Looking Back: Using Early Career Paediatricians’ Experiences to Inform Postgraduate Program Design

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Disclosures
Transitions are an inevitable feature of medical training and practice, yet a move from the familiar period of directly supervised residency training into the brave new world of independent practice is, in many ways, unique in physicians’ professional trajectory.

“the most stressful in a medical specialist’s career” (Robinson et al. 2007, p. 54)
CBD\(^{1,2}\) Competence Continuum

1. Transition out of professional practice
2. Continuing professional development (maintenance of competence and advanced expertise)
3. Transition to practice
4. Core of discipline
5. Foundations of discipline
6. Transition to discipline (orientation and assessment)
7. Entry to residency

1. Competence by Design (CBD)
2. Milestones at each stage describe terminal competencies
Background

Yet focusing solely upon achievement of competencies may not capture broader aspects of transition to independent practice that early career paediatricians may face.
If we are to optimally inform the structure & content of postgraduate training programs to better prepare ECPs, it is critical to develop a better sense of what they experience as they navigate this exciting yet vulnerable time of transition
METHODS
Methods

• Study Context
  – Inaugural ECP gathering at the CPS Annual Meeting in June 2017 in Vancouver
  – Survey based on themes emerging from that meeting
Methods

• Survey
  – 23 Questions

  • Closed-ended & free response questions
  • Distributed in September 2017 via e-mail to 481 Canadian ECPs identified from CPS members’ list
    – available in both English and French
    – Inclusion limited to those who received Royal College certification in 2011 or later

  • Responses obtained confidentially through an online platform (Survey Monkey)
Methods

• Data Analysis
  – Results initially compiled by the CPS
    • Descriptive statistics for closed-ended questions
    • Thematic analysis for free response questions

• Ethics
  – CHEO REB: not required
RESULTS
Survey Highlights

• Survey response rate – 42%
  – 172/407 (English)
  – 28/74 (French)

• Good national respondent representation
  • Across provinces and territories and from all Royal College qualifying years
  • Reported data reflect a merging of both linguistic pools unless otherwise stated
Survey Highlights

• Major factors that supported transition to practice include:
  1. Ease of finding work
     • Around a third did describe some difficulty
  2. Dedicated mentorship
  3. Supportive new colleagues
  4. Supportive workplace environment
Survey Highlights

• Challenges of transition to practice involved three main areas
  1. Billing, financial, & practice management
  2. Adjusting to a different scope of practice and learning local resources
  3. Managing comfort level and stress associated with newfound responsibility
Area One

• Billing, Financial & Practice Management
  – Gaining comfort with fee-for-service models
  – Setting up/managing a practice
  – Efficient management of increased paperwork
    • Completing non-clinical activities (administrative/electronic health records)
Area Two

• Overall change in context of practice
  – Geographical moves for work were often accompanied by a need to learn a different health care system
  – Changing scopes of practice and novel work environments
Area Two, Continued

• Changing scopes of practice and novel work environments
  – Desire for more training in community paediatrics, neonatal intensive care, mental health, and development
  – Struggles in having to both learn and efficiently draw upon local community resources in order to provide effective patient care
  – Some difficulties with CPD
    • Clinical time constraints that both impeded identifying opportunities and having sufficient time to attend formal conferences
Area Three

• Broadly speaking, not just shifts in doing, but shifts in being
  – Gaining comfort with newfound responsibilities
  – Developing confidence in one’s new role as independent practitioner working without supervision
  – Actively negotiating work-life balance
Limitations

- Less than 50% response rate
- Snapshot of a moment in time
- Involves a group of practitioners at various stages of practice in the first five years
TAKE HOME POINTS
The Good!

- ECPs are largely satisfied with their practice type/setting and seem to be finding work reasonably easily
- Often end up in supportive work environments with helpful mentorship
  - Nearly half of ECPs expressed interest in serving as mentors to other ECPs coming up through the ranks
ECPs face significant challenges in the first few years of independent practice that include:

- Billing, financial, & practice management
- Adjusting to a different scope of practice and learning local resources
- Managing comfort level and stress associated with newfound responsibility
WHAT IS TO BE DONE?
How We Might Think

• Transition to independent practice is a time deserving of more sustained scholarly attention, institutional & professional support, and programmatic preparation

• There may be utility in re-conceptualizing transition to independent practice as a developmental stage that spans the certification divide
What We Might Do

- ECPs would benefit from further institutional support both before & after certification in order to be more capable to adapt
  - To new roles
  - To new practice contexts
  - To new clinical activities
Thank You/Merci!

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• Questions?
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