respond or to report using family-oriented skills. Those who were willing to respond to the questionnaire may have viewed their experience as more positive. However, even within this group, some respondents indicated critical reactions to some elements of the curriculum.

The results from our study will be used to improve our curriculum and further research. We are considering introducing the curriculum earlier in residency training and exploring

TABLE 1. Graduate Reflections on Practice Benefits of a Family System Curriculum

	Not at all, n (%)	A little, n (%)	A fair amount, n (%)	A great deal, n (%)
Exploration of own family	2 (5.71)	13 (37.14)	8 (22.86)	12 (34.29)
Use of family of origin concepts	4 (11.43)	13 (37.14)	12 (34.29)	6 (17.14)
Help with care	0	9 (25.71)	12 (34.29)	14 (40.00)
Help with stress of patients with emotional challenges	1 (2.86)	8 (22.86)	16 (45.71)	10 (28.57)
Help in maintaining empathy	0	16 (17.14)	16 (45.71)	13 (37.14)
Help with counseling	2 (5.71)	12 (34.29)	11 (31.43)	10 (28.57)
Reflect on own family's effect on interaction with patients	0	16 (45.71)	11 (31.43)	8 (22.86)
Reflect on own family's effect on interaction with colleagues	2 (5.71)	14 (40.00)	10 (28.57)	9 (25.71)
Overall, how helpful the curriculum was in care of patients	1 (2.86)	8 (22.86)	11 (31.43)	15 (42.86)

TABLE 2. Longitudinal Curriculum Compared to Others

	Disliked a great deal, n (%)	Disliked somewhat, n (%)	Neither liked nor disliked, n (%)	Liked somewhat, n (%)	Liked a great deal, n (%)
How residents liked family systems curriculum compared to other longitudinal courses	1 (2.86)	0	2 (5.71)	13 (37.14)	19 (54.29)

how to better show the connection between reflection on one's own family of origin and improved skill in working with complicated patients and their families. Some possible activities are weekly family-centered rounds and family-oriented precepting blocks. Apart from programmatic changes, continued research is needed in this area. Randomized controlled trials across several residencies could help in developing elements for more standardized curriculum in family-oriented care training.

REFERENCES

1. Korin EC, Odom AJ, Newman NK, Fletcher J, Lechuga C, Mckee MD. Teaching family in family medicine residency programs: results of a national survey. *Fam Med.* 2014;46(3):209-214.
2. Peck EC, Lebensohn-Chialvo F, Fogarty CT. Teaching family-oriented care to family medicine residents: evaluation of a family skills curriculum. *Fam Syst Health.* 2022;40(1):87-92.
3. Schor EL. Family pediatrics: report of the Task Force on the Family. *American Academy of Pediatrics Task Force on the Family.* 2003;111:571.
4. Mehta A, Cohen SR, Chan LS. Palliative care: a need for a family systems approach. *Palliat Support Care.* 2009;7(2):235-243.
5. Thabrew H. Family systems training for medical students. *Australas Psychiatry.* 2018;26(5):541-544.
6. Schiefer R, Devlaeminck AV, Hofkamp H, Levy S, Sanchez D, Muench J. A family systems curriculum: back to the future. *Fam Med.* 2017;49(7):558-562.
7. Schiefer R, Levy S, Rdesinski R. A family systems curriculum: evaluating skills and empathy. *Fam Med.* 2021;53(1):54-57.
8. Doherty WJ, Baird MA. *Family-Centered Medical Care: A Clinical Casebook.* 1987.
9. Mcwhinney IR, Freeman T. *Textbook of Family Medicine*. Oxford University Press; 2009.
10. Stephens GG. Family medicine as counterculture. *Fam Med.* 1989;21(2):103-109.
11. Mcdaniel SH, Campbell TL, Hepworth J, Lorenz A. *Family-Oriented Primary Care.* 2005.
12. Zubatsky M, Brieler J, Jacobs C. Training experiences of family medicine residents on behavioral health rotations. *Fam Med.* 2017;49(8):635-639.
13. Newton W, Cagno CK, Hoekzema GS, Edje L. Core outcomes of residency training 2022 (provisional). *Ann Fam Med.* 2023;21(2):191-194.